PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

<table>
<tr><td colspan="3">Policy/Procedure Number: MCUP3013 (previously UP100313)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Durable Medical Equipment (DME) Authorization</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 04/25/1994</td><td colspan="4">Next Review Date: 10/08/2026
Last Review Date: 10/08/2025</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="2">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 10/08/2025</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
B. MCUP3124 – Referral to Specialists (RAF) Policy
C. MCUP3133 – Wheelchair Mobility, Seating and Positional Components
D. MCUG3134 – Hospital Bed/ Specialty Mattress Guidelines
E. MPUP3039 – Direct Members

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. Direct Member: Direct Members are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status is based on the Member's aid code, prime insurance, demographics, or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.
B. DME: Durable Medical Equipment
C. Medical Necessity: Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
D. MTU: Medical Therapy Unit - Outpatient clinics located in designated public schools where Medical Therapy Program (MTP) services are provided.
E. MTP: Medical Therapy Program – A special program within California Children's Services (CCS) that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have disabling conditions, generally due to neurological or musculoskeletal disorders. Services are provided at Medical Therapy Units (MTUs).
F. RAF: Referral Authorization Form
G. TAR: Treatment Authorization Request

IV. ATTACHMENTS:

A. DME Rental Only

B. DME Limited to Special Circumstances
C. Oxygen O_2 Request Verification Form
D. Certificate of Medical Necessity for all Durable Medical Equipment (DME)
E. MTU DME Review Process and Example Form

V. PURPOSE:

To describe the process of authorizing durable medical equipment (DME) for Partnership HealthPlan of California (Partnership) Members.

VI. POLICY / PROCEDURE:

A. Partnership covers certain durable medical equipment when prescribed by a physician, physician assistant, or advanced practice registered nurse (which includes nurse practitioner, nurse anesthetist, nurse midwife, and clinical nurse specialist).
   1. Partnership will authorize items of DME in accordance with this policy and Partnership's MCUP3124 Referral to Specialists (RAF) Policy and MCUP3041 Treatment Authorization Request (TAR) Review Process policy, as well as Title 22, Medi-Cal Provider Bulletins and InterQual® Criteria to meet the Member's needs for medically necessary equipment. These needs are limited to services or devices necessary to protect life, to prevent significant illness or disability, or to alleviate severe pain.
   2. Partnership covers durable medical equipment that is the lowest cost to meet the patient's medical needs.

B. When the need for new or modified equipment is identified, the patient's treating provider must confirm the medical necessity of the DME. A written prescription for rental or purchase must clearly contain the following information:
   1. Full name, address and telephone number of the prescribing provider
   2. Date of prescription (must be current - written within one year of today's date)
   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 (i.e. "3 months" or "permanent")

C. Partnership Health Services Department will refer to DHCS Medi-Cal Guidelines sections for Durable Medical Equipment including DME: Billing Codes *(dura cd)* and DME: Other DME Equipment (*dura other*) to determine which items may be rented and/or purchased. Attachment A summarizes "DME Rental Only" items.
   1. Partnership follows the guidelines as set forth in Title 22 Div 3 Sub 1 Chap 3 Article 3 51224.5 that 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 provider shall be made for the beneficiary's use of the item UNLESS repair and maintenance is separately authorized.
   2. Ten months of rental is equal to purchase unless otherwise noted in DHCS guidelines/Attachment A.
   3. Unless otherwise noted, DME rental is based on a rental period of one calendar month, with the beginning date of rental as the date of service.
   4. For codes that are available for both purchase and rental, if the rental costs exceed purchase, then the provider should be purchasing rather than renting

D. Refer to Attachment B "DME Limited to Special Circumstances" for a list of items that are authorized for specific categories of Members.

