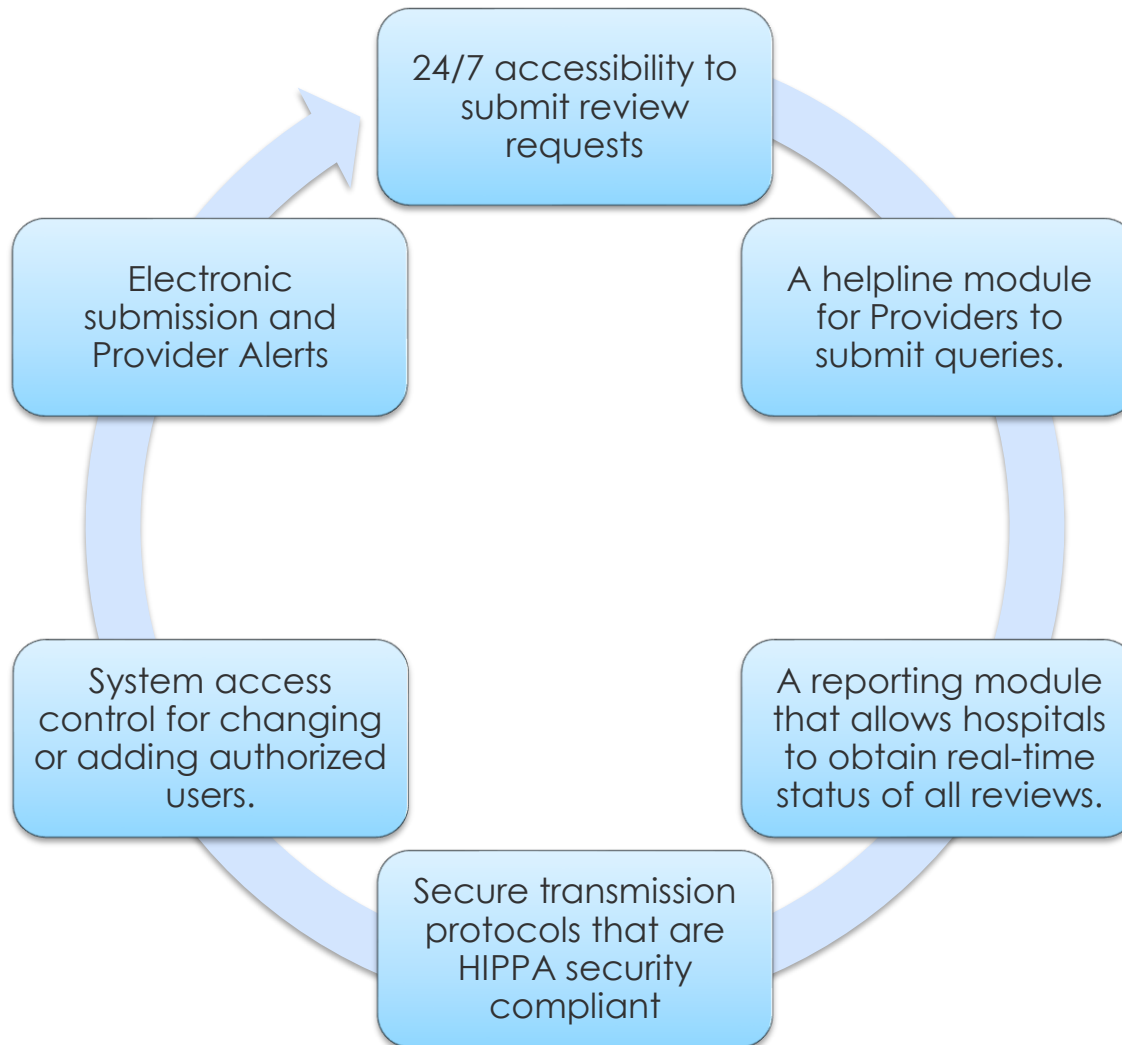


# DME/Special Services

2019

# Overview of eQsuite®



# How to access eQsuite®

## New Users:

You will need to complete and submit an access form.

