

DURABLE MEDICAL EQUIPMENT (DME), INCONTINENT SUPPLY, HEARING AID, AND ORTHOTIC/PROSTHETIC PROVIDER OBLIGATIONS

CenCal Health contracted providers are obligated to provide our members with medical equipment and supplies that have been prescribed by their physicians. Per Title 22 CCR, Section 51321 (12) (g), medical equipment and supplies provided must be the lowest cost items that meet a member's medical needs.

Providers are contracted to provide all services that fall within the scope of their business; however, CenCal Health reserves the right to enter into exclusive contracts with providers for specific services.

Should the requirements change, providers will be notified in writing of the modifications prior to them taking effect.

PRESCRIPTON & TAR REQUIREMENTS

PRESCRIPTION REQUIREMENTS –

A prescription signed by a physician is required for all DME rentals and purchases. It must be submitted with the TAR, if a TAR is required for the item(s). It must include the following:

Name of patient	Item(s) being prescribed
Name, address, phone number of prescribing physician	Diagnosis and condition necessitating the need
Signature of prescribing physician	Duration of the need for the item(s)
Date of prescription	

TAR REQUIREMENTS –

A TAR is required for the following:

- Purchases exceeding \$100.00 (cumulative within a calendar month)
- Rentals exceeding \$50.00 (cumulative within a 15 month period)
- Repairs or maintenance of DME exceeding \$250.00 (cumulative within a calendar month)
- Repairs of hearing aids exceeding \$25.00
- Purchase, rental, or repair of any miscellaneous item over \$50.00

Information Requirements:

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|---------------------------------------------------------------------|-----------------------------------|
| • Member's Name, Medi-Cal ID number, address, and phone number | • Procedure Code with modifier |
| • Date of request | • Quantify requested |
| • Diagnosis | • Signature of provider |
| • Medical Justification | • Copy of the prescription or CMN |
| • Description of item(s) | |
| • Copy of therapist's or technician's evaluation if one is required | |

If the TAR is for miscellaneous items (By Report items) over \$50.00, it must have additional attachments with a description, brand name, model, manufacturer's price list (MSRP) or copy of the dealer's invoice, and medical justification for any special modifications or accessories. If a special height, width, or weight capacity for the equipment is needed, state the exact requirements on the TAR or attachments.

*Effective August 1, 2003, the TAR requirement for **Nebulizers with compressor (E0570)** was waived, as our reimbursement rate for **purchase** was adjusted to \$85.00 plus tax. **CenCal Health does not rent procedure code E0570.***

While more than one DME item may be requested on a TAR, DME should not be combined on the same TAR for disposable supplies or other services.

WEB TARS (e-TARS)

TARs for DME, Incontinent Supplies, Hearing Aids, and Orthotics/Prosthetics may also be submitted online through our website, www.cencalhealth.org. Most items will require specific information to be entered into the “Medical Justification/Other Info” text field of the Web TAR.

To submit Web TARs, providers must have a web account. To obtain a web account go to our website, click on the “For Providers”, then “Providers Only (restricted), and finally “Webmaster”. You will then be prompted to enter the Provider’s Name, Medi-Cal number, and Tax ID number, the email address that authorizations should be sent to, and a contact name and phone number. Once your account has been set up, a password will be sent to you that will allow you to enter Web TARs, check eligibility, and submit claims electronically.

ITEMS REQUIRING FAXED DOCUMENTATION:

By Report and Miscellaneous items over \$50.00 – Submit the catalogue page, manufacturer’s price lists or dealer’s invoice.

Certificate of Medical Necessity for:

Manual Custom Wheelchair, (DHS 6181-A)

Motorized Wheelchair (DHS 6181-B)

Power Operated Vehicle (POV/scooter) (DHS 6181-C)

For custom manual and motorized wheelchairs and POV/scooters, attach a Wheelchair & Home Evaluation performed by one of the following on your staff:

A RESNA certified ATS or ATP, a Licensed OTR, or a staff member with rehabilitation equipment training through a recognized wheelchair manufacturing company

Incontinent Supplies & Diaper Prescription Form

Items with the following HCPCS: E0193, E0194, E0277, E0371- E0373, E0424 - E0562 E0601, E0618, E0619, E0747 - E0760, E0779 - E0791, E1390, E1391, K0455

Items requiring faxed documentation should reference the Web TAR number and be faxed to Health Services at (805) 692-5140.

ITEMS NOT REQUIRING FAXED DOCUMENTATION:

For all other items/HCPCS not listed above, enter the following information in the “Medical Justification/Other Info” text field of the Web TAR:

- Prescribing physician’s name
- RAF Number (if applicable)
- Date of Prescription

- For rentals – Beginning date of service and length of need
- For hearing aids – Audiogram readings for 500, 1000, 2000 Hz ranges for both ears
- For special size equipment – Patient’s weight and height
- Any other information specific to the equipment being requested that should be considered.

EQUIPMENT CRITERIA

Some DME may only be approved if certain criteria have been met and documented. Examples are: specialty beds and surfaces, CPAP, BiPAP, and oxygen.