E. 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.

F. DME for Disabled Parent - DME items may be covered to assist a disabled beneficiary in caring for a child for whom the disabled beneficiary is a parent, stepparent, foster parent, or legal guardian.
   1. The recipient's need for DME items must be reviewed annually by a physician.
   2. DME items cannot include common household items such as strollers, wraps, slings, or soft-structured carriers.
   3. A TAR is required for DME for a disabled parent, stepparent, foster parent, or legal guardian. The following documentation must be submitted with each TAR:
      a. A prescription from the physician for the specific DME item, and
      b. Documentation from the parent's/guardian's physician, nurse practitioner, clinical nurse specialist or physician assistant of the parent's/guardian's medical disability that justifies the need for the DME item.
   4. Claims for DME for a disabled parent, stepparent, foster parent, or legal guardian must be submitted using HCPCS code A9999, ICD-10 code Z73.6 (Limitation of activities due to disability) and modifier SC (medically necessary service/supply).

G. Specific Equipment Requirements
   1. Augmentative and Alternative Communication Devices – Partnership considers authorization for Augmentative and Alternative Communication (AAC) Devices as a benefit for eligible Members with speech, language and hearing disorders if the following conditions have been met:
      a. The request must be accompanied by an assessment acceptable to Partnership, conducted by a licensed speech and language pathologist.
      b. Additional assessments will be considered from other appropriately licensed providers, such as physical or occupational therapists, if the Member has physical limitations which could impact his/her ability to use the AAC device.
      c. A signed prescription from the Member's physician must accompany the request.
      d. The Partnership Chief Medical Officer or physician designee will apply current Medi-Cal criteria when making a determination.
   2. Bathroom Equipment must be ordered by the Member's PCP or specialist treating the Member through a referral from the PCP. For Direct Members, the bathroom equipment must be ordered by the physician currently managing the medical care for the Member.
      a. The following types of bathroom equipment are covered by Partnership provided that medical necessity has been demonstrated. (Note that DME items are covered as medically necessary only to preserve bodily functions essential to activities of daily living or to prevent significant physical disability, but not necessarily to restore the Member to previous function.)
         1) Toilet rail or armrest
         2) Raised toilet seat
         3) Tub stool, bench or bath seat
         4) Bathtub safety rail or grab bars
         5) Transfer tub bench
         6) Commode (bedside)
      b. The TAR for bathroom equipment must include documentation of medical necessity for use of the device that includes the following information related to the condition:
         1) Length of time Member has been or will be needing the equipment
         2) Assessment of mental status
         3) Evaluation of functional abilities including assessment of body strength/mobility
         4) Information concerning the Member's ability to properly use the bathroom equipment
   3. Compression Garments – Effective October 1, 2024, Partnership covers Over the Counter (OTC) compression garments as follows:
      a. Procedure code A6593 may be billed for OTC compression garments and will be limited to two

units (per limb) every six months.

b. Claims billed for greater than two units every six months will be denied for exceeding the service limitations.

c. No prior authorization is required for this service and no invoice needs to be billed with the claim. A written physician prescription is required, but does not have to be attached to the claim.

d. The maximum allowable for this code is $50 per unit.

4. Defibrillator Vests – Partnership reviews authorization requests for defibrillator vests on a case-by-case basis based on InterQual® criteria.
5. Enuresis Alarm Pads – Partnership will cover one enuresis alarm pad per lifetime with no TAR requirement. Outside of this frequency, a TAR is required.
6. Home Oxygen Therapy – Partnership reviews authorization requests for home oxygen therapy based on the criteria as stated in Attachment C of this policy – "Oxygen (O_2) Request Verification Form." Please submit form with TAR.
6. Infant Monitor Guidelines
   a. The monitor must be ordered by the PCP or by a specialist who is treating the Member through a referral from the PCP. For Direct Members, the monitor must be ordered by the physician who is currently managing the medical care for the Member.
   b. A monitor can be ordered for a Member who has a history of bradycardia or apnea.
   c. The TAR must include documentation of medical necessity for use of the monitor that includes the following information related to the condition:
      1) Length of time Member needs the monitor
      2) Description of the history of the condition
   d. Infant monitors are generally authorized until the baby reaches 46 weeks post-conceptual age. Extension beyond this age requires submission of clinical justification.
   e. For all requests, the individual needs of the Member and the characteristics of the delivery system are considered in the authorization process. The general criteria for authorization of monitors are as follows:
      1) Documented apneic spells defined as a cessation of breathing for 20 seconds or longer or a shorter pause accompanied by bradycardia (<100 beats per minute), cyanosis, or pallor
      2) Significant apnea or bradycardia requiring infant stimulation
      3) Frequent periods of apnea and/or bradycardia
   f. The TAR for an infant monitor should include information concerning the caretaker's ability to properly use the monitor.
   g. TARs are typically authorized for rental only. If medical necessity is demonstrated, authorization for purchase may be approved.
7. Knee Scooters require a TAR and may be billed with code E0118 under the following guidelines:
   a. Knee scooters may be billed when a Member is expected to be non-weight bearing for 3 weeks or longer and one of the following criteria are met:
      1) Member has fracture, dislocation, tendon rupture or surgery which requires absolute non-weight bearing to maximize chances for optimal healing and recovery. The Member is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.
      2) Member has an ulcer or infection which requires absolute non-weight bearing to maximize chances for optimal healing and recovery. This patient is unable to utilize crutches effectively, or is unable to perform tasks of daily living with crutches.
      3) Member has a neurologic or musculoskeletal condition which makes him/her unable to effectively or safely bear weight on one foot. The knee scooter will greatly increase this person's ability to function independently.
   b. Wheelchairs will not be authorized in conjunction with knee scooters.

