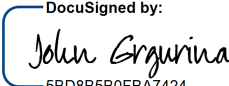
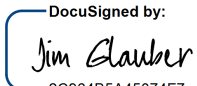


SAN FRANCISCO HEALTH PLAN**CO-38: Durable Medical Equipment (DME)****APPROVAL/REVIEW/REVISION HISTORY**

| Signature | Title | Date | Action |
|--|--------------|-------------|-----------------|
| <p>DocuSigned by:  5BD8B5B0FBA7424...</p> | CEO | 6/11/2020 | Biennial Review |
| <p>DocuSigned by:  2C964B5A45074F7...</p> | CMO | 6/11/2020 | |



SFHP POLICY AND PROCEDURE

Durable Medical Equipment (DME)

| | |
|--|--|
| Policy and Procedure Number: | CO-38 |
| Department Owner: | Clinical Operations |
| Lines of Business and Coverage Programs Affected: | <input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> All lines of business and coverage programs as listed above |

POLICY STATEMENT

San Francisco Health Plan (SFHP) covers certain durable medical equipment (DME) when prescribed by the member's primary care provider (PCP) and/or other appropriate providers. SFHP authorizes items of DME, in accordance with SFHP's DME Authorization Policy, Title 22 of the California Code of Regulations (CCR), Medi-Cal Provider Bulletins, and/or MCG Care Guidelines Criteria, to meet the member's needs for medically necessary equipment. SFHP requires DME to meet the Medi-Cal definition of medical necessity, specifically to protect life, to prevent significant illness or disability, or to alleviate severe pain.

PROCEDURE

I. Prior Authorization

A. PCP referral

When the need for new or modified equipment is identified, the patient's primary care provider (PCP) or treating provider must confirm the medical necessity of the DME. A DME evaluation can substitute for a written prescription. A written prescription must clearly contain the following:

1. Full name, address and telephone number of the prescribing provider.
2. Date of prescription (must be current).
3. Item(s) being prescribed. If multiple or custom items are prescribed, they must be separately specified. Specific billing codes and modifiers **MUST** be requested.
4. Medical condition necessitating the particular DME item.
5. Duration of medical necessity stated as precisely as possible (e.g., "3 months" or "permanent").
6. If the DME evaluation does not support the provider's original prescription, SFHP issues a Notice of Action (NOA) letter to the DME vendor denying the original requested DME and approving a modification to the original

prescription based on the evaluator's recommendation. If the DME evaluation recommends a denial, the request is reviewed by the Chief Medical Officer (CMO) or Medical Director (MD) for medical necessity review, who may overturn the DME evaluation denial.

7. Enuresis alarms (S8720) are not a Medi-Cal covered benefit, but SFHP does cover them for all eligible members with a valid prescription.

B. Incontinence Supplies

Incontinence supplies require a prescription, which should include the following:

1. Medical condition/diagnosis causing bowel or bladder incontinence.
2. Justification and medical necessity, if supplies ordered in excess of the benefit limits.
3. Must be dated within twelve (12) months of the date of service on the authorization and must be signed by the member's current primary care provider or specialist.

C. DME rental vs. purchase:

1. SFHP follows the guidelines as set forth in Title 22. When previously paid rental charges equal the maximum allowable purchase price of the rented item, the item is considered to have been purchased and NO FURTHER reimbursement to the DME provider is made for the beneficiary's use of the item UNLESS repair and maintenance is separately authorized.
2. SFHP maintains a list of items that are ONLY rented, as well as items that are authorized for specific categories of members (Attachment I).

D. Modifications of Equipment:

If a piece of equipment is provided to a member whose medical condition has not changed since the time the equipment was provided, and the item does not meet the patient's needs when in actual use, then the provider is responsible for adjusting or modifying the equipment as necessary to meet the patient's medical needs without additional reimbursement.

E. Reevaluation:

SFHP proactively initiates a second DME evaluation if;

1. The member's previous DME evaluation is more than six (6) months old
2. The member's condition has changed within six (6) months of the evaluation, or
3. The member expresses dissatisfaction through a grievance or State Fair Hearing process.

II. Wheelchairs

A. Prior Authorization

1. A provider obtains prior authorization for the following:
 - a. Rental of a wheelchair and accessories
 - b. Purchase of a wheelchair and accessories

