

310-P MEDICAL EQUIPMENT, MEDICAL APPLIANCES, AND MEDICAL SUPPLIES

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I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, and all FFS populations, excluding Federal Emergency Services (FES) (For FES, refer to AMPM Chapter 1100). This Policy specifies requirements for coverage of medically necessary Medical Equipment, Appliances, and Medical Supplies. Medical Equipment and Appliances are often referred to as Durable Medical Equipment (DME).

II. DEFINITIONS

MEDICAL EQUIPMENT AND APPLIANCES For purposes of this Policy, the term “medical equipment” refers to both medical equipment and appliances.

Any item, appliance, or piece of equipment (pursuant to 42 CFR 440.70) that is not a prosthetic or orthotic, and

1. Is customarily used to serve a medical purpose, and is generally not useful to a person in the absence of an illness, disability, or injury,
2. Can withstand repeated use, and
3. Can be reusable by others or removable.

MEDICAL SUPPLIES Health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury [42 CFR 440.70].

SETTING IN WHICH NORMAL LIFE ACTIVITIES TAKE PLACE A setting other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board.

III. POLICY**A. COVERAGE GUIDELINES**

1. AHCCCS covers medically necessary Medical Equipment, Medical Appliances and Medical Supplies (including incontinence briefs), and under the home health services benefit, that are suitable for use in any Setting in Which Normal Life Activities Take Place, as specified in this Policy, when the following conditions are met:
 - a. Provided in Settings in Which Normal Life Activities Take Place,
 - b. Ordered by the member's physician or beginning March 1, 2020 ordered by the member's:
 - i. Nurse practitioners,
 - ii. Physician assistants, or
 - iii. Clinical nurse specialists, as a part of the plan of care and is reviewed by the practitioner annually,
 - c. Authorized as required by AHCCCS, Contractor, or Contractor's designee, and
 - d. Face-To-Face encounter requirements for FFS Programs are followed and documented as specified in this Policy.
2. Medical Equipment and Medical Supplies cannot be limited to members who are homebound.
3. Other related Policy Requirements:
 - a. Home Health Services for ALTCS, as specified in AMPM Policy 1240-G,
 - b. Home Health Services, as specified in AMPM Policy 310-I,
 - c. Occupational, Physical and Speech Therapies, as specified in AMPM Policy 310-X,
 - d. Rehabilitative Therapies for ALTCS, as specified in AMPM Policy 1250-E,
 - e. Orthotic and Prosthetic Devices, as specified in AMPM Policy 310-JJ,
 - f. FFS Prior Authorization Requirements, as specified in AMPM Policy 820, and
 - g. Institutional Services and Settings, as specified in AMPM Policy 1210.
4. Examples of medically necessary Medical Supplies and Medical Equipment are:
 - a. Medical Supplies, such as incontinence briefs, surgical dressings, splints, casts and other consumable items, which are not reusable, and are designed specifically to meet a medical purpose, and
 - b. Medical Equipment, such as wheelchairs, walkers, hospital beds, augmentative communication devices and other durable items that are rented or purchased.

B. COVERAGE DETERMINATIONS

1. Coverage of Medical Equipment is not restricted to the items covered as DME in the Medicare program. Coverage of Medical Equipment and Supplies cannot be contingent upon the member needing nursing or therapy services.
2. Absolute exclusions for coverage of Medical Equipment, Medical Appliances, and Medical Supplies are prohibited. Lists of pre-approved Medical Equipment, Medical