c. The resale of the knee scooter is prohibited. Partnership recommends the equipment be donated to a charitable organization when no longer in use.

8. Pediatric Adaptive Equipment – Requests for pediatric adaptive equipment (e.g. specialty strollers, adaptive car seats, floor sitters/activity chairs, stair climbers, etc.) will be reviewed on a case by case basis using criteria described in CCS Numbered Letter (N.L.) 09-0703 Revised CCS Guidelines for Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R) *08/08/2003.* For Members enrolled in the Medical Therapy Program, medical appropriateness of devices and/or equipment will be determined and recommended by the Medical Therapy Unit providing services. The MTU must submit a TAR with an MTU DME form and all required information as per the process described in Attachment E - MTU DME Review Process and Example Form.
9. Portable ramps are a covered benefit under Partnership. Prior authorization is required.
   a. Portable ramps are those that meet the following conditions:
      1) Foldable or collapsible
      2) Not attached
      3) Suitcase types, which can be easily and readily carried and transported by the recipient for use in multiple locations.
   b. Ramps are not considered portable when they are fixed or modular or in any way attached. Non-portable ramps are not a Medi-Cal benefit.
   c. Criteria for authorization are as follows:
      1) The Member utilizes a manual or power wheelchair for home and/or community access (see policy MCUP3133 Wheelchair Mobility, Seating and Positional Components).
      2) Access to variable height surfaces at home, to a vehicle, and in the community is needed.
      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.
         a) Partnership reimburses for a maximum of one vehicle ramp and one home access ramp. If the ramp is needed for employment, the benefit is to be provided through the Department of Rehabilitation.
   d. If the Treatment Authorization Request (TAR) includes all information required, the request is reviewed by a Partnership Nurse Coordinator (and the Chief Medical Officer or physician designee if needed.) 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 Partnership with recommendations as to the medical appropriateness of the request.
10. Tumor Treating Field Devices – Partnership reviews authorization requests for tumor treating field devices (electrical stimulation devices used for cancer treatment) on a case-by-case basis based on Medi-Cal criteria. Initial TARs are approved for 3 months rental. Re-authorization may be granted when all of the following criteria are met:
    a. A magnetic resonance imaging (MRI) scan has been performed not more than 2 months prior to date of renewal request and documents no evidence of disease progression, and
    b. The Karnofsky Performance Status score is 60 or higher, and
    c. The patient has been wearing the device at least 18 hours daily.
10. Ventilators – Partnership reviews authorization requests for non-invasive ventilators on a case-by-case basis based on InterQual criteria. Initial TARs are approved for 3 months rental. Reauthorizations can be approved in up to 12 month increments. Authorization requests for invasive

ventilators are reviewed on a case by case basis based on Medi-Cal criteria.

