

Durable Medical Equipment (DME) Reference Guide

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Acknowledgements

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Diapers

Eligibility

Diapers or briefs for children 0-4 years old are an expected childhood expense and are not a Colorado Medical Assistance Program benefit. For children over the 4 years of age, the prescribing practitioner's prescription must include incontinence as a condition of a primary or secondary diagnosis for a member to qualify for reimbursement by the Colorado Medical Assistance Program. Products are limited to 240 per calendar month in of diapers/pull-up and 150 per calendar month for liners (Chux). Medically necessary usage above that amount requires prior authorization. Incontinence wipes are not a benefit.

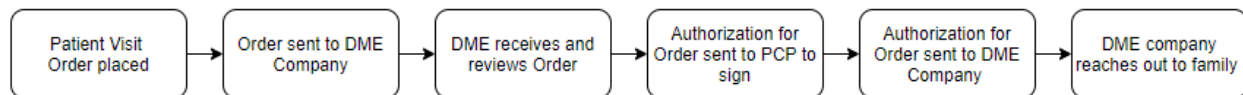
Documentation

Criteria needs to be written in assessment plan or note and diagnosis list as well.

Timeline

Approximately a week

Process Map



Troubleshooting

- Correct sizing—
 - Height and weight in letter
 - Company verifies with family
- Wipes are not covered. Gloves, spray wash, and barrier cream are covered (kit). Parents can opt out for the kit.

Medicaid

Typically, Medicaid covers diapers.

Private Insurance

Typically, private insurance does not cover diapers.

Disclaimer

- Family have a choice of company, depending on home location.
 - Providers are responsible that the child has a medical need for the diaper.
 - Families may need to call every month; some companies will call the family due to Medicaid requirement. Always tell families to contact DME company every month.
 - If they want a specific brand, can put in an order asking to send the family a sample pack. Then parent needs to call company to continue receiving diapers.
 - PCP will need to renew authorization/certify every year the medical need for the diapers. Most DME companies will reach out for reauthorization.
 - Most DME companies will ship for long-distant homes.
- * reauthorization doesn't matter PCP vs NP

Additional Resource(s)

Home care companies

Wheelchairs

Eligibility

Documentation

Note in chart of why patient needs a wheelchair

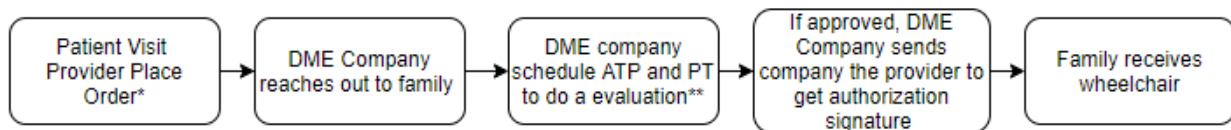
PAR

Go to Colorado.gov for PAR

Timeline

1 month to 6 months depending on customization

Process Map



*Refer to Documentation section for necessary criteria to include in Order

**ATP= Assistive Technology Professional; PT= Physical Therapist

Troubleshooting

If something is wrong with the wheelchair, please reach out and call the DME company. A similar process of placing an order as above may be necessary.

Medicaid

Typically, Medicaid pays for this. A Physical Therapist evaluation is required.

Private Insurance

Payment is depending on your insurance and coverage. Physical therapist may need to be in-network.

Disclaimer

- Family have a choice of company, depending on home location.
- After receiving your wheelchair, you are not eligible for a new wheel chair for 5 years.
- You may be eligible for both an electric and manual wheelchair if they serve different purposes.
- You may be eligible to be evaluated for a stroller. The process will be similar to above.
- Please keep in mind how the wheelchair be transported (i.e. car).
- An ATP is generally required to do an evaluation if the wheelchair is customized.

