Provider Guidelines for Durable Medical Equipment (DME) and Supplies

Purpose

The purpose of this policy is to serve as guidance for providers regarding Durable Medical Equipment (DME), a covered service under Medicaid contract, and to consolidate the requirements set forth in 42 C.F.R. § 440.70. Providers delivering DME, medical supplies, and related services to PCHP members must comply with the applicable guidelines, requirements, and policies established by PCHP, as well as all applicable federal and Texas Medicaid laws, rules, regulations, and program requirements.

Scope

This document outlines key information for providers as it pertains to DME and supplies for all STAR and CHIP members of Parkland Community Health Plan (PCHP).

Definitions / Acronyms

For purposes of this notice only, the following terms have the same meanings as defined in 1 Texas Administrative Code §354.1031(b) as assigned below, unless the context clearly indicates otherwise:

Allowed Practitioner: An individual who maintains a valid and registered prescriptive authority agreement in accordance with Texas Occupations Code, Chapter 157, Subchapter B, and is a physician assistant licensed in Texas under Texas Occupations Code Chapter 204 or an advanced practice registered nurse licensed by the Texas Board of Nursing as a certified nurse practitioner or a clinical nurse specialist.

Durable Medical Equipment (DME): Equipment and appliances that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness, or injury, can withstand repeated use, and can be reusable or removable.

Medical Supplies: Healthcare-related items that are consumable or disposable or cannot withstand repeated use by more than one individual, that are required to address an individual's medical disability, illness, or injury.

Plan of Care: A written regimen established and periodically reviewed by a physician or an allowed practitioner in consultation with home health agency staff, which meets the POC standards at 42 CFR §484.60 and 1 TAC §354.1037.

Policy / Procedure

1. DME Authorization Request

   A. PCHP requires providers to substantiate medical necessity and demonstrate compliance with applicable federal and state requirements and PCHP policies through documentation. PCHP may use the guidelines and criteria outlined in the Texas Medicaid Provider Procedures Manual (TMPPM), Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, or other evidence-based guidelines, if unavailable through TMPPM, when evaluating DME and medical supply requests. PCHP will furnish services in an amount, duration, and scope that are no less than the standards provided under traditional Medicaid fee-for-service (FFS).

   B. PCHP requires DME providers to submit requests on a Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form for this purpose. It is made available for providers on PCHP's

website, Providers.ParklandHealthPlan.com. Providers are responsible for submitting complete and accurate clinical documentation sufficient to support the requested DME or medical supplies and to establish medical necessity in accordance with PCHP's requirements.

2. Frequency of DME and Medical Supplies Prior Authorization
   A. PCHP may approve an initial DME prior authorization for a period of up to six months, at which point the DME provider must submit a request to the ordering physician or allowed practitioner for continuation of services if medically necessary, and seek a new authorization from PCHP for a period of up to 12 months. If there is a change in the member's status before expiration of the authorization period, the DME provider should work with the requesting physician or allowed practitioner to modify the plan of care and seek a new authorization or change in authorization. The period of a DME authorization does not affect the requesting physician or the allowed practitioner's ability to conduct more frequent assessments of the member. The frequency of reviewing the need for DME is determined on a case-by-case basis by a requesting physician or allowed practitioner based on the nature of the member's condition and the DME item prescribed.
3. Home Health DME and Medical Supplies Exceptional Circumstances Provision
   A. The home health DME and supplies exceptional circumstances provision is made available in accordance with Title 42 CFR §440.70. Under the exceptional circumstances provision, PCHP will consider coverage of medically necessary DME and supplies that are not currently listed as benefits of Texas Medicaid for members who are 21 years of age or older. For DME and supplies considered under the exceptional circumstances provision that are not otherwise covered under the state plan, PCHP will document in the case notes that the service was considered under the exceptional circumstances provision and the clinical rationale used to make the medical necessity determination, regardless of the final decision. Providers must submit requests for medically necessary DME and supplies not listed as a covered benefit under Texas Medicaid through PCHP's exceptional circumstances process. DME and supplies allowed under the exceptional circumstances provision require prior authorization. The Home Health DME and Supplies exceptional circumstances provision is not an available process to pursue for members who receive prior authorization denials for medical necessity or technical reasons (e.g., missing essential fields, incomplete documentation).
4. Mobility Aid Accessories, Modifications, Adjustments, Repairs, and Replacements
   A. All accessories, modifications, adjustments, and repairs of mobility aids are benefits of Texas Medicaid. Equipment replacement is a benefit within five years of the equipment purchase when one of the following occurs:
      1) There has been a significant change in the member's condition such that the current equipment no longer meets their needs, OR
      2) The equipment is no longer functional and either cannot be repaired or is not cost-effective to repair, OR
      3) Loss or irreparable damage has occurred.
   B. Additional information is available in the TMPPM, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook Sections 2.2.17.29 and 2.2.17.3.

Regulatory / Accreditation References

- Title 42 C.F.R. § 440.70: Home Health Services
- Title 42 CFR §484.60: Condition of Participation: Care Planning, Coordination of Services, and Quality of Care
- 1 TAC §354.1031(b): Definitions
- 1 TAC §354.1037: Written Plan of Care
- Texas Medicaid Provider Procedure Manual (TMPPM); Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook Sections 2.2.17.29 and 2.2.17.3
- Texas Occupations Code, Chapter 157, Subchapter B: Delegation to Advanced Practice Registered Nurses and Physician Assistants
- Texas Occupations Code Chapter 204: Physician Assistants