

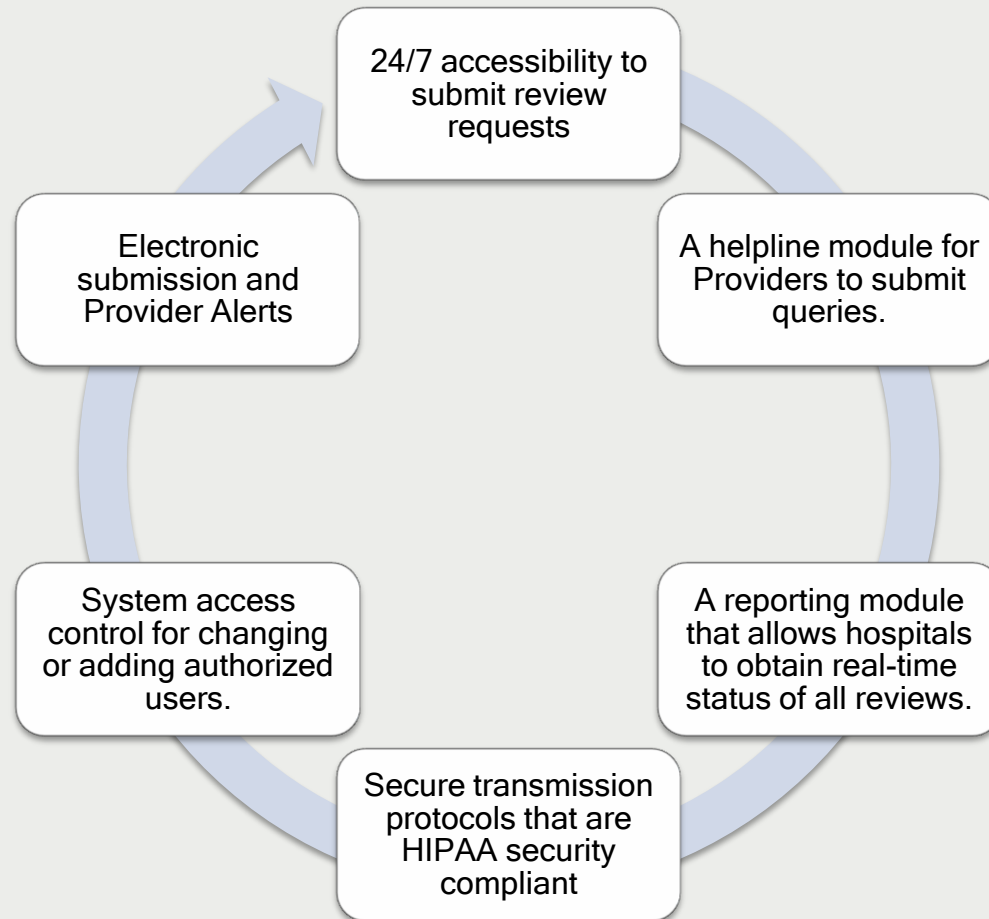


DME /Special Services

2017


<http://fl.eqhs.org>

Overview of eQsuite ®



Who can 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)
- **Existing Users:** If you are the System Administrator you will have the ability to create additional User Accounts.



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

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

Handwritten forms cannot be accepted

Contact Type	Contact Name <small>(First & 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

- [DME Fee Schedule for ALL recipients](#)
- [DME Fee Schedule for recipients under the age of 21](#)

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](#)

Required Documentation

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

Prescription:

All durable medical equipment, medical supplies, and orthotic and prosthetic devices must be prescribed by the Medicaid recipient's:

- *Treating Physician,
or
- *Treating Physician's physician assistant,
or
- *Treating physician's advanced registered nurse practitioner (ARNP)
or
- *Treating Podiatrist

Must include the date, signature and NPI #

Pricing Information:

Sales Invoice, Manufacturers documents showing MSRP of requested items

Certificate of medical necessity

Wheelchairs

Custom Wheelchair evaluation form is required for all new/replacement wheelchair requests

Description of the Item:

- Is the equipments currently owned?
- Was the equipment purchased by Medicaid, if so when?
- Is the equipment being purchased specifically for the recipient?
- The age of the equipment?