Additional Resource(s)

Seating Clinic (CHCO)—their PCPs sign the orders

Supplemental Oral Nutrition

Eligibility

For children under 5 years of age, families may qualify for nutritional supplements through Women, Infants, & Children (WIC) program. WIC will provide supplemental oral nutrition. If just supplemental oral nutrition needed and child under 5 years, WIC has to provide it unless specific documentation for medical need to bypass WIC and receive from homecare.

You must live in Colorado. You do not have to be a U.S. citizen to be part of the WIC program. If you are on Medicaid, SNAP or TANF, you are eligible for WIC. If you don't qualify for these programs, you may still qualify for WIC, depending on the income of your household.

To apply for WIC, ask questions about if your family qualifies or schedule an appointment, visit or call your local WIC clinic during posted office hours. If you'd like WIC to contact you, please use our online referral form. You also may call toll free 1-800-688-7777. If you have a question after hours, email cdphe_askwic@state.co.us.

Timeline

This will typically take a few days pending the WIC appointment.

For Home Care Company, 1 day to 1 month.

Documentation

Documentation for nutritional products beyond standard infant formulas require qualifying diagnosis to justify the need for the particular product.

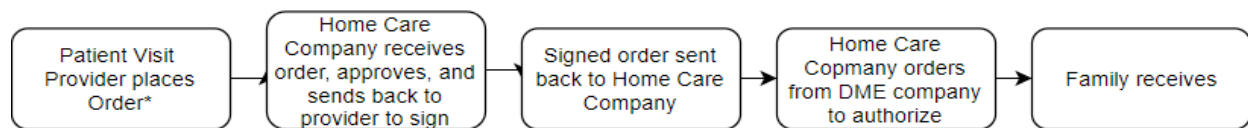
Process Map

WIC:



*ask if patient qualifies for Medicaid, meets age and income criteria

**can be NP Home Care Company



*must include clinical notes and medical need

Troubleshooting

If the patients ages out of WIC (>5 years), the family will need to utilize a home care company for supplemental oral nutrition needs.

Medicaid

For enteral formulas that cannot be provided by WIC due to age restrictions or WIC limitations, Medicaid will cover nutritional supplements if there is a qualifying diagnosis.

The allowance for all items includes delivery to a member's residence if from a home care company.

Private Insurance

Private insurance does not pay for oral supplements.

Disclaimer

- Family have a choice of company, depending on home location.
- Nutritional supplements are not for replacement of conventional foods or for use as a convenience item. WIC does not provide organic formulas. Family must go to WIC in order to obtain the formula. WIC only has limited formulary. Home care company has a variety of formularies.

Additional Resource(s)

Questionnaire #10 for Oral & Enteral Nutrition Formula (Colorado.gov)

Enteral Nutrition

Eligibility

Enteral nutrition (EN) refers to nutritional products when ordered by a physician, physician assistant, or nurse practitioner. Nutritional products given through a tube can be provided by a home care company.

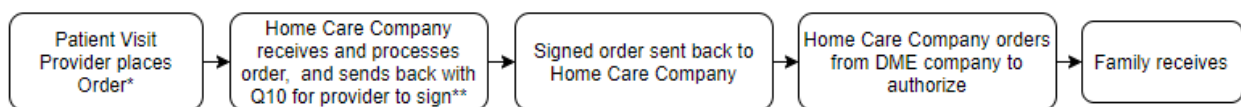
Documentation

Documentation for nutritional products require qualifying diagnosis to justify the need for the particular product.

Timeline

1 day to 1 month

Process Map



*must include clinical notes and medical need

**Company-specific prescription form may be sent as well

Troubleshooting

Some home care companies will not provide the nutritional products without a signed Q10.

Medicaid

Medicaid pays for this.

Private Insurance

Typically pays if feeding tubes. May need an additional letter of necessity. Typically, if oral supplement private insurance will not pay for this.

Disclaimer

- Family have a choice of company, depending on home location.
- If change in nutritional products, this is the same process.
- Q10 has to be filled out at least annually.

