

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



**Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services**

Project Number:	2444-DMEPOS	Comments Due:	November 12, 2024	Proposed Effective Date:	January 1, 2025
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Mail Comments to: Lisa Trumbell, DMEPOS Policy Specialist

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Policy Subject: Complex Rehabilitation Technology Equipment

Affected Programs: Medicaid, Children's Special Health Care Services (CSHCS)

Distribution: Durable Medical Equipment Providers, Medicaid Health Plans, Integrated Care Organizations, Pharmacies, Practitioners

Policy Summary: This policy makes changes to durable medical equipment (DME) policy by identifying specific Healthcare Common Procedure Coding System (HCPCS) codes as complex rehabilitation technology (CRT) equipment and establishes standards for DME providers to qualify and enroll as a CRT provider.

Purpose: To implement changes as mandated by Public Acts 103 and 104 of 2024.

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: Durable Medical Equipment Providers, Medicaid Health Plans, Integrated Care Organizations, Pharmacies, Practitioners

Issued: November 27, 2024 (Proposed)

Subject: Complex Rehabilitation Technology (CRT) Equipment

Effective: January 1, 2025 (Proposed)

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS) and to Medicaid Health Plans (MHPs). MHPs must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in a MHP, the provider must check with the beneficiary's MHP for prior authorization requirements. MHPs are required to implement this policy and include it in their contracts with Complex Rehabilitation Technology Providers.

Pursuant to Public Act 103 and Public Act 104 of 2024, this bulletin informs providers of changes to durable medical equipment (DME) coverage by identifying specific Healthcare Common Procedure Coding System (HCPCS) codes as complex rehabilitation technology (CRT) equipment and establishes standards for DME providers to qualify and enroll as CRT providers. Changes indicated in this policy are effective on and after January 1, 2025.

CRT from Competitive Bidding

Medicaid FFS and MHPs are prohibited from including CRT HCPCS codes in competitive bidding, selective contracting, or similar initiatives.

CRT Equipment

CRT equipment is a subcategory of DME that can be individually configured to meet the medical/functional needs of beneficiaries with complex physical or functional limitations (e.g., traumatic brain injury, amyotrophic lateral sclerosis, spina bifida, etc.). CRT equipment includes specialized manual and power wheelchairs with additional options/accessories, adaptive seating and positioning, standing frames, gait trainers, etc. (Refer to Attachment A included in this bulletin for the list of CRT HCPCS codes.)

Individually configured means the equipment has various sizes, features, and modifications that a qualified CRT provider can apply specific to the beneficiary by measuring, fitting, programming, adjusting or adapting the equipment consistent with the beneficiary's medical/functional needs as identified by the evaluation of a qualified health care professional.

Effective January 1, 2025, the provision of CRT equipment and accessories (including repairs to and replacement of CRT equipment) is limited to DME providers who are enrolled with Medicaid as CRT providers.

All CRT base equipment and CRT specific accessories indicated in Attachment A require prior authorization (PA).

Non-CRT DME Providers

The Michigan Department of Health and Human Services (MDHHS) may approve a non-CRT DME provider to supply CRT equipment and accessories on a case-by-case basis through PA if an enrolled CRT provider is not available in the beneficiary's geographic region.

CRT Base Equipment Delivered Prior to January 1, 2025

Non-CRT DME providers may perform repairs to CRT base equipment (e.g., wheelchair) indicated in Attachment A for the life of the base equipment if the non-CRT DME provider is the same provider who delivered the original equipment to the beneficiary prior to January 1, 2025.

For future PA repair requests of the base equipment, the non-CRT DME provider must include in the documentation submitted with the PA request the original PA number and the make/brand/model and serial number of the base equipment.

If PA is not required for the part, the non-CRT DME must report the original PA number and the make/brand/model and serial number of the base equipment in the claim notes section on direct data entry (DDE) claims or loop/segment 2300/NTE on the ASC X12N 837P 5010 electronic claim.

Approved Prior Authorizations Before January 1, 2025

Non-CRT DME providers who received PA approval for base equipment and accessories indicated in Attachment A with an authorization start date before January 1, 2025, may supply the approved equipment if it is delivered to the beneficiary within six months of the authorization period start date. Repairs to this equipment may be performed by the non-CRT DME provider for the life of the base equipment.

Refer to the CRT Base Equipment Delivered Prior to January 1, 2025, section of this policy (above) regarding future repair PA requests and/or claims requirements for repair parts that do not require PA.

Evaluation of CRT Equipment

In addition to the general documentation and evaluation requirements (e.g., Evaluation and Medical Justification for Complex Seating Systems and Mobility Devices form [MSA-1656] and applicable Addendum) indicated in the Medical Supplier chapter of the [MDHHS Medicaid Provider Manual](#), all CRT equipment requires the complex needs beneficiary to be evaluated by:

- A qualified health care professional*:
 - Physiatrist; or
 - Licensed Physical Therapist; or
 - Licensed Occupational Therapist; or
 - A rehabilitation Registered Nurse (RN), who has at least two-years' experience in rehabilitation seating (if applicable); or
 - Other licensed health care professional (e.g., physician, nurse practitioner, physician assistant, etc.) working within their scope of practice; and
- A qualified CRT professional (the CRT professional must be present at the time of the evaluation).

