



**Durable Medical Equipment (DME)**

**Guideline #**  
9978

**Categories**

Clinical □ Care Coordination – Utilization Management , TCHP Guidelines

***This Guideline Applies To:***

Texas Children's Health Plan, Texas Children's Hospital, Texas Children's Pediatrics, Texas Children's Physician Services Organization, Texas Children's Urgent Care, Texas Children's Women's Specialists, The Center for Children and Women

***Document Owner***

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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of durable medical equipment when billed using code E1399, A9900, and T1999 and the billed charges exceed \$500.

**DEFINITIONS:**

**Allowed Practitioner** – means an individual that maintains a valid and registered prescriptive authority agreement in accordance with Texas Occupations Code, Chapter 157, Subchapter B; and is a physician assistant (PA) licensed in Texas under Texas Occupations Code Chapter 204 or an advanced practice registered nurse licensed by the Texas Board of Nursing as a certified nurse practitioner or a clinical nurse specialist.

**Durable Medical Equipment (DME)** – means equipment and appliances that are primarily and customarily used to serve a medical purpose, generally are not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.

**Medical Supplies** - means 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.

**Plan of Care** – means a written regimen established and periodically reviewed by a physician or an allowed practitioner in consultation with home health agency staff, which meets the POC standards at 42 CFR §484.60 and 1 TAC §354.1037.

**GUIDELINE**

1. E1399, A9900, and T1999 are only intended for use when more appropriate codes are not available. When an appropriate code does exist, that code must be used.
2. All requests for prior authorization are received via fax, phone, online submission or mail by the Utilization Management Department and processed during normal business hours.

3. Initial prior authorization may be given for up to 6 months. Prior authorization may be recertified with documentation from the ordering physician or allowed practitioner for that supports the ongoing medical necessity of the requested nutritional products for a period of up to 12 months.
4. If there is a change in the Member's status before expiration of the authorization period, the MCO must ensure that the DME provider work with the requesting physician or Allowed Practitioner to modify the plan of care and seek a new authorization or change in authorization.
5. To request prior authorization for durable medical equipment when billed using code E1399, A9900, and T1999 and billed charges exceed \$500, the following documentation must be provided:
  - 3.1. Completed Prior-Authorization form
  - 3.2. Identification and description of the equipment requested to include when applicable:
    - 3.2.1. Invoice with the manufacturer's logo, address and phone number
    - 3.2.2. Equipment model and serial number
    - 3.2.3. Detailed description of the item
    - 3.2.4. Any modifications required, including the product or accessory number as shown in the manufacturer's catalog
    - 3.2.5. Cost or charge for the item(s)

3.2.6. A detailed explanation of how the requested item(s) differs from an already existing code description if the TMHP manual does not identify this code as appropriate for billing the equipment requested.

3.3. Clinical documentation to support the medical necessity for the equipment requested

3.4. Physician order or prescription, signed by the Physician and no more than 60 days from the date of request

#### 4. Establishing Medical Necessity:

4.1. TCHP follows guidance on medical necessity in the current TMHP manual for the specific equipment requested.

4.2. DME requests covered under the EPSDT program, including DME not referenced in the TMHP manual as billable using code E1399, A9900, or T1999 and non-payable DME will be reviewed on a case by case basis for medical necessity and approved when:

4.2.1. the requested DME corrects or ameliorates disability, physical or mental illness, or chronic condition AND

4.2.2. the equipment has a well-established history of efficacy or, in the case of novel or unique equipment, valid peer-reviewed evidence that the equipment serves a medical purpose, can withstand repeated use, and is appropriate and safe for use in the home.

4.3. Payment cannot be made for any service, supply, or equipment for which federal financial participation (FFP) is not available. The following are examples:

4.3.1 Vehicle modification, mechanical, or structural (such as wheelchair lifts).

4.3.2 Structural changes to homes, domiciles, or other living arrangements.

4.3.3 Environmental equipment, supplies, or services, such as room dehumidifiers, air conditioners, filters, space heaters, fans, water purification systems, vacuum cleaners, and treatments for dust mites, rodents, and insects.

4.3.4 Ancillary power sources and other types of standby equipment (except for technology-dependent members such as those who are ventilator-dependent for more than six hours per day).

4.3.5 Educational programs, supplies, or equipment (such as a personal computer or software).

4.3.6 Equine or hippotherapy.

4.3.7 Exercise equipment, home spas or gyms, toys, therapeutic balls, or tricycles.

4.3.8 Tennis shoes.

4.3.9 Respite care (relief to caregivers).

4.3.10 Aids for daily living (toothbrushes, spoons, reachers, and foot stools).

- 4.3.11 Take-home drugs from hospitals (Eligible hospitals may enroll in and bill Vendor Drug Program (VDP). Pharmacies that want to enroll should call 1-512-491-1429.
  - 4.3.12 Therapy involving any breed of animal.
  - 4.3.13 Take-home drugs from hospitals
- 5 TCHP may request the following additional information for certain DME items including but not limited to Tricycles, Floor Sitters, Activity Chairs and Corner chairs.
- 5.1 Effects of the member's condition on their mobility
  - 5.2 Documentation stating how the equipment would correct or ameliorate the member's disability
  - 5.3 Details of any evaluations which have led to the current recommendation, including trials of one or more pieces of equipment
  - 5.4 Pictures of the requested equipment
  - 5.5 Considerations of less costly alternatives
- 6 Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
- 7 Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.
8. Providers must submit requests for medically necessary DME and supplies not listed as a covered benefit under Texas Medicaid through TCHP's exceptional circumstances process. DME and supplies allowed under the exceptional circumstances provision must be prior authorized by TCHP.
9. The Home Health DME and Supplies exceptional circumstances provision is not an available process to pursue for members who receive prior authorization denials for medical necessity or technical reasons (e.g., missing essential fields, incomplete documentation)

**REFERENCES:****Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual, Accessed October 7, 2022

<https://www.tmhp.com/resources/provider-manuals/tmppm>

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Durable Medical Equipment (DME)

Page 3 of 4

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