

Wyoming Medicaid Programs

Division of Healthcare Financing

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Durable Medical Equipment

The purpose of this program is to furnish disposable medical supplies and durable medical equipment to Wyoming Medicaid members for home use. Supplies and equipment must:

- Be reasonable and necessary for the treatment of illness or injury
- Be the most cost-effective supply or equipment necessary to meet the member's medical needs
- Enable members to cost effectively remain outside institutional settings by promoting, maintaining, or restoring health; or
- Restore members to their functional level by minimizing the effects of illness or disabling condition

Durable Medical Equipment

- Must be medically necessary
- Cannot just be for the convenience of the member or caregivers
- Medicare is always primary to Medicaid
- After 10 months of rental for most equipment it then belongs to the member
- Without a HCPCS code it is hard to tell if supplies or equipment is covered

Face to Face Requirement

- Face-to-Face Visit Requirement

For practitioners ordering new/initial Durable Medical Equipment (DME) or Prosthetic/Orthotic Supplies (POS) for a member, must comply with 42 CFR 440.70. The member must have a face-to-face visit related to the primary reason for which the item(s) are being ordered within the previous six (6) months with the ordering or prescribing practitioner. To assure correlation between the face-to-face visit, the practitioner ordering the services must document the face to face encounter which should indicate the reason the services are needed. The supplying provider must have the documentation of need, date and the name of the practitioner with whom the face-to-face visit occurred for their records in order to bill Wyoming Medicaid for the DME or POS supplied. The face-to-face encounter may occur through telehealth.

Note: This requirement is waived for renewals of existing DME or POS orders.

Durable Medical Equipment (DME)

- Wyoming Rules and Regulations – Chapter 11
- CMS 1500 Provider Manual – Chapter 17
<https://wyomingmedicaid.com/portal/Provider-Manuals-and-Bulletins/DME-Manual-and-Bulletins>
- DME manual – only updated when items need to be changed -
<https://wymedicaid.telligen.com/document-library/> under Manuals

Durable Medical Equipment

- Some codes require prior authorization – reference the fee schedule to see if it is required
 - <https://wyomingmedicaid.com/portal/fee-schedules#>
 - Type in code, then under indicator – prior authorization (make sure to look at dates)
- Disposable equipment requires provider to contact member to make sure there is a confirmation of continued need (call to member monthly to see if additional supplies are needed)
- No stockpiling of supplies – the provider should not send additional supplies to the member if they have enough
- Supplies must be obtained by a Wyoming Medicaid Provider

DME Prior Authorizations

- Member goes to practitioner or specialist
- Durable Medical Equipment is requested
- Documentation (written order, notes, medical records) is sent to chosen DME provider
- DME provider determines if a prior authorization is needed
- DME provider sends required documentation to Telligen for review
 - Written order or certificate of medical necessity
 - Physician's face to face visit with 6 months for most codes
 - Medical records
 - DME PA forms
 - Other documentation as indicated in manual per codes

Note: Just because the practitioner writes a prescription for it doesn't mean that Wyoming Medicaid covers it

Types of Durable Medical Equipment

- AIR FLUIDIZED AND LOW AIR LOSS BED UNITS – used to prevent pressure ulcers in a high-risk member or to promote healing of existing pressure ulcers – prior authorization required
- APNEA MONITOR – used to monitor a baby’s heart rate and breathing and some adults – some codes require prior authorization
- BATH and TOILET AIDS – Covered for purchase for members with medical conditions, which caused decreased stability and ambulation – no prior authorization
- BEDPANS and URINALS – Covered for members who are confined to bed – no prior authorization
- BEDS AND ACCESSORIES – Covered for members which require position of the body in ways that are not feasible with ordinary bed due to a medical condition – prior authorization depending on code
- BLOOD GLUCOSE MONITORING (CGM) – Covered for members with diabetes, also covered through the pharmacy – prior authorization only for continuous glucose monitoring system
- BLOOD PRESSURE MONITORS – Covered for members with hypertension whose condition must be self-monitored at home – no prior authorization
- BREAST PROSTHESES – Covered for members who have had a mastectomy – no prior authorization except on code L8035
- BREAST PUMPS – Manual or standard grade electric pumps are covered as a purchase – prior authorization required for hospital grade electric breast pumps
- CANES AND CRUTCHES - Covered for members with medical condition that causes instability or impairs balance – no prior authorization
- COMMODOES/CHAIRS - Covered for members confined to bed, room or home where without bathroom facilities on floor or bathroom facilities are inaccessible – activity chairs are not covered – prior authorization on certain chairs
- CONTINUOUS PASSIVE MOTION (CPM) DEVICES - Covered for members who have had surgical knee replacement or arthroplasty – prior authorization required

