

SMSO Policy Manual

DURABLE MEDICAL EQUIPMENT AUTHORIZATIONS

Executive Sponsor: Chief Medical Officer

Issuing Department: Clinical Management

Gate Keeper: Director, HSM Clinical Management

COMPLIANCE STATEMENT:

Enforcement: All members of the workforce are responsible for compliance with this policy. Failure to abide by the requirements of this policy may result in corrective action, up to and including termination. Workforce members are responsible for reporting any observed violations of this policy.

Review Schedule: This policy will be reviewed and updated as necessary and no less than every two years.

Monitoring and Auditing: The Issuing/Collaborating Department(s) is responsible for monitoring compliance with this policy.

Documentation: Documentation related to this policy must be maintained for a minimum of 10 years.

Applies to:

- | | |
|---|---|
| <input checked="" type="checkbox"/> SummaCare | <input checked="" type="checkbox"/> Apex |
| <input type="checkbox"/> Summa Management Service Organization (SMSO) | <input checked="" type="checkbox"/> Summa Insurance Company |

Line of Business:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Commercial Groups | <input checked="" type="checkbox"/> Medicare |
| <input type="checkbox"/> Medicare Supplemental | <input checked="" type="checkbox"/> On-Exchange |
| <input checked="" type="checkbox"/> Off-Exchange | <input checked="" type="checkbox"/> Self-Funded |

1.0 Purpose:

- 1.1 To ensure initial and ongoing eligibility for the durable medical equipment benefit, to promote safe quality care, enable care managers to monitor and assess patient care, and to ensure the achievement of the desired clinical outcome(s) through the use of durable medical equipment.
- 1.2 To ensure members and providers that The Plan follows and adheres to all federal and state guidelines pertaining utilization and prior authorizations

2.0 Policy:

- 2.1 The ordering physician must obtain prior authorization for durable medical equipment which requires prior authorization.
- 2.2 Utilization Management (UM) will utilize Medicare rules and regulations ie Durable Medical Equipment Regional Carriers (DMERC), CMS Local Coverage Determinations (LCD) and National Coverage Determinations (NCD) for Medicare Advantage members
- 2.3 Use of InterQual DME guidelines to support medical decision-making for Commercial and self-funded members.
- 2.4 For Medicare Advantage (MA) members, coverage decisions follow Medicare rules and regulations pertaining to MA plans, as well as federal and state regulations, and the member's evidence of coverage (EOC) document. When appropriate, relevant current clinical guidelines, SummaCare's internal policies/procedures and drug formularies may be utilized in the absence of Medicare guidance.
- 2.5 For non-Medicare members, coverage decisions follow appropriate federal and state requirements and the member's evidence of coverage (EOC) document. Additionally, SummaCare's internal policies/procedures, and drug formularies are followed when appropriate.

3.0 Procedure:

- 3.1 Initial Authorization for Durable Medical Equipment (DME) - Responsibilities of Ordering Physician
- 3.2 The procedures detailed below apply to all preservice requests including patients leaving a hospital or nursing home setting.
 - 3.2.1 Fax request with clinical information to support the request to 234-542-0815 to obtain pre-authorization for durable medical equipment.
 - 3.2.2 Supply the following information to HSM:
 - 3.2.2.1 Patient Name, Date of Birth, and the Plan's ID number;
 - 3.2.2.2 Diagnosis (ICD1-10) and circumstance(s) which supports need for DME;
 - 3.2.2.3 Type of Equipment requested (HCPCS code);

- 3.2.2.4 Requested effective date and anticipated length of need.
- 3.2.2.5 Clinical outcome(s) desired as a result of durable medical equipment.
- 3.2.3 If approved, authorization number is given to the provider.
- 3.2.4 If denied, a letter will be faxed to the provider and mailed to the member with appeal rights per protocols and timeliness standards.
- 3.2.5 The durable medical equipment provider is contacted with orders and authorization number.
- 3.3 Director, HSM Clinical Management, has the authority and responsibility for the activities in this policy or procedure.
- 3.4 The Issuing Dept. is responsible for monitoring/enforcing the compliance with this policy.
 - 3.4.1 Compliance will conduct periodic reviews to monitor and audit compliance with this policy.
 - 3.4.2 Durable Medical Equipment (DME) may be purchased or rented according to Medicare guidelines for Medicare Advantage Members. All plans should refer to your Evidence of Coverage (EOC) for additional information. If you have any questions regarding this, contact our DME provider, HomeLink at 844-358-2549.

4.0 References:

- 4.1 Source of the policy (regulatory citation, accreditation standard, internal standard)
 - 4.1.1 Medicare Benefit Policy Manual, Chapter 15 §110 and Code of Federal Regulations (CFR) 410.38; 414.240, 414.114
- 4.2 Are there any references to other documents, regulations, or intranet locations?
 - 4.2.1 None
- 4.3 Are there other policies that work in conjunction with this policy?
 - 4.3.1 None
- 4.4 Replaces (if applicable):
 - 4.4.1 None

5.0 Definitions:

5.1 Durable Medical Equipment (“DME”) is any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses.

DME consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness or injury;
- are ordered or prescribe by a physician;
- are reusable;
- can stand repeated use, and
- are appropriate for use in the home.

This includes, but is not limited to, home medical equipment, respiratory services, custom seating/mobility, medical supplies, diabetic equipment, and other supplies.

6.0 Key Words or Aliases (Optional):

6.1 Durable medical equipment authorizations

ORIGINAL *EFFECTIVE DATE*: 12/31/1998
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10/10/2023, 12/1/2023