

PROVIDERALERT



To: AmeriHealth Caritas Louisiana Providers

Date: April 26, 2024

Subject: LDH Approved Clinical Policies

Summary: Two LDH Approved Clinical Policies

AmeriHealth Caritas Louisiana would like to inform you of two new policies that have been approved by the Louisiana Department of Health in accordance with La. R.S. 46:460.54. The guidelines are effective on **May 26, 2024** and will be posted on our website under Clinical Policies: <https://www.amerihealthcaritasla.com/provider/resources/clinical/policies.aspx>.

1. Durable Medical Equipment
2. Wheelchairs

Reminder: If your practice is not registered with our website portal-NaviNet, we highly recommend registering. To register, please visit www.navinet.net to sign up or contact your Provider Account Executive for details.

Questions: Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please get in touch with AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

Missed an alert? You can find a complete list of provider alerts on our website's [Provider Newsletters and Updates](#) page.

Need to update your provider information? Send full details to network@amerihealthcaritasla.com.

Durable Medical Equipment

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4009

Recent review date: 10/2023

Next review date: 2/2025

Policy contains: Durable medical equipment; supplies; purchase; rental; replacement.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Providers of Durable Medical Equipment (DME) must be enrolled in order to participate in this program. Participation is completely voluntary. However, if a provider chooses to participate, he/she must accept the Medicaid payment as payment in full for Medicaid covered services.

The AmeriHealth Caritas Louisiana DME Program covers the least costly alternative based on the recipient's medical necessity for the DME or orthotics/prosthetics device.

The DME, medical supplies, prosthetics and orthotics must be prescribed by the Medicaid recipient's attending physician or physician's authorized representative.

DME is clinically proven and, therefore, medically necessary when the medical necessity criteria are met for use as part of the medical care of a member. Equipment, supplies and repairs which are payable under AmeriHealth Caritas Louisiana require a prior authorization.

In adhering to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requirements, DME items whether or not listed will be considered for recipients under the age of 21 based on medical necessity. A provider may submit a prior authorization request for recipients under the age of 21 for items not listed.

Covered Services

The covered items and services include:

- Durable medical equipment (DME);
- Medical supplies;
- Home dialysis supplies and equipment;
- Therapeutic shoes;
- Parenteral and enteral nutrient, equipment and supplies;
- Transfusion medicine; and
- Prosthetic devices, prosthetics and orthotics.

NOTE: Durable medical equipment and supplies are not covered for residents in Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) and nursing facilities.

Durable Medical Equipment and Supplies

Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a recipient in the absence of an illness or injury; and
- Is appropriate for use in the home.

Supplies, including but not limited to one time use supplies, are also covered under the DME Program when medical necessity criteria are met for use as part of the medical care of a recipient. Supplies must meet following criteria:

- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a recipient in the absence of an illness or injury; and
- Is appropriate for use in the home.

Providers of durable medical equipment and supplies must obtain prior authorization from AmeriHealth Caritas Louisiana.

Prosthetics and Orthotics

AmeriHealth Caritas Louisiana defines orthotics and prosthetic devices as leg, arm, back and neck braces, artificial limbs including legs, arms and eyes; including replacements, if required because of a change in the recipient's physical condition. An artificial eye is approved if an enucleation occurs and replacement is necessary to maintain contour of the face.

Providers of durable prosthetics and orthotics must obtain a prior authorization from AmeriHealth Caritas Louisiana for all services. This includes and is not limited to rented, purchased, repaired or modified equipment.

Non-Covered DME Services and Items

A non-covered service, item or supply is not available for reimbursement. Listed below are items and services that are not reimbursed by AmeriHealth Caritas Louisiana through the DME program.

- Clinically unproven equipment;
- Comfort or convenience equipment;
- Dentures;
- Disposable supplies customarily provided as part of a nursing or personal care service or a medical diagnostic or monitoring procedure;

- Electric lifts (manual lifts are covered);
- Emergency and non-emergency alert devices;
- Environmental modifications (e.g. home, bathroom, ramps, etc.);
- Equipment designed for use by a physician or trained medical personnel;
- Experimental equipment;
- Facilitated communications (FC);
- Furniture and other items which do not serve a medical purpose;
- Hand Held Showers;
- Investigational equipment;
- Items used for cosmetic purposes;
- Personal comfort, convenience or general sanitation items;
- Physical fitness equipment;
- Precautionary-type equipment (e.g. power generators, backup oxygen equipment);
- Rehabilitation equipment;
- Reimbursement for delivery or delivery mileage of medical supplies;
- Routine and first aid items;
- Safety alarms and alert systems/buttons;
- Scooters;
- Seat lifts and recliner lifts;
- Standard car seats;
- Supplies or equipment covered by Louisiana Medicaid per diem rates (nursing home residents maybe approved for orthotics and prosthetics, but not for DME and supplies);
- Televisions, telephones, VCR machines and devices designed to produce music or provide entertainment;
- Training equipment or self-help equipment;
- Van lifts;
- Wheelchair lifts; and
- Wheelchair ramps.

NOTE: This list is not all inclusive.