*(Once received and entered you will receive an email confirmation with your user name and password)*

## System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.



### DME Request for eQSuite® Access

All information must be complete for processing

NOTICE: It is important to notify us immediately when contacts change to ensure effective and timely communications. Check here if this is a request for a change in previously submitted contact information.

Return Completed and Signed Forms  
 Attention: Provider Outreach  
 Fax: 855-440-3747  
 Email: [provideroutreach@eqhs.org](mailto:provideroutreach@eqhs.org)

Provider Name:			
Mailing Address:			
Provider Medicaid Number:	Provider Type:	NPI:	

*Handwritten forms cannot be accepted*

Contact Type	Contact Name <small>(First &amp; last name)</small>	Email Address (required)	Telephone Number
System Administrator			

FORM MUST BE SIGNED BY THE ADMINISTRATOR OR CEO

\_\_\_\_\_  
 Administrator or CEO (PLEASE PRINT NAME & TITLE)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Resources for DME

## DME Fee Schedule

- [2019 FL Medicaid DME Fee Schedule](#)

Pricing is based on AHCA maximum payment guidelines and is not negotiable. eQHealth does not have the authority to negotiate, alter, or apply any other pricing strategy. Pricing information is available prior to a medical necessity determination. This information does not guarantee approval of the request nor payment for services. Please utilize the Florida DME Fee Schedule Pricing.

## Authorization Requirements Policy

- [Florida Medicaid Authorization Requirements Policy](#)

## FL Medicaid DME and Medical Equipment Coverage Handbook

- [FL Medicaid Durable Medical Equipment and Medical Supply Services Coverage & Limitations Handbook](#)

# Prior Authorization Numbers

Please reference the Florida Medicaid Fee Schedule for Authorization Requirements. The Fee Schedule can be found on AHCA's website or on our website [fl.eqhs.org](http://fl.eqhs.org)

- On the Fee Schedule if the code has a “**PA**” this means the code requires prior authorization and once approved you will receive your authorization letter with a PA#.
- If the code only states “**Medical Necessity**” the code requires prior authorization however it does not require a PA #. A PA# will **NOT** generate when you receive your authorization letter.

**Note:** *To avoid a denial on your claims make sure to include your authorization letter with your claim submission.*

# Prior Authorization Numbers

Example:

**E0445 Oximeter Device For Measuring Blood Oxygen Levels, Non-Invasive**

This code requires prior authorization however it does not require a PA #. When you receive authorization the letter will **NOT** generate a Prior Authorization number.

CODE	DESCRIPTION	MAXIMUM FEE	RENTAL ONLY	RENT-TO-PURCHASE	UNITS	BY REPORT	PRIOR AUTHORIZATION	LIMIT
E0249	PAD FOR WATER CIRCULATING HEAT UNIT	25.71			1			1 PER YEAR
E0280	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1071.85			1			1 PER 8 YEARS
E0285	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	1343.45			1			1 PER 8 YEARS
E0305	BED SIDE RAILS, HALF LENGTH	105.73			1			1 PER 8 YEARS
E0310	BED SIDE RAILS, FULL LENGTH	105.73			1			1 PER 8 YEARS
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	82.45			1			1 PER 8 YEARS
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	3500.00			1		PA	1 PER 5 YEARS
E0370	AIR PRESSURE ELEVATOR FOR HEEL	19.92			1			2 PER 2 YEARS
<u>E0445</u>	<u>OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS, NON-INVASIVE</u>	0.00	RO	95.00	1			<u>MEDICAL NECESSITY</u>

# Review Completion Timeframes

Prior Authorization	1 <sup>st</sup> Level Review	2 <sup>nd</sup> Level Review (Physician Reviewer)
<b>Admission</b>	Within 2 Business days	Within 3 Business days
<b>Special Services</b> (Glucose Monitoring, Pulse Oximetry, Misc DME Supply)	Within 2 Business days	Within 3 Business days
<b>Retrospective</b> (Retroactive Medicaid eligibility)	Within 20 Business day	

# Review Status

## Review Status Determinations

- PEND: Additional information is being requested
- 1st Level Review: The review is currently being reviewed
- 2nd Level Review: If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- Cancel: Duplicative Service or line items not entered correctly, No Medicaid eligibility, Untimely Submission

## Pended Reviews

- Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

## Reconsideration and Fair Hearing Rights

- Partial and full denials have reconsideration and Fair Hearing Rights. Recipients or their parent/legal guardian need to be made aware of this process. There are time limitations for the requests outlined in the denial letter.