- Appliances, and Medical Supplies are permissible for administrative ease. However, processes and criteria for requesting Medical Equipment and Medical Supplies not on the pre-approved lists shall be made available to individuals, and the procedure shall use reasonable and specific criteria to assess items for coverage.
3. Contractors shall make timely determinations of coverage. Contractors shall not refuse to render a timely determination based on the member's dual eligibility status or the providers' contract status with the Contractor.
 4. The following shall be used in determining coverage of Medical Equipment and Medical Supplies:
 - a. Services shall be determined to be medically necessary, cost effective, and federally and state reimbursable,
 - b. Services shall be provided at Setting In Which Normal Life Activities Take Place and on the member's physician's orders as part of a plan of care, and
 - c. The member's need for Medical Equipment and Medical Supplies shall be reviewed by a physician, or by a nonphysician practitioner as specified above, annually. The frequency of further physician or nonphysician practitioner review for the member's continuing need for services is determined on a case by case basis based on the nature of the prescribed item.
 5. Services shall be authorized, set up, and maintained to maximize the member's independence and functional level in the most appropriate Setting in Which Normal Activities Take Place as specified in 42 CFR 440.70 (c) and A.A.C. R9-22-216.
 6. Contractors shall ensure the provider network includes a choice of vendors for customized Medical Equipment and appliances for members with special healthcare needs. Contractors shall include, in the contract with the vendor, timeliness standards for creation, repair, and delivery of customized Medical Equipment and appliances. Contractors shall monitor the standards and take action when the vendor is found to be out of compliance.
 7. Medical Equipment may be purchased or rented only when there are no reasonable alternative resources from which the medically necessary Medical Equipment can be obtained at no cost. Additionally, the total expense of rental cannot exceed the purchase price of the item. Rental fees shall terminate no later than the end of the month in which the member no longer needs the Medical Equipment, or when the member is no longer eligible or enrolled with AHCCCS, except during transitions as specified in AMPM Policy 520.
 8. Reasonable repairs or adjustment of purchased Medical Equipment are covered when necessary to make the equipment serviceable and when the cost of the repair is less than the cost of rental or purchase of another unit.

C. FACE-TO-FACE ENCOUNTER REQUIREMENTS

1. Face-to-Face encounter requirements apply to FFS only.
2. For initiation of Medical Equipment and supplies, a Face-to-Face encounter between the member and practitioner that relates to the primary reason the member requires the Medical Equipment and/or supplies is required within no more than six months prior to the start of services.
3. The Face-to-Face encounter shall be conducted by one of the following:
 - a. The ordering physician or the ordering nonphysician practitioner as specified above.
 - b. For members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.

The Face-to-Face encounter may occur through telehealth.

Face-to-Face encounter requirements apply for the initiation of services only. An additional Face-to-Face encounter is only required if a new Medical Equipment, supply or appliance is needed. Renewals, repairs, and the need for ancillary equipment do not require a Face-to-Face encounter.

D. INCONTINENCE BRIEFS

1. Incontinence Briefs for Members 21 years of age and older

Incontinence briefs, including pull-ups and incontinence pads, are covered when medically necessary. Contractors may require prior authorization. For FFS providers refer to FFS prior authorization requirements in AMPM Policy 820.

For ALTCS members 21 years of age and older, incontinence briefs, including pull-ups and incontinence pads, are also covered as specified in A.A.C. R9-28-202 in order to prevent skin breakdown when all the following are met:

- a. The member is incontinent due to a documented medical condition that causes incontinence of bowel and/or bladder,
- b. The Primary Care Provider (PCP) or attending physician has issued a prescription ordering the incontinence briefs,
- c. Incontinence briefs – including pull-ups and incontinence pads shall not exceed 180 in any combination per month, unless the prescribing physician presents evidence of medical necessity for more than 180 per month,
- d. The member obtains incontinence briefs from vendors within the Contractor's network, and
- e. Prior authorization has been obtained if required by FFS, Contractor, or Contractor's designee, as appropriate. Contractors shall not require a new prior authorization to be issued more frequently than every 12 months.

2. Incontinence Briefs for Members under the Age of 21 Years
 - a. AHCCCS covers incontinence briefs when medically necessary.
 - b. In addition, AHCCCS also covers incontinence briefs for preventative purposes for members over the age of three and under 21 years of age as specified in AMPM Policy 430 and A.A.C. R9-22-212.

E. LIMITATIONS

1. Except for incontinence briefs as specified in this Policy, personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition.
2. First aid supplies are not covered unless they are provided in accordance with a prescription.

F. DURABLE MEDICAL EQUIPMENT SERVICE DELIVERY REPORTING

Contractors shall submit Attachment A as specified in Contract. For each type of Medical Equipment specified in the Attachment, the Contractor shall report the days from the request for the service authorization to the service being provided. ‘Provided’ includes delivery of the Medical Equipment itself and completion of installation and training to the member. Timeliness standards are established by AHCCCS and included in Attachment A. The Contractor shall report its performance against the established standards for Medical Equipment provided in the reporting period, and in the cover letter identify discrepancies between its standard and performance, strategies to address non-compliance with the standard, and any actions taken as a result of this analysis.

The Contractor shall review its performance against its Medical Equipment standards for potential network gaps and address in its Network Development and Management Plan (NDMP).