2. For members in delegated medical groups, providers request prior authorization in accordance with this policy and the delegated group's prior authorization procedures.
3. SFHP authorizes one (1) wheelchair per member, except as indicated in section C, below.
4. SFHP may authorize a wheelchair and accessories for a member who is an inpatient in a skilled nursing facility (SNF) or intermediate care facility that are necessary for the continuous permanent care and unusual medical needs of a member. A member may be considered to have unusual medical needs if a disease or medical condition is exacerbated by physical characteristics such as height, weight, and/or build. Physical characteristics alone do not constitute an unusual medical condition.
5. SFHP does not authorize a wheelchair and accessories for a member if the member is in possession of a wheelchair that already allows the member to accomplish his/her Activities of Daily Living (ADLs), except as described in C below. If the member's medical or functional needs have changed, or if the size of the wheelchair is no longer appropriate, the member's provider may submit an updated functional assessment containing medical justification.
6. SFHP does not authorize a wheelchair and accessories for a member if the wheelchair and accessories are needed solely for a social, educational, or vocational purpose. SFHP refers the member to the California State Department of Rehabilitation for wheelchair and accessories requests based on vocational needs.
7. SFHP or a delegated entity may audit wheelchair authorization requests as necessary for appropriateness and accuracy.
8. A wheelchair is medically necessary if the member's medical condition and mobility limitation are such that without the use of a wheelchair, the member's ability to perform one or more mobility-related ADLs or Instrumental Activities of Daily Living (IADLs) in or out of the home, including access to the community, is impaired and the beneficiary is not ambulatory or functionally ambulatory without supports such as a cane, crutches, or walker.

B. Wheelchair Rental vs. Purchase

SFHP or a delegated entity considers a wheelchair and accessories to be purchased when previously paid rental charges equal the maximum allowable purchase price of the rented wheelchair and accessories. SFHP provides no further reimbursement for the use of such wheelchair and accessories unless payment is for the subsequent repair and maintenance of the wheelchair and accessories as authorized by SFHP. The cost of repairs does not exceed the replacement value of the item being repaired.

C. Backup and Temporary Replacement Wheelchairs

A backup manual wheelchair is covered when:

1. The member meets criteria for a powered mobility device, and

2. The member is unable to complete ADLs or IADLs without a backup manual wheelchair.

A temporary wheelchair is covered when the member does not have a backup wheelchair and the current wheelchair is unavailable due to the need for repair or replacement.

D. Member Responsibility

Members are responsible for the appropriate use and care of the wheelchair and accessories rented or purchased for the member's benefit. SFHP monitors requests for replacement and/or repairs for each member. Wheelchairs damaged or destroyed due to causes beyond a member's control is repaired or replaced. Wheelchairs reported as lost or stolen may require a police report before replacement. If an unusual pattern of requests is identified, SFHP may evaluate the equipment for abuse. If SFHP identifies a pattern of abuse, the member may be at risk for loss of the wheelchair benefit.

III. **Portable ramps** are a covered benefit under SFHP. Prior authorization is required.

A. Criteria for authorization are:

1. The member utilizes a manual or power wheelchair for home and/or community access.
2. The member needs access to variable height surfaces at home, to a vehicle and in the community.
3. The weight of the member and wheelchair does not exceed the manufacturer's recommended weight limit for the ramp.
4. Caretaker / member must demonstrate the ability to safely use the ramp.
5. Based on the member's needs, the portable ramp is safer and more efficacious than permanent structural modifications to the member's residence.

B. Authorization limits.

1. SFHP reimburses for a maximum of one vehicle ramp and one home access ramp.
2. If the ramp is needed for employment, the benefit is to be provided through the Department of Rehabilitation.

C. Medical review and independent consultant evaluation.

1. If the authorization request includes all information required, the request is reviewed by the SFHP UM Nurse(s) (and Chief Medical Officer or his/her designee if needed.)
2. If the medical necessity of the request is uncertain or questionable, all information is sent to an independent consultant with expertise in the area of the equipment requested. The consultant evaluates all information and may schedule an appointment with the member, perform

an independent evaluation of the request and submit a report to SFHP with recommendations as to the medical appropriateness of the request.

IV. Augmentative and Alternative Communication Devices: Augmentative and Alternative Communication (AAC) Devices are a benefit for eligible members with speech, language and hearing disorders.

A. Prior Authorization requirements.

The request must be accompanied by an assessment by a licensed speech and language pathologist, documenting the following medical necessity criteria:

1. Inability to express oneself that precludes effective transmittal of messages (includes visual, hearing, tactile, and receptive communication)
2. Inability to participate in meaningful activities of daily living due to communication disability in community, home, and school
3. No treatment available to correct communication disability or treatment is less costly than the AAC device
4. Living environment is conducive to the operation and use of the AAC device, allowing the beneficiary to receive full benefit from the device
5. AAC device requested is within the ability of the beneficiary to use
6. Member demonstrated the motor ability and willingness to operate and benefit from the AAC device being requested (documented trial period)

B. If the member has physical limitations impacting ability to use the AAC device, the authorization must include additional assessments from other appropriately licensed providers, such as physical or occupational therapists.