# Required Documentation

- ✓ A copy of the physician's order, if applicable  
All durable medical equipment medical supplies, orthotic and prosthetic devices must be prescribed by the Medicaid Recipients Treating MD, physicians assistant, ARNP, or Podiatrist. Must include the date, NPI and signature.
- ✓ Full description of the Items requested  
Is the equipment owned? Was the equipment purchased by Medicaid, if so when? Is the equipment being purchased specifically for the recipient? The age of the equipment?
- ✓ Pricing Information: Including Sales Invoice, manufacturers documents showing MSRP of requested items
- ✓ Summary of the recipient's current health status, including diagnosis(s) pertinent to the recipient's need for the service being requested
- ✓ **Wheelchairs:** Custom Wheelchair Evaluation form is required for all new/replacement wheelchair requests
- ✓ A copy of the recipient's current POC signed by the physician  
Any additional documentation requested by the QIO

**Note: All clinical documentation must be completed within 1 year to support medical necessity**

# Invoice Requirements

## Documentation

- ✓ A list of each component and related fee described by HCPCS procedure codes on the current DME and Medical Supply Services Provider Fee Schedules
- ✓ The invoice subtotal
- ✓ A list of any components not listed on the DME and Medical Supply Services Provider Fee Schedules, its applicable HCPCS code, and the provider's requested price for each individual component
- ✓ The invoice total, excluding all shipping and handling fees

## Example of Invoice

Excellent DME Provider



595 Tampa Drive Suite 100  
Tampa, Florida 33634  
Provider #987987987

Deliver to:  
Robert T. Patient  
959 Ocean Street  
Oldsmar, Florida 33456  
Medicaid ID# 1112223333

Request for K0014 :

HCPCS Code	Description	Quantity	Price	
DME Fee Schedule Items				
K0823	Group 2 power wheelchair	1	\$3699.70	
E2362	Group 24 non-sealed lead acid battery, each	2 @ 70.26	\$140.52	
E2209	Arm trough	1	\$86.08	
E0990	Elevating leg rest, complete assembly, each	2 @ 89.61	\$179.22	
Subtotal				\$4105.52
Non-DME Fee Schedule Items				
E2617	Custom Fabricated wheelchair back cushion, any size, including any type mounting hardware	1	\$400	
E2609	Custom Fabricated wheelchair seat cushion, any size	1	\$375	
Subtotal				\$775
Total				\$4880.52

# HCPCS Codes

Patient Lifts	Power Operated Vehicles	Custom Wheelchairs
<ul style="list-style-type: none"> <li>▪ E0630</li> <li>▪ E0635</li> </ul>	<ul style="list-style-type: none"> <li>▪ K0800</li> <li>▪ K0801</li> <li>▪ K0802</li> </ul>	<ul style="list-style-type: none"> <li>▪ K0014 Custom Power wheelchair</li> <li>▪ K0009 Custom Manual wheelchair</li> <li>▪ K0108 Items w/ no appropriate HCPCS code</li> <li>▪ K0739 Labor</li> </ul> <p>When Any component is added to a wheelchair, it becomes a custom wheelchair.</p>

# EPSDT

- The Early and Periodic Screening, Diagnostic and Treatment Services program ensures that children and youth under age 21 receive a comprehensive array of preventive, diagnostic, and treatment services.
- Requests for children under the age of 21 for items on the DME fee schedule over the limits are considered EPSDT or Special Services.
- Requests for children under the age of 21 for items not on the DME fee schedule are considered EPSDT or Special Services.
- Many Items that recipients under age 21 may not have the actual HCPCS code loaded in eQHealth or they are unable to be transmitted to the PA system at Florida Medicaid – in those instances please use the following codes
  - Medical supplies A9900
  - Medical equipment E1399

# Question Rephrased in eQsuite®

*Is this a DME supply that is covered under the EPSDT benefit for quantities over the limits on the DME Fee Schedule, or the item is not on the DME Fee Schedule?*

We have provided some helpful tips on how to answer this question correctly to avoid any potential delays in the review process.

