DURABLE MEDICAL EQUIPMENT

Guidance for medical necessity documentation, submitting proper HCPCS codes and reducing pends

December 2012
Medical Necessary Documentation
Medicaid reimburses medically necessary services that do not duplicate another provider’s service for the treatment of a documented medical disorder, disease or impairment.

A provider’s prescription, recommendation, or approval of a medical or allied care, goods, or services does not, in itself, make such care, goods, or services medically necessary or a medical necessity or a covered service.
One of the following are required with the request for authorization:

1. Written Prescription
2. Hospital Discharge Plan
3. Certificate of Medical Necessity
4. Plan of Care (if DME provider is Home Health Agency (HHA))
Prescriptions must include:

1. Dated signature of the physician, ARNP or PA
2. Florida professional license number of the physician, ARNP, or PA
2. Type of DME prescribed
The supporting documentation must include:

1. description of the items or equipment currently used or currently owned by the recipient of the same or similar type requested
2. whether the equipment is rented or was purchased specifically for the recipient
3. the age of the equipment
4. whether and when the recipient’s equipment was purchased by Medicaid
For any DME, if the requested device or component is not the least costly alternative, justification is required.

The therapist evaluator and the provider must clearly explain why the least costly alternative will not meet the recipient’s needs.
Wheelchair Evaluation

All information on the Florida Medicaid Wheelchair Evaluation Form must be completed by a licensed PT, OT, or physiatrist.
Wheelchair Evaluations

- Must support the medical necessity of all components/upgrades requested for the recipient.

- Clinician recommended custom components should match the sales invoice.
Medical Necessity

Custom items for a Wheelchair:

The evaluating clinician must document the reasons that a custom component is medically necessary.

**ASSESSMENT**

The legrest pads are not long enough to support his legs adequately. [REDACTED] needs longer leg supports which will need to be custom modified to fit existing hardware restrictions.
Documentation is required to support the medical necessity of custom items.

Examples include:

1. Custom wheelchair tray vs. wheelchair tray
2. “Upper extremity support surface” vs. wheelchair tray
3. Custom wheelchair cushion vs. prefabricated wheelchair cushion
4. Custom lateral supports and abductor pads vs. prefabricated supports and pads
5. Swing-away hardware
Reducing Pends
3 types of documentation are required:

- Prescription
- Documentation supporting medical necessity
- Pricing information

If you do not fax/upload the 3 types of documentation, the request will not be reviewed.
Reducing Pends

Prescription:

Prescriptions with watermarks are frequently illegible when faxed or scanned.
Reducing Pends

Fax Quality:
When faxing documents, use the highest setting for clarity on your fax machine.
Reducing Pends

Invoice

All requests for prior authorization must include:

1. sales invoice from the DME provider
2. documents showing MSRP of requested items
Reducing Pends

All invoices must include:

1. A list of each component and related fee described by HCPCS procedure codes on the current DME and Medical Supply Services Provider Fee Schedules;

2. The invoice subtotal;

And......
All invoices for must include:

3. 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; and

4. The invoice total, excluding all shipping and handling fees;
Reducing Pends

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:

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Description</th>
<th>Quantity</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0823</td>
<td>Group 2 power wheelchair</td>
<td>1</td>
<td>$3699.70</td>
</tr>
<tr>
<td>E2362</td>
<td>Group 24 non-sealed lead acid battery, each</td>
<td>2 @ 70.26</td>
<td>$140.52</td>
</tr>
<tr>
<td>E2209</td>
<td>Arm trough</td>
<td>1</td>
<td>$86.08</td>
</tr>
<tr>
<td>E0990</td>
<td>Elevating leg rest, complete assembly, each</td>
<td>2 @ 89.61</td>
<td>$179.22</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>$4105.52</td>
</tr>
<tr>
<td>E2617</td>
<td>Custom Fabricated wheelchair back cushion, any size, including any type mounting hardware</td>
<td>1</td>
<td>$400</td>
</tr>
<tr>
<td>E2609</td>
<td>Custom Fabricated wheelchair seat cushion, any size</td>
<td>1</td>
<td>$375</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>$775</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$4880.52</td>
</tr>
</tbody>
</table>

http://fl.eqhs.org
Submitting Correct HCPCS Codes
Submitting Correct HCPCS Codes

2012 Florida DME Fee Schedule

All ages:
http://www.fdhc.state.fl.us/Medicaid/review/dme/2012_DME_Provider_Fee_Schedule_for_Recipients_of_All_Ages.pdf