11. Dynamic Splinting
    a. Partnership reviews authorization requests for dynamic splints for the knee (E1810) on a case by case basis. Authorizations may be approved as follows:
        1) Pre-operatively: As an adjunct to physical therapy for a Member having surgery to correct knee joint stillness or a contracture due to a previous injury or surgery to the knee.
        2) Post-operatively: As an adjunct to physical therapy if there is documentation of joint stiffness or contracture causing functional limitation of range of motion in the subacute post-operative period defined as > 3 weeks and up to 4 months after surgery.
    b. Dynamic splinting is not considered medically necessary for the following:
        1) Pre-operative request unless the surgery is to correct knee joint stiffness or contraction due to previous injury or surgery
        2) No evidence of knee contracture or stiffness in the subacute post-operative period
        3) Chronic joint stiffness or fixed contractures
        4) No significant improvement to the joint after 4 months of use

H. Reauthorization
    1. All authorizations which may recur are subject to the following requirements:
        a. Assessment and demonstration of continued need for treatment/service
        b. Reevaluation of plan of treatment, appropriateness of level care and physician orders
        c. Documentation of patient compliance with treatment/service

I. Non Covered Items - The following DME items are not included as Medi-Cal or Partnership benefits:
    1. Books or other items of a primarily educational nature
    2. Air conditioners/air filters or heaters
    3. Food blenders
    4. Reading lamps or other lighting equipment
    5. Bicycles, tricycles or other exercise equipment
    6. Television sets
    7. Orthopedic mattresses, recliners, recliners with lift system, rockers, seat lift chairs or other furniture items
    8. Waterbeds
    9. Household items
    10. Modifications of automobile or other highway motor vehicles
    11. Other items not used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them

J. Monitoring of DME Authorizations
    1. A periodic random sample of authorization requests for DME may be audited by the Utilization Management (UM) staff or Chief Medical Officer or physician designee for appropriateness and accuracy. Medical record audits may also include survey for proper use and documentation of DME.

K. Partnership Medical Equipment Distribution Services (PMEDS) Program
    1. Members may be able to obtain certain medical devices that do not require a TAR through the Partnership Medical Equipment Distribution Services (PMEDS) program when their Provider submits a request form on their behalf. The PMEDS program serves all Partnership Members as an efficient means of fulfilling orders for certain home medical devices that are prescribed by medical providers. Form and information can be found on the Partnership website at https://www.partnershiphp.org/Providers/Medi-Cal/Pages/PMEDS%20Program.aspx

VII. REFERENCES:

A. Medi-Cal Provider Manual/Guidelines: Durable Medical Equipment (DME): Overview (*dura*), Billing

Codes *(dura cd),* Billing Codes: Frequency Limits *(dura cd fre)*, Other DME Equipment (*dura other*) and Oxygen and Respiratory Equipment (*dura oxy*); Orthotic and Prosthetic Appliances and Services: Criteria for Authorization and Reimbursement – Orthotics (*ortho auth ortho*)

B. DHCS All Plan Letter (APL) 15-018 Criteria for Coverage of Wheelchairs and Applicable Seating and Positioning Components (07/09/2015)
C. Title 22 California Code of Regulations (CCR) Div 3 Sub 1 Chap 3 Article 3 51224.5
D. InterQual Criteria®
E. CCS Numbered Letter (N.L.) 09-0703 Revised CCS Guidelines for Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R) (08/08/2003)
F. CCS Numbered Letter (N.L.) 02-0107 Authorization of Rental of Portable Home Ventilators (01/05/2007)
G. Partnership Benefits Review and Evaluation Workgroup (BREW) Form #24 OTC/Off-the-Shelf Compression Garments. (07/25/2024)

VIII. DISTRIBUTION:
A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 03/23/95; 10/10/97 (name change only); 02/09/00; 05/17/00; 09/19/01; 09/18/02; 10/15/03; 02/18/04; 10/20/04; 10/19/05; 08/16/06; 04/16/08; 07/15/09; 07/21/10; 06/20/12; 02/18/15; 02/17/16; 02/15/17; *03/14/18; 09/12/18; 04/10/19; 05/13/20; 09/09/20; 08/11/21; 08/10/22; 01/11/23; 04/10/24; 08/14/24; 10/08/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
MCUG3008 Bathroom Equipment Guidelines was Archived 01/11/2023
MCUG3023 Infant Monitor Guidelines was Archived 01/11/2023

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.