- **EPSDT:** Early and Periodic Screening, Diagnostic and treatment **ONLY** applies to recipients under the age of 21. If you are submitting a case and the recipient is over 21 this question does **NOT** apply and you should be checking **“NO”**
- If the recipient is under 21 and the item is **NOT** on the fee schedule or if the item is over the fee schedule limit you should be checking **“YES”**
- *Example:* Recipient is under 21 and you are requesting A9900 (Misc Code)-check “Yes”
- *Example:* Recipient is under 21 and you are requesting E0316 (SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE)-This item is on the Fee Schedule. Check “No”

# Special Services

## A9900

### Codes

- A9900–Misc DME Supply, Accessory, and/or service component of another HCPS Code  
*(Example: briefs, diapers, protective underwear, pull-ons, liners, shields, guards, pads, wipes and undergarments)*

#### **Note:**

These codes must be entered into eQsuite separately

### Requirements for Service

- Is 4-20 years old; And
- Has chronic incontinence caused by a permanent physical or mental condition (including cerebral palsy and developmental delay).

#### **Supporting Documentation Required**

- RX signed within one year by appropriate practitioner (Physician, ARNP, Physician Assistant) within scope of their license
- Required ICD 10 Diagnoses by Label or code. An incontinence DX must be accompanied by a DX that supports the rationale for the incontinence.
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described.  
*(i.e. physician visit notes; any other relevant discipline visit notes)*

# Pulse Oximetry

## Codes

**E0445**-Oximeter Device for measuring blood oxygen levels, non invasive

### **Note:**

This is a rental Item only

This code does require prior authorization however it does not require a PA #. When you receive authorization the letter will NOT generate a Prior Authorization number. To avoid a denial on your claims make sure to include your authorization letter.

## Documentation/Submission Requirements

- RX signed within one year, ICD 10 Diagnosis with Freq and Duration
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described  
*(I.e. physician visit notes; any other relevant discipline visit notes laboratory results; diagnostic test results; records of repeated metrics oxygen delivery rates, pulse ox readings, ventilator settings)*

# Glucose Monitoring

## Codes

- A9276-Disposable sensor, CGM Sys
- A9277-External Transmitter, CGM
- A9278-External Receiver, CGM Sys

### **Note:**

These codes may be entered all on one review

## Documentation/Submission Requirements

- RX signed within one year, ICD 10 Diagnosis with Freq and Duration
- A current comprehensive glucose level log
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described  
*(l.e. physician visit notes; any other relevant discipline visit notes laboratory results; diagnostic test results; records of repeated metrics such as weights, blood sugars logs, Ac1 readings)*



# Entry for Special Services

- **Example:** Recipient needs 10 cases of wipes a month for 6 months at \$7.00 a case.
- If you have more than one request for a DME supply, these requests must be entered into eQSuite separately.
- You can request up to 180 days
- You must enter your request for current dates.

The screenshot shows the 'Item Code Add/Edit Page' with the following fields and callouts:

- Code:** A9900 (Callout: Enter HCPCS Code)
- Description:** MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE (Callout: View Example)
- Modifier:** Purchase NEW
- From Date:** 5/1/2018 (Callout: Enter authorization date span)
- Thru Date:** 10/27/2018
- Rental # of Months:** Select Rental Months (Callout: Enter price for 1 unit)
- Price:** 7.00
- Total Units:** 60 (Callout: Enter total units for entire date span)

Buttons at the bottom: [Save Changes](#) and [Close](#)

# LIVE DEMONSTRATION

# eQHealth Resources

**Phone:** 855-444-3747  
**Fax:** 855-440-3747  
*(General inquiries/questions)*

**Provider Website:**  
FL.EQHS.ORG  
*(Provider Forms/Education and Training Material)*

**Provider Outreach Email:**  
[PR@EQHS.ORG](mailto:PR@EQHS.ORG)  
*(Provider Education/Training Assistance)*