Under 21:
http://www.fdhc.state.fl.us/Medicaid/review/dme/2012_DME_Provider_Fee_Schedule_for_Recipients_Under_Age_21.pdf
Submitting Correct HCPCS Codes

Power Operated Vehicles:
   K0800
   K0801
   K0802

Power Wheel Chairs:
   K0822
   K0823
Submitting Correct HCPCS Codes

Patient Lifts (pediatric and adult)

E0630
E0635
Wheelchairs

When any component is added to a wheelchair, it becomes a custom wheelchair (requested as K0009 or K0014.)

This includes addition of components that don’t require prior authorization.
Submitting Correct HCPCS Codes

Custom Wheelchair

K0014 - Custom Power Wheelchair

K0009 - Custom Manual Wheelchair

Please enter one of these codes on the Items Tab of eQSuite. Show the components on the invoice.

http://fl.eqhs.org
Custom Wheelchair Invoice

Use HCPCS codes for each item requested, including the base of the wheelchair.

Only use HCPCS code K0108 for items with no appropriate HCPCS code.
Wheelchair Repair/Replacement Invoice

Prior authorization for custom wheelchair repair includes repair/replacement of all needed components.
Wheelchair Repair/Replacement Invoice

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.
Pricing
### Pricing Custom Wheelchairs

<table>
<thead>
<tr>
<th>Included in Price of Custom Power WC</th>
<th>Can be Billed Separately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery charger, single mode</td>
<td></td>
</tr>
<tr>
<td>Complete set of tires and casters, any type</td>
<td></td>
</tr>
<tr>
<td>Lap belt or safety belt</td>
<td></td>
</tr>
<tr>
<td>Legrests (Fixed, swingaway, or detachable non-elevating legrests with or without calf pad.)</td>
<td>Elevating legrests</td>
</tr>
<tr>
<td>Footrests/foot platform (fixed, swingaway, or detachable footrest or a foot platform without ankle adjustments).</td>
<td></td>
</tr>
<tr>
<td>Footrests - including angle adjustable</td>
<td></td>
</tr>
<tr>
<td>Armrests</td>
<td>Detachable, adjustable height armrests</td>
</tr>
<tr>
<td>Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.</td>
<td>An expandable controller, a nonstandard joystick (i.e., nonproportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.</td>
</tr>
<tr>
<td>Any seat width and depth</td>
<td></td>
</tr>
<tr>
<td>Any back width.</td>
<td></td>
</tr>
<tr>
<td>Controller and Input Device (Non-expandable controller and standard proportional joystick)</td>
<td>Shoulder harness/straps or chest straps/vest</td>
</tr>
</tbody>
</table>
Prior authorization for custom wheelchair repair includes repair/replacement of all needed components.

Labor is separately billable using K0739 and is not included in the PA for the components.
Pricing Custom Cushions

- Labor for evaluating, molding, and fabricating is included in the price for a custom wheelchair seat or back cushion

- Mounting hardware is included in the price for a custom wheelchair back cushion
## Pricing Power Seating

<table>
<thead>
<tr>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armrests and arm pads, any type</td>
</tr>
<tr>
<td>Footplate or foot rest, any type</td>
</tr>
<tr>
<td>Elevating legrests and related hardware</td>
</tr>
<tr>
<td>Ratchet assembly for footrest or legrest</td>
</tr>
<tr>
<td>Cam release assembly for footrest or legrest</td>
</tr>
<tr>
<td>Swingaway detachable footrests</td>
</tr>
</tbody>
</table>
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.