Types of Durable Medical Equipment

- C-PAP/BI-PAP MACHINE - Covered for members diagnosed with mild to moderate or severe obstructive sleep apnea and for whom surgical intervention may be a likely alternative –prior authorization required
- DRESSINGS, MEDICAL/SURGICAL SUPPLIES – Covered for members who require treatment of a wound or surgical incision or disease – no prior authorization
- EYE PROSTHESES - Covered for members with absence or shrinkage of eye due to birth defect, trauma, or surgical removal – some codes require prior authorization
- GAIT TRAINERS - Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records – prior authorization required
- HEAT/COLD APPLICATION DEVICES - Covered for members with medical conditions for which the application of heat and cold is therapeutic – no prior authorization
- INCONTINENCE APPLIANCES and CARE SUPPLIES - Covered for members who are unable to control bladder or bowel function – no prior authorization
- INFUSION PUMPS, EXTERNAL and ACCESSORIES - Covered for members with conditions requiring intermittent or continual infusion of medication or nutrition when this form of administration is safe, reasonable and necessary (e.g. chemotherapy, severe spasms, chronic intractable pain), and when an infusion pump is necessary to safely administer medication – prior authorization required for pump rental and maintenance codes
- INHALATION - CONTROLLED DOSE DRUG DELIVERY INHALATION SYSTEM - Covered for members for the administration of Iloprost inhalation solution – prior authorization required
- INTERMITTENT POSITIVE PRESSURE BREATHING (IPPB) MACHINES - Covered for members whose ability to breathe is severely impaired or whose condition or diagnosis indicates the necessity for IPPB therapy – no prior authorization

Types of Durable Medical Equipment

- LIFTS - Covered for members who are unable to transition from lying or sitting to standing – prior authorization required – please read the policy if you have questions
- MEDICATION DISPENSER (Automatic) - Covered for members who are unable to effectively and safely self-medicate, due to a medical or mental condition, or are non-compliant due to lack of supervision – prior authorization required
- NEBULIZERS and COMPRESSORS - Covered to administer aerosol therapy when use of a metered dose inhaler is not adequate or appropriate – no prior authorization on most codes
- NEUROMUSCULAR ELECTRICAL STIMULATORS (NMES) Intact, including brain, spinal cord, and peripheral nerves, and other non-neurological reasons for disuse are causing atrophy – no prior authorization
- NUTRITION THERAPY- Nutrition therapy is providing essential nutrients, vitamins, and minerals to meet recommended dietary allowances, adequate calories to meet energy requirements, and adequate proteins to maintain weight and strength, provided as enteral or parenteral – most enteral nutrition requires prior authorization
- ORTHOTICS - Covered for the correction or prevention of skeletal deformities (i.e. braces, splints, etc.) and post-operative or post-injury rehabilitation – prior authorization required for some codes
- OSTEOGENESIS STIMULATORS - Electrical stimulation is considered medically necessary in some instances (read policy for more information) – prior authorization required
- OSTOMY SUPPLIES - Covered for members with an ostomy – no prior authorization
- OXIMETERS, EARS/PULSE - Covered for members requiring a minimum of daily monitoring of arterial blood oxygen saturation levels for evaluating and regulating home oxygen therapy – prior authorization required
- OXYGEN and OXYGEN EQUIPMENT - Covered on a rental basis for members with severe hypoxemia in the chronic stable state; oxygen concentrators are exempt from capped rental – prior authorization required for some codes