If coverage is uncertain, the provider should contact the prior authorization unit prior to dispensing the item.

Purchase versus Rental

If equipment is needed temporarily, it may be more cost effective for AmeriHealth Caritas Louisiana to pay for the rental of the equipment. Consideration will be given to the length of time the equipment is needed, to the total rental cost for that period of time, and the purchase price of the item. Equipment will be purchased, not rented, if the total cost of rental exceeds the purchase price.

NOTE: Rental reimbursement – The provider cannot charge for features on equipment not medically required by the recipient's condition.

Purchasing Guidelines – Equipment

AmeriHealth Caritas Louisiana requires that all DME be provided to an eligible recipient with a minimum of a one year DME provider warranty. Providers who make or sell prosthetic or orthotic items must provide a warranty which

lasts at least 90 days, from the time the item is delivered to the recipient. If during those 90 days, the item does not work, the manufacturer or dealer must repair or replace the item. AmeriHealth Caritas Louisiana will not reimburse for replacement parts or repairs to the equipment.

AmeriHealth Caritas Louisiana reimbursement includes:

- All elements of the manufacturer's warranty;
- All routine or special equipment servicing, to the extent the same servicing is provided to non-AmeriHealth Caritas Louisiana members;
- All adjustments and modifications needed to make the item safe, useful and functional for the recipient during the entire first year (including customized wheelchairs);
- Delivery, set-up and installation of the DME by trained and qualified provider staff, in the area of the home where the equipment will be used or the appropriate room within the home;
- Adequate training and instruction provided to the recipient or the recipient's responsible caregiver by the provider's trained and qualified staff, in a language understood by the recipient or caregiver regarding the manufacturer's recommendations for the safe, sanitary, effective, and appropriate use of the item; and
- Honoring the required one-year provider warranty for all requests or prescriptions requesting equipment repair made on or before the 366th day of service.

Providers cannot disregard a recipient's requests for warranty equipment repairs or modifications and may not delay needed repairs or modifications, otherwise permitted by DME policy, until the provider's or manufacturer's warranty has expired.

Provider Responsibilities – Rental Equipment

When rental equipment is furnished to a recipient the provider must:

- Ensure and maintain documentation on file that the equipment is routinely serviced and maintained by qualified provider staff, as recommended by the product manufacturer;
- Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment;
- Substitute like equipment at no additional cost to AmeriHealth Caritas Louisiana if the equipment becomes broken because of normal use while the original rental equipment is being repaired;
- Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement;
- Maintain documentation that is signed and dated by both the provider and the recipient or recipient's responsible caregiver at the time of delivery, which attests to the fact that instruction has been provided by trained and qualified provider staff to the recipient or caregiver regarding the recipient's or caregiver's responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and
- Maintain documentation that is signed and dated by both the provider and the recipient or recipient's responsible caregiver, which attests that the recipient or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.

Limitations for Replacement of Equipment

AmeriHealth Caritas Louisiana will not replace equipment that is lost, destroyed or damaged as a result of misuse, abuse, neglect, loss, or wrongful disposition of equipment by the recipient, the recipient's caregiver(s), or the provider. At a minimum, examples of equipment misuse, abuse, neglect, loss or wrongful disposition by the recipient, the recipient's caregiver, or the provider include, but are not limited to, the following:

- Failure to clean and maintain the equipment as recommended by the equipment manufacturer;
- Failure to store the equipment in a secure and covered area when not in use; and
- Loss, destruction or damage to the equipment caused by the malicious, intentional or negligent acts of the recipient, the recipient's caregiver, or the provider.

If equipment is stolen or destroyed in a fire, the provider must obtain, in a timely manner, a completed police or insurance report that describes the specific medical equipment that was stolen or destroyed. The police or insurance report must be submitted with the new prior authorization request.

AmeriHealth Caritas Louisiana may replace equipment when the recipient's medical necessity changes. The provider must submit the documentation required to justify the purchase of the replacement equipment.

Equipment Maintenance and Repair

AmeriHealth Caritas Louisiana will reimburse for the maintenance and repair of equipment only when the following conditions are met:

- Equipment is covered by AmeriHealth Caritas Louisiana;
- Equipment is the personal property of the recipient;
- Item is still medically necessary;
- The equipment is used exclusively by the recipient;
- No other payment source is available to pay for the needed repairs;
- Equipment damage is not due to misuse, abuse, neglect, loss or wrongful disposition by the recipient, the recipient's caregiver, or the provider (see examples of misuse, abuse, neglect, loss or wrongful disposition under "Limitations for Replacement of Equipment" above);
- Equipment maintenance is performed by a qualified technician;
- Maintenance is not currently covered under a manufacturer's or provider's warranty agreement; and
- Maintenance is not performed on a duplicate type of item already being maintained for the recipient during the maximum limit period.

References

Louisiana Medicaid Durable Medical Equipment Provider Manual. 2010. *Services and Limitations*. Chapter 18, Section 18.0. Replaced 09/01/10. Issued 07/20/21.

Louisiana Medicaid Durable Medical Equipment Provider Manual. 2010. *Services and Limitations*. Chapter 18, Section 18.1. Replaced 07/20/21. Issued 01/03/22.