If a CRT professional is not available in the beneficiary's geographic area, the qualified health care professional may perform the evaluation and coordinate provision of the equipment through an MDHHS-authorized non-CRT DME provider.

*The qualified health care professional (QHCP) must not have a financial relationship with the CRT provider, unless the CRT provider is owned by a hospital and the QHCP is employed by the same hospital to work in the inpatient or outpatient setting.

CRT DME Provider Standards

CRT providers must be enrolled with Medicare and comply with the Medicare DMEPOS Supplier Standards, Medicare DMEPOS Quality Standards, and Provider Enrollment requirements indicated in the Medical Supplier Chapter of the MDHHS Medicaid Provider Manual.

CRT providers must be accredited by one of the Medicare-approved Accreditation Organizations (AO) as a CRT provider for **each** location that offers CRT equipment/accessories. Refer to the Centers for Medicare & Medicaid Services (CMS) website for a listing of Medicare-approved AOs: www.cms.gov.

The CRT provider must have at least one employee who is a qualified CRT professional who:

- Is certified as a CRT professional by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) or by the National Registry of Rehabilitation Technology Suppliers (NRRTS).
- Participates in evaluations performed by the QHCP and the selection of appropriate CRT equipment/accessories.

- Provides beneficiary training in the proper use of the CRT equipment/accessories.
- Has the capability to provide servicing and repair for all CRT equipment/accessories the CRT provider offers.
- Upon delivery of CRT equipment/accessories, provides the beneficiary with written information regarding how to obtain service and repair.

Non-CRT DME providers approved by MDHHS must comply with the Medicare DMEPOS Supplier Standards, Medicare DMEPOS Quality Standards, and the Provider Enrollment subsection in the Medical Supplier chapter of the MDHHS Medicaid Provider Manual. Per the Medicare DMEPOS Quality Standards, the DME provider must have competent technical personnel to deliver, set-up, service, and train the beneficiary for items it offers. MDHHS will consider the technician's experience, education and training to determine whether the non-CRT DME provider may provide CRT equipment/accessories to individual beneficiaries.

CRT Provider Enrollment

Effective on and after January 1, 2025, currently enrolled DME providers wishing to provide CRT equipment/accessories must update/modify their Community Health Automated Medicaid Processing System (CHAMPS) Provider Enrollment application (for each location that is accredited as a CRT provider) by adding the new subspecialty "complex rehabilitation technology." If the DME provider's current provider enrollment has the specialty "Medical Supply Company" with the subspecialty "no subspecialty," the provider will need to end date the "no subspecialty" prior to adding the "complex rehabilitation technology" subspecialty.

Providers with provider enrollment questions may contact Provider Enrollment by calling 800-292-2552 (Option 4) or email: providerenrollment@michigan.gov.

The CRT provider is responsible for renewing their accreditation with the AO as required by CMS.

Non-CRT DME providers are approved to supply CRT equipment/accessories on a case-by-case basis when a CRT provider is not available in the beneficiary's geographic location; therefore, the non-CRT provider does not need to update/modify their current provider enrollment application.

NOTE: DME providers enrolling as CRT providers must update their CHAMPS provider enrollment application prior to submitting PA request(s) for CRT equipment/accessories.

All current policy standards of coverage, documentation, correct coding, billing, and PA requirements for specific CRT equipment remain unchanged.

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**Attachment A: Complex Rehabilitation Technology (CRT) Healthcare Common Procedure Coding System (HCPCS) Codes
Effective January 1, 2025**

Note: CRT equipment/accessories may only be provided by an enrolled CRT provider unless a CRT provider is not located in the geographic area of the beneficiary. Refer to Complex Rehabilitation Technology policy for additional information.

All policy standards of coverage, frequency limits, correct coding, billing, documentation, and prior authorization criteria apply.

CRT base equipment codes that may only be billed by a CRT Provider:

E0637, E0638, E0641, E0642, E1161, E1228, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, E8000, E8001, E8002, K0005, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898

CRT parts/accessory codes that may only be billed by a CRT Provider:

E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012, E1014, E2298, E2301, E2310, E2311, E2312, E2313, E2321, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2351, E2373, E2374, E2376, E2377, E2609, E2617, K0040

All other manual/power wheelchair accessories and/or replacement parts can be used for CRT and non-CRT manual or power wheelchairs. If supplying an accessory/part for a CRT base code, the item must be supplied by a CRT provider unless MDHHS has approved the non-CRT DME provider to supply the item(s).

This attachment will be posted to the Medical Supplier database webpage ([Medical Suppliers / Orthotists / Prosthetists / DME Dealers \(michigan.gov\)](https://www.michigan.gov/medical-suppliers))