Required Information for Review

In the Authorization Requirements Coverage Policy in section 2.4 specific points of focus are

- A copy of the physician's order, if applicable
- Full description of the service(s) requested (including amount, duration, and frequency)
- Summary of the recipient's current health status, including diagnosis(es) pertinent to the recipient's need for the service being requested
- A copy of the recipient's current plan of care (if applicable), signed by the physician
- Any additional submission requirements included in the service-specific coverage policy
- Any additional documentation requested by the QIO

Request Submission & Review Completion Timeframes

Prior Authorization	Review Completion Timeframes	Referred to Physician reviewer
<ul style="list-style-type: none"> •Initial Admission •Special Services (Glucose Monitoring, Pulse Oximetry, Misc DME Supply) 	<ul style="list-style-type: none"> •Within 2 business days •Within 2 business days 	<ul style="list-style-type: none"> •Within 3 business days of the receipt of the complete request •Within 3 business days of the receipt of the complete request
<ul style="list-style-type: none"> •Retrospective Retroactive Eligibility 	<ul style="list-style-type: none"> •Within 20 business days (Includes all levels of review) 	

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
- Technical Denial Untimely Submission or incomplete documents provided

Wheelchairs

Wheelchair Evaluations	Custom Wheelchairs	Wheelchair Repair/Replacement
<ul style="list-style-type: none">➤ Must support the medical necessity of all components/upgrades for the recipient➤ Clinician recommended custom components should match the sales invoice.➤ All information on the FL Medicaid wheelchair evaluation form must be completed by a licensed PT, OT or physiatrist	<ul style="list-style-type: none">➤ The evaluating clinician must document the reasons as to why the custom component is medically necessary <p>Examples:</p> <ul style="list-style-type: none">▪ Custom wheelchair tray vs. wheelchair tray▪ “Upper extremity support surface” vs. wheelchair tray▪ Custom wheelchair cushion vs. prefabricated wheelchair cushion	<ul style="list-style-type: none">➤ Use HCPCS codes for each item being replaced.➤ Only use HCPCS code K0108 for items/materials with no appropriate HCPCS code.➤ Labor is separately billable using K0739 and is not included in the PA for the components. <p>Note: Prior authorization for custom wheelchair repair includes repair/replacement of all needed components.</p>

HCPCS Codes

Patient Lifts	Power Operated Vehicles	Power Wheelchairs	Custom Wheelchairs
<ul style="list-style-type: none">▪E0630▪E0635	<ul style="list-style-type: none">▪K0800▪K0801▪K0802	<ul style="list-style-type: none">▪K0822▪K0823	<ul style="list-style-type: none">▪K0014 Custom Power wheelchair▪K0009 Custom Manual wheelchair▪K0108 Items w/ no appropriate HCPCS code▪K0739 Labor

Note: When any component is added to a wheelchair, it becomes a custom wheelchair

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

DME is Also Medical Supplies

Medical Supplies must be needed for use with one of the following:

- Colostomy, urostomy, ileostomy appliance
- Surgical, wound, burn dressing
- Gastric feeding sets and supplies
- Urinary catheters, irrigation apparatus, and related items
- Tracheostomy and endotracheal care supplies
- Disposable items which if not provided could reasonably cause the recipient to require emergency treatment, become hospitalized, or be placed in a long term care facility; or
- In support of Medicaid-covered DME equipment used by the recipient

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.

Note:

If the code you are requesting is not loaded in our web portal, you will receive the below error. In this instance please fax in your authorization request, with the required supporting documentation.

Error: Invalid Code or this Code is not allowed for your Provider Type.

Code: e2609

EPSDT Special Services

- Many Items that recipients under age 21 require many not have the actual HCPCS code loaded in eQHealth or enable to be transmitted to the PA system at Florida Medicaid - in those instances please use the following codes
 - Medical supplies A9900
 - Medical equipment E1399
- These codes will generate PA and the overlapping PA issue has been resolved.
- Please send an email to pr@eqhs with the HCPCS code you are needing authorized for your recipient under the age of 21.

Note: The question below was rephrased on 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?

Special Services

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)

Special Services 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
(I.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)

Special Services

Recently Added to eQsuite

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)

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

- 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>

Pricing Determinations

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

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

(Provider Education/Training Assistance)