Policy updates

Initial review date: 3/1/2021

3/2022: Policy updated.

11/2023: Policy updated.

Wheelchairs

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4033

Recent review date: 12/2023

Next review date: 4/2025

Policy contains: Standard wheelchairs; power wheelchairs; notarized wheelchairs.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

Wheelchairs are approved only when the beneficiary is confined to a bed, chair or room. All requests for a custom manual or power wheelchair require submission of a completed Custom Wheelchair form.

Standard Wheelchairs

The request should indicate the beneficiary's ability to walk unassisted without the use of an appropriate fitted cane or walker and whether the request is for a first chair or replacement chair. Standard wheelchairs require documentation of medical necessity.

Standard Wheelchair Attachments

- Foot rests.
- Brakes.
- Arm rests.

Custom Manual Wheelchairs

A custom manual wheelchair is constructed to the specific body measurements and medical needs of the beneficiary. General criteria for a custom manual wheelchair includes inability to walk and propel a standard wheelchair.

In addition to the required documentation needed for all PA requests, PA requests for a custom manual wheelchair must include:

- Completed PA-01 form or the electronic PA demographics on ePA;
- Physician prescription for a custom manual wheelchair that includes:
 - Documentation the beneficiary is unable to propel a standard wheelchair; and
 - Diagnosis or limitations to justify the need for a custom manual wheelchair; and
- Custom Wheelchair form with medical justification for the requested wheelchair and ALL modifications. All medical justification must be documented on the form. Indicating, "See attached" in a field on the form is not sufficient. Attaching documentation to the form without completing the fields on the form related to that documentation may result in denial of the PA.

Custom Motorized Wheelchairs

The term motorized shall have the same meaning as power, electric or any means of propulsion other than manual. A motorized wheelchair must be medically necessary.

A motorized wheelchair is covered if the beneficiary's condition is such that the requirement for a motorized wheelchair is long term (at least six months).

The beneficiary must meet all of the following criteria in order to be considered for a motorized wheelchair:

- The beneficiary is not functionally ambulatory. Not functionally ambulatory means the beneficiary's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally bed or chair confined;
- The beneficiary is unable to operate a wheelchair manually due to severe weakness of the upper extremities due to a congenital or acquired neurological or muscular disease/condition or is unable to propel any type of manual wheelchair because of other documented health problems; and
- The beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.

Wheelchair Prior Authorization

All wheelchairs and modifications required to meet the needs of a particular beneficiary are subject to PA. The PA request must include documentation on the Custom Wheelchair form of medical justification for the requested wheelchair and modification. Prior authorization will be made for only one wheelchair at a time. Backup chairs, either motorized or manual, will be denied as not medically necessary.

In addition to the required documentation needed for all PA requests, PA requests for motorized wheelchair must include:

- A completed PA-01 form;
- A physician's prescription for a motorized wheelchair;
- Medical documentation from a physician and/or physical or occupational therapist is required to support the provisions set forth regarding beneficiary criteria as noted above;

- Custom Wheelchair form, seating evaluation performed, signed and dated by the physical therapist or occupational therapist that performed the seating evaluation. The seating evaluation shall:
 - Indicate the appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the beneficiary's long term medical needs. Options that are primarily beneficial in allowing the beneficiary to perform leisure or recreational activities are not covered;
 - The beneficiary's diagnosis or condition is such that a motorized wheelchair is medically necessary; and
 - He or she has seen the seating evaluation and motorized wheelchair recommendation; and
- Documentation indicating that the beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use the motorized wheelchair effectively. It is not sufficient for a Medicaid provider of motorized wheelchairs to indicate that a beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use it effectively. Such documentation shall include:
 - Signed and dated statement from the beneficiary's physician and/or physical/occupational therapist that he/she has determined that the beneficiary has the cognitive, motor and perceptual abilities needed to safely operate the controls of a motorized wheelchair. This statement must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement; and
 - Signed and dated statement from the beneficiary's physician or physical therapist that he or she has determined that the beneficiary can adapt to or be trained to use the motorized wheelchair effectively. This statement must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement.

Wheelchair Repairs and Modifications

Request for repairs to manual or motorized wheelchairs will be considered for basic repairs only. Basic repairs are those which are requested to repair an existing component of the beneficiary's current wheelchair.

Requests for modifications or reconstruction of the beneficiary's current ~~motorized~~ wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the beneficiary's current motorized wheelchair must be submitted in accordance with PA criteria and submitted on the Repair Form for Custom Wheelchairs.

Modifications or reconstruction will be denied if it is more cost effective to provide a new motorized wheelchair.

All repairs and modifications of motorized wheelchairs must be completed within one month, unless there is a justifiable reason for a delay. Rental of a manual wheelchair may be prior authorized on a monthly basis as a temporary replacement, if necessary, when the beneficiary's wheelchair is being repaired or modified.

References

Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Wheelchairs. Chapter 18, Section 18.2.19.3. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/dme/dme.pdf>. Issued April 14, 2023

Policy updates

Initial review date: 3/1/2021

3/2023: Policy references updated.

1/2024: Policy references updated.