Additional Resources

Questionnaire #10 for Oral & Enteral Nutrition Formula (Colorado.gov)

Suction Machine

Eligibility

Any age

Documentation

Please include language such as “cannot handle secretions on their own/ clear secretions on their own” in note.

Timeline

1 week to 2-3 weeks (depending on if the patient is using one already)

Process Map



Troubleshooting

If the suction machine break family will need an order from subscribing provider to be sent to the company. An appointment is not necessary. Estimated timeline for replacement is 3 to 5 days.

Medicaid

Typically, Medicaid covers this.



Private Insurance

Payment is depending on your insurance and coverage. Physical therapist may need to be in-network.

Disclaimer

- Family have a choice of company, depending on home location.
- Family owns the suction machine after 10 months
- The patient is typically eligible to get a new suction machine every 5 years

Includes: 2 canisters a month (all standard and portable), must specify what suction tip the family would like to receive:

Type of Suction Tip	#/ month	Looks like:
Yankauer	1/month	
Mushroom tip	1/month	

Disability Placards

Eligibility

Persons with Disabilities must meet one of the criteria below and have it verified in writing by a medical professional*:

1. *Mobility*: Persons who cannot walk two-hundred feet without stopping to rest.
2. *Assisted Mobility*: Persons who cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.
3. *Respiratory*: Persons who are restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air or at rest.
4. *Oxygen*: Persons who use portable oxygen.
5. *Cardiac*: Persons who have a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or IV according to the standards of the American Heart Association.
6. *Other*: Persons who are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

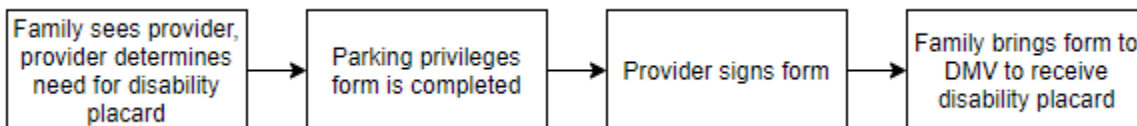
Source: colorado.gov

*see application form on pages 4-6

Timeline

Form completed within 24 hours, disability placard distribution is dependent on family's arrival to DMV

Process Map



Disclaimer

- Must be signed by a licensed physician, physician assistant, or advanced practice nurse.
- Family have a choice of company, depending on home location.

Synagis

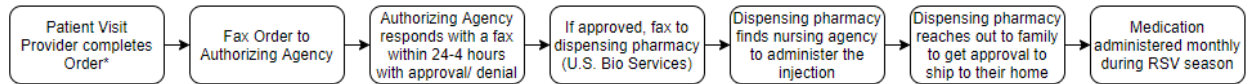
Eligibility

Please go to Colorado.gov for current eligibility criteria

Timeline

Approximately weeks to months from ordering to administration of medicine depending on administrative hurdles

Process Map for Medicaid



*see Prior Authorization Request in Eligibility section above

** For private insurance referrer must determine the home health system accepted by insurance and fax order to administer medication

Troubleshooting

Criteria stays the same, depends on what the family is requesting that changes from original authorization

Medicaid

Typically, Medicaid covers this.

If approved, monthly injections are done December through April and are typically administered in the home done by a nurse from a home nursing company.

Private Insurance

Typically, private insurance will cover Synagis. However, the process varies greatly depending on private insurance company.

Disclaimer

- Family have a choice of company, depending on home location.
- *Family must answer phone from pharmacy before medication mailed. Must for the medication when delivered and refrigerate the medication.*
- For Medicaid, you typically cannot submit order before mid-November; approvals begin at end of November.
- If the patient doesn't meet criteria or is older than 1 yoa, it is unlikely they will be approved.
- The pharmacy will contact family and must speak to a parent to have medication shipped. The pharmacy will call once a month for shipments.