Types of Durable Medical Equipment

- PACEMAKER MONITORS, SELF CONTAINED - Covered for members with cardiac pacemakers – no prior authorization
- PARAFFIN BATH UNITS, PORTABLE - Covered for members with conditions that are expected to be relieved by long term use of this modality and who have undergone a successful trial period of paraffin therapy – no prior authorization
- PEAK FLOW METERS - Covered for members with chronic asthma – no prior authorization
- PERCUSSORS - Covered for mobilizing respiratory tract secretions – prior authorization required
- PHOTOTHERAPY SERVICES - Covered on a rental basis for infants with bilirubin issues on a rental basis only – no prior authorization
- PNEUMATIC COMPRESSORS and APPLIANCES Covered for members with intractable edema of the extremities to administer pressure on the involved extremity, with a pump set to deliver a prescribed amount of intermittent pressure – prior authorization needed for some codes
- PRESSURE REDUCING SUPPORT SURFACES - Covered for members with or highly susceptible to pressure ulcers and whose physician will be supervising its use in connection with member's course of treatment – prior authorization required for some codes
- PROSTHETICS - Coverage based upon medical necessity and clinical assessment of member rehabilitation potential – prior authorization required
- SITZ BATHS - Covered for members with infection or injury of the perineal area and use of the item is part of the physician ordered planned regimen of treatment in the member's home – no prior authorization

Types of Durable Medical Equipment

- SPEECH GENERATING DEVICES – Covered when all of the following criteria are met - 1. The individual has a medical condition that results in a severe expressive speech impairment; 2. The individual has the cognitive and physical abilities to effectively use the selected device; 3. The individual is unable to communicate using natural communication means (e.g. spoken, written, gestures, sign language); and, 4. Other forms of treatment have been considered and ruled out – prior authorization required
- STANDERS / STANDING FRAMES - Covered for members with neuromuscular conditions who are unable to stand alone – prior authorization required
- SUCTION PUMPS Covered for members who have difficulty raising and clearing secretions secondary to cancer or surgery of the throat or mouth; dysfunction of the swallowing muscles; unconsciousness or obtunded state; or tracheostomy – no prior authorization
- SUPPORTS - Covered for post-surgical members, and members with intractable edema of the lower extremities or other circulatory disorders – no prior authorization
- TRACHEOSTOMY CARE SUPPLIES - Covered for members with an open surgical tracheostomy – no prior authorization
- TRACTION EQUIPMENT - Covered for members with orthopedic impairments requiring traction equipment that prevents an ambulation – prior authorization required
- TRANSCUTANEOUS ELECTRICAL NERVE SIMULATORS (TENS) Covered for members with chronic, intractable pain that has been present for at least three months and presumed etiology of pain is accepted as responding to TENS therapy and for members with acute post- operative pain – no prior authorization
- TRANSFER EQUIPMENT - Covered for members that require assistance with transfer – no prior authorization
- VEHICLE, POWER-OPERATED (POV) Covered for members diagnosed with medical condition, which impairs ability to walk, and would otherwise be confined to bed or chair, read policy for other criteria – prior authorization required

Types of Durable Medical Equipment

- VENTILATORS - Covered for rental when necessary in the treatment of neuromuscular diseases, thoracic restrictive diseases, chronic respiratory failure consequent to chronic obstructive pulmonary disease, and respiratory paralysis. Ventilators are exempt from the capped rental policy that applies to most other medical equipment rental – prior authorization required
- WALKERS - Covered for members with conditions that impair ambulation and who have a need for greater stability and security than provided by a cane or crutches – no prior authorization
- WHEELCHAIRS (Manual & Power) - Wheelchairs are available for purchase or rental; wheelchairs are intended for home use and must be accessible in the home – prior authorization for most codes for power wheelchairs and accessories
- WOUND V.A.C. - Covered for members who present with Level III or IV Stage decubitus ulcers including: A. Diabetic Foot Ulcers
B. Wounds C. Skin grafts – prior authorization required

Questions