OXYGEN –

Initial requests for oxygen therapy require that either a qualifying Arterial Blood Gas (ABG) be submitted **(or)** qualifying multiple consecutive readings of arterial oxygen saturation while patient is at rest on room air. Discharge summaries should also be submitted.

The qualifying criteria for oxygen therapy are as follows:

- ABG – Pao₂, 55mm Hg or below at rest on room air *or between 56-59mm Hg a secondary diagnosis is required.**
- Saturation – Sao₂, 88% or below at rest on room air. *If 89% a secondary diagnosis is required.**

**Secondary diagnosis: Congestive Heart Failure/Edema, Chronic Corpulmonale, Erythrocytosis, Erythrocythemia, Polycythemia*

Re-authorizations require an updated prescription and an ABG or Saturation every 12 months.

CPAP/BI-PAP –

Initial requests require the following:

- Prescription from physician
- Current sleep study with physician’s summary of results
- Titration levels on requested equipment

Re-authorizations require a prescription, a follow-up evaluation that indicates effectiveness, and proof of usage (RT notes, machine graphs, etc.).

BI-PAP S/T –

Initial requests require the following:

- A qualifying ABG indicating respiratory failure **(oxygen saturation levels are not acceptable for BI-PAP S/T or Ventilators)**
- Prescriptions from physician

Re-authorizations require a Letter of Compliance signed by the Respiratory Therapist and the ordering physician.

VENTILATORS –

Initial requests require the following:

- Prescription
- Qualifying ABG
- Medical documentation of respiratory failure

Re-authorizations require a prescription from the physician verifying the continued need.

APNEA MONITOR –

Initial requests require the following:

- DHS 6184 form signed by the physician
- Pneumogram **(or)** documentation of medical necessity

Re-authorizations require a new DHS 6184 form signed by a physician, and a copy of a new pneumogram, smart monitor print out, or medical documentation for continued use.

PRESSURE SORE EQUIPMENT – (static overlays, dynamic overlays, and specialty mattresses or beds)

Initial request require the following:

- Pressure Sore Assessment Form
- Wound Assessment (narrative or schematic) with the following information:
 - Stage and size of each wound
 - Pictures of wounds (if available)
 - Description of each wound (color, drainage, undermining)
 - Location of each wound
 - Number of turning surfaces affected
 - Date of assessment
 - Nursing care being provided
 - Types of wound care treatments being provided
 - Nutritional assessment by a registered dietician

Re-Authorizations require updated wound measurements, locations, turning surfaces, and treatment care plans, and documentation of patient compliance with treatments and surface use.

LABOR CHARGES –

Charges for labor are billed with HCPCS code E1340 (Labor per 15 minutes). The current Medi-Cal allowable is \$16.47 per unit. Four units equal one hour or \$65.88 per hour.

Labor charges are not reimbursable when new DME items are provided. The labor involved in assembling, installing, or delivering new medical equipment is included in the reimbursement rate for the newly purchased item.

Per Title 22 CCR Section 51521 (f): Maximum reimbursement rates established by the Department include payment for the following services:

- *Freight, delivery, or transportation, except as necessary to cover the additional costs of required atypical services not otherwise covered in the maximum reimbursement rates*
- *Installation, setup, or instruction in the use of equipment*
- *Repair, maintenance, or routine servicing of rental equipment*

HEARING AIDS –

Initial requests for hearing aids require the following:

- Prescription from the PCP or an ENT with a RAF from the PCP or a prescription from the attending physician in cases where CenCal Health is the secondary insurance.
- Audiogram – must meet the current Title 22 authorization criteria

Requests for replacement of lost or stolen hearing aids will not require an audiogram if CenCal Health provided the original aid. However, a letter from the member explaining the circumstances of the loss and what attempts were made to recover it must accompany the TAR.

Repairs are covered for hearing aids that are no longer covered under the manufacturer's warranty. Repairs over \$25.00 will require a TAR, but a prescription is not required if we provided the original aid.

NON-COVERED ITEMS –

- Books or other items of a primarily educational nature
- Air Conditioners and Heaters
- Food Blenders
- Reading Lamps or other lighting equipment
- Bicycles, Tricycles or other exercise equipment
- Orthopedic Mattresses
- Seat lift chairs, recliners, rockers or other furniture items
- Waterbeds

- Household Items
- Automobile Modifications or other motor vehicle Items
- Items not used **primarily** for health care and which are regularly used by persons who do not have a specific medical need for them.

CenCal Health EXPANDED BENEFITS –

The following DME items are a benefit for all CenCal Health programs, except IHSS Healthcare. These items may not be covered for State Medi-Cal members.

Prescription, medical necessity, and TAR requirements apply.

- Home Phototherapy (Bilirubin lights)
- Uterine Monitor and Terbutaline Infusion Pump
- Portable Air Cleaners w/Hepa filter
- Spinal Stimulator

Revised 1/18/08 - JS