

## Medical Therapy Unit (MTU)/ Durable Medical Equipment (DME) Review Process

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- Member is seen at the MTU
- MTU therapists and physicians agree on the need for DME
- Physician writes prescription for medically appropriate equipment or device(s)
- MTU staff reach out to DME provider/vendor to request quote

### **When quote is agreed upon,**

- MTU therapists complete an MTU DME Request form (see example below)
- Rx and MTU DME Request form are forwarded to the DME provider/vendor
- DME provider/vendor submits a packet of information to PHC including the following:
  - Signed Rx
  - MTU DME Request form (*Specifying any items in quote that were not approved by the MTU*)
  - Treatment Authorization Request (TAR) – (may be submitted electronically)
  - Agreed upon quote
- TAR reviewed (*additional documentation may be required if packet submission was not complete*)

The spirit of this procedure is to allow the MTU and PHC to work seamlessly on DME approvals in replication of legacy CCS process and to minimize delays in care while avoiding unnecessary or unapproved DME from being ordered by another clinic without MTU knowledge.

### **Notes:**

- Vendors are to submit the TAR.
- If the MTU DME Request form is used (see sample below), no “Certificate of Medical Necessity for DME” form 6181 is required.

## Medical Therapy Unit (MTU)/ Durable Medical Equipment (DME) Request Form

|                    |  |                         |                       |             |  |
|--------------------|--|-------------------------|-----------------------|-------------|--|
| <b>Client Name</b> |  | <b>CCS#</b>             |                       | <b>CIN#</b> |  |
| <b>DOB</b>         |  | <b>Program end date</b> |                       |             |  |
| <b>Approved by</b> |  |                         | <b>Date of review</b> |             |  |

☐ 9K CCS    ☒ MediCal    ☒ Partnership    ☐ 9N M/C ONLY    ☐ OTLICP    ☐ MTP only    ☐ HMO

|                         |              |  |            |  |
|-------------------------|--------------|--|------------|--|
| Requested Item(s)       |              |  |            |  |
| Vendor                  |              |  |            |  |
| Vendor Mailing address  |              |  |            |  |
| Vendor Physical address |              |  |            |  |
| Vendor contact          | <b>Phone</b> |  | <b>Fax</b> |  |
| Provider Number         |              |  |            |  |

- ☐ Signed prescription attached
- ☐ Therapist assessment complete
- ☐ CCS Numbered Letter 09-0703 or 09-0514 criteria reviewed and met
- ☐ Quote reviewed
- ☐ The following codes/items are not approved:

**Vendor to submit this form along with TAR/eTAR, prescription and quote from DME provider (including CCS approved HCPCS codes) to Partnership HealthPlan of California for payment.**

**MTU Approval Date:**