Pricing determinations may be viewed in the D7 report, available through eQSuite™.
### Accessing D7 Reports

In the EQ Health Suite, you can access D7 reports through the 'Reports' tab. Here is a screenshot of the Provider Reports section:

#### Provider Reports

- **Menu**:
  - Select D7: DME Web Review Request Printout
  - Select O1: Outpatient Review Status for a Given Recipient
  - Select O2: Status of All In-Process Certification Reviews
  - Select O3: Outpatient Assigned PA#s

The screenshot shows various options for reviewing and managing DME and outpatient reports, which are crucial for providers to maintain compliance and administrative efficiency.
Accessing D7 Reports

http://fl.eqhs.org
Report D7

DME - WEB REVIEW REQUEST

Review ID: ************

CASE IDENTIFICATION:
Recipient: ************
Baby Name: ************
DOB: ************ Age: 31 Sex: M
Anticipated or actual delivery date: 11/13/2012
Request Date: 11/7/2012
Review Type: Admission

PHYSICIAN:
PHYSICIAN/ARNP/PA:
Phone: ************ Phone's Correct: Yes Updated Phone:

DOCUMENTATION:
CLINICAL INFORMATION - ************ Submitted by the provider ************
Anticipated or actual delivery date: 11/13/2012
Enter the date the physician, ARNP, or PA signed the order: 10/08/2012
Has the item already been delivered? No
Where does the recipient reside? Group Home
Is the requested equipment necessary for the recipient to transition to a residence that is not a hospital, intermediate care facility, or skilled nursing facility? No

CLINICAL INFORMATION
SERVICE CRITERIA
The requested item(s) is/are for the exclusive use of the recipient.
requested item(s) does not duplicate or perform the same function as other DME equipment currently in the recipient’s possession

End of submission

All pricing is based on AHCA maximum payment guidelines and is not negotiable. eQHealth does not have the authority to negotiate or alter or apply any other pricing strategy in response to provider requests. Pricing is posted prior to medical necessity determination and not a guarantee of approval of the request nor payment for services, but is provided for informational purposes only.

HCPCS Invoice Guideline Description
K0043 $****46.92 $****29.8 Ext Tbc Assy Pckt
K0108 $*****130 $*****113.1 Elbow Blocks
K0108 $*****106 $*****92.22 Stblt Pd
E0960 $*****154 $*****79.12 Adj Hnss Pd Strp
K0019 $*****28.98 $*****24.94 Armpad
E2210 $*****32.44 $*****32.06 Bearing
Total $****486.34 $****350.14

21NOV12

DX CODES:
PDX: 3430 CEREBRAL PALSY NOS

ITEMS:

<table>
<thead>
<tr>
<th>Code</th>
<th>Category</th>
<th>Description</th>
<th>Modifier</th>
<th>From Dt</th>
<th>Thru Dt</th>
<th>Total Units</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>K0108</td>
<td>Wheelchairs and Related Items</td>
<td>WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED</td>
<td>Purchase NEW</td>
<td>11/13/2012</td>
<td>3/13/2013</td>
<td>1</td>
<td>498.34</td>
</tr>
</tbody>
</table>
Non-Covered Items
Non-Covered Services

- Car seats or car beds
- Computers and computer-related equipment
- Equipment or devices used primarily for transport
- Ceiling lifts that require home modification
- Physical fitness equipment
Non-Covered Services

- Powered wheelchair component for standing
- Transit tie downs
- Wheelchair electronics upgrades to control or have interface with other non-covered services and exclusions
- Wheelchair lifts
- Wheelchair ramps
- Wheelchair sanitation service
- Wheelchair upgrades needed for outdoor or use outdoors at night
Non-Covered Services

For list of additional items that are non-covered, please consult the Florida Medicaid DME Handbook

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_10_100601_DME_ver1.0.pdf
Reconsideration and Re-Submission
Reconsideration

Reconsideration is an opportunity to supply additional information supporting the medical necessity of components in the original DME request.

This is not an opportunity to modify the original request by eliminating components.
Re-Submission

- Modifications are not allowed for denied DME requests.
- To revise a request for a DME item, submit a new request with required documentation and an updated invoice.
- Use a different “From” date when entering the request.
Provider Communications and Resources

- Online Helpline
- Customer Service: 885-444-3747
  Monday-Friday, from 8 a.m.-5 p.m. Eastern Time
- Dedicated Florida Provider Website
  http://fl.eqhs.org
- Blast Emails
- eQSuite Notices

http://fl.eqhs.org
Questions and Answers

Thank-you for attending

Your opinion is important to us. Please complete the survey which will appear on your computer when the webinar ends.