1. A signed prescription from the member's provider is required.

V. Non Covered Items - The following DME items are not included as Medi-Cal or SFHP benefits:

- A. Books
- B. Air conditioners
- C. Filters
- D. Food blenders
- E. Reading lamps
- F. Bicycles or tricycles
- G. Television sets
- H. Orthopedic mattresses
- I. Waterbeds
- J. Household items
- K. Automobile modifications
- L. Recliners with lifted system
- M. Exercise equipment
- N. Other items not used primarily for health care

MONITORING

- A. Aggregate authorization and claim data is subject to retrospective analysis by SFHP's Clinical Operations Department in order to evaluate over- and- under utilization of services.
- B. SFHP's Clinical Operations Department monitors turnaround times of internal processing for compliance with standards.
- C. SFHP's Clinical Operations Department performs inter-rater reliability audits at least annually for both physician and nurse reviewers.
- D. Clinical Operations Prior Authorization Nurses review each DME evaluation and reports any quality concerns first to the UM Nurse Manager of Prior Authorizations. If appropriate, escalation to the Director of Clinical Operations through the Senior Manager of Prior Authorizations occurs. The Director of Clinical Operations meets on as needed basis with the DME evaluator regarding quality concerns raised by CO staff.
- E. On a monthly basis, the Utilization Management Committee (UMC) reviews Appeals, IMRs, and State Fair Hearings resulting in authorization decision made by SFHP or one of its delegated medical groups. The UMC recommends corrective action and/or identifies where the Clinical Operations Department can revise the authorization process, if necessary, to improve the member experience, to address any barriers, and ensure the utilization management criteria are consistent with current industry and evidence-based practices. The Quality Improvement Committee reviews an Appeals Report (overturned and upheld appeals) every quarter regarding the activity of pharmacy and medical authorizations.
- F. SFHP's Health Outcomes Improvement Department evaluates member and provider grievances, as well as SFHP's member and provider satisfaction survey responses, to identify patterns.
- G. SFHP Medical Director identifies any potential quality issues (PQI), including provider preventable conditions (PPCs), and follows the PQI process defined in QI-18 and the PPC process defined in QI-19.
- H. Reports regarding SFHP's CO Department's monitoring activities are presented to the Quality Improvement Committee (QIC) at least annually for evaluation and corrective actions as needed.

DEFINITIONS

Activities of Daily Living (ADLs): Routine activities that people tend to do every day without needing assistance, including eating, bathing, dressing, toileting, transferring, and continence. An individual's ability to perform ADLs independently is important for determining what type of long-term care an individual needs.

Durable Medical Equipment (DME): Durable medical equipment (DME) means equipment prescribed by a licensed practitioner to meet medical needs of the patient that: (a) can withstand repeated use; (b) is used to serve a medical purpose; (c) is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital abnormality; and (d) is appropriate for use in or out of the patient's home.

Instrumental Activities of Daily Living (IADLs): The activities often performed by a person who is living independently in a community setting during the course of a normal day, such as managing money, shopping, telephone use, travel in community, housekeeping, preparing meals, and taking medications correctly.

Medical Necessity: A service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness, or to alleviate severe pain. (Medi-Cal definition – W&I Code §14059.5)

AFFECTED DEPARTMENTS/PARTIES

Compliance & Regulatory Affairs -- Delegation Oversight
Health Services -- Care Management
Health Services -- Clinical Operations
Health Services -- Health Outcomes Improvement
Operations -- Business Solutions
Operations -- Claims
Operations -- Customer Service
Operations -- Provider Network Operations

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

CO-22: Authorization Requests

REVISION HISTORY

Effective Date: July 2011
Revision Date(s): April 12, 2012; October 9, 2014; November 10, 2015; February 22, 2016; July 21, 2016; August 29, 2018; May 21, 2020

REFERENCES

1. MMCD APL 15-018
2. W&I Code §§14059.5 and 14133.3
3. 22 CCR §§51303 and 51321
4. Medi-Cal Provider Bulletin – Durable Medical Equipment (DME): An Overview

ATTACHMENT**DME RENTAL COVERAGE ONLY**

| TRACTION AND TRAPEZE EQUIPMENT | |
|---|---|
| E0935 | Continuous passive motion exercise device for use on knee only (daily rental) |
| E0936 | Continuous passive motion exercise device for use other than knee (daily rental) |
| OXYGEN AND RELATED RESPIRATORY EQUIPMENT | |
| E0424 | Stationary compressed gaseous oxygen system, rental |
| E0431 | Portable gaseous oxygen system, rental |
| E0433 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers |
| E0434 | Portable liquid oxygen system, rental |
| E0439 | Stationary liquid oxygen system, rental |
| E0465 | Home ventilator, any type, used with invasive interface |
| E0466 | Home ventilator, any type, used with non-invasive interface |
| E0481 | Intrapulmonary percussive ventilation system and related accessories |
| E0483 | High frequency chest wall oscillation air-pulse generator system, each |
| E1392 | Portable oxygen concentrator, rental |
| K0738 | Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders |
| INFUSION EQUIPMENT AND SUPPLIES | |
| K0455 | Infusion pump used for uninterrupted parenteral administration of medication, (eg, epoprostenol or treprostinol) |
| MISCELLANEOUS | |
| E0604 | Breast pump, hospital grade, electric (AC and/or DC), any type. This is also known as a hospital grade (multi-user) electric breast pump. |
| E0766 | Electrical stimulation device used for cancer treatment, includes all accessories, any type |
| E2402 | Negative pressure wound therapy electrical pump, stationary or portable (daily rental) |
| K0606 | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type |
| Q0478 | Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type (modifier RR) |