

# **Benefit Criteria to Change for Respiratory Equipment and Supplies Effective March 1, 2017**

## **Overview of Benefit Changes**

Key benefit changes for Respiratory Equipment and Supplies will be outlined in a series of articles. Benefit changes will include the following:

- New prior authorization (Fee-For-Service) forms
- New benefits for respiratory equipment and supplies
- Benefit criteria and limitation changes
- Services that are no longer a benefit
- Diagnosis restrictions removed from procedure codes
- Some benefits will no longer require prior authorization (Fee-For-Service)

The specific benefit changes that are effective for March 1, 2017, for humidifiers and heating elements, Cardiorespiratory Monitors (CRM), Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices (RAD), mechanical ventilation equipment, tracheostomy tubes and related supplies, nebulizers, oxygen therapy, and secretion and mucus clearing devices are available in the following articles which are posted on the TMHP website:

- Benefit Criteria to Change for Humidifiers and Heating Elements for Respiratory Equipment and Supplies Effective March 1, 2017
- Cardiorespiratory Monitor (CRM) Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Continuous Positive Airway Pressure (CPAP) and Respiratory Assist Devices (RADs) Including Bi-Level PAP Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Mechanical Ventilation Equipment and Tracheostomy Tubes and Supplies Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Nebulizer Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017
- Oxygen Therapy Benefit to Change for Texas Medicaid Effective March 1, 2017
- Secretion and Mucus Clearing Devices Benefit Criteria to Change Effective March 1, 2017

## **New Prior Authorization Forms (Fee-For-Service)**

The following new forms related to the Respiratory Equipment and Supplies benefit changes will be available on this website on beginning January 2, 2017; however, the forms will not be effective until March 1, 2017:

- "Texas Medicaid Prior Authorization Request for Oxygen Therapy Devices and Supplies" (Form #F00144)
- "Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearing Devices-Initial Request" (Form #F00145)

- “Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearing Devices-Renewal Request” (Form #F00146)
- “Texas Medicaid Prior Authorization Request for CPAP or RAD (BI-level PAP)” (Form #F00147)

The following forms will be discontinued as of February 28, 2017:

- [Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Extended Request](#) (Form #F00037)
- [Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Initial Request](#) (Form #F00038)
- [Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form](#) (Form #F00039)
- [Pulse Oximeter Form](#) (Form #F00077)
- [Ventilator Service Agreement](#) (Form #F00094)

The new forms will be available as fillable PDFs on this website. For paper forms submitted to TMHP, the TMHP Prior Authorization Department will accept the previous version of each form through March 31, 2017. As of April 1, 2017, TMHP will only accept the most current version of the form as posted on the website. Previous versions of the forms submitted on or after April 1, 2017 will be returned to the provider with a request that the correct version of the form be submitted with all required documentation.

The TMHP Prior Authorization on the Portal (PA on the Portal) will be updated with the new forms effective March 1, 2017.

The following table summarizes the form updates:

<b>New/Updated Form (Effective March 1, 2017)</b>	<b>Respiratory Services</b>	<b>Age Group</b>	<b>Previous Form (End-dating)</b>
Texas Medicaid Prior Authorization Request for Oxygen Therapy Devices and Supplies	Oxygen Therapy Devices and Supplies	Clients of any age	Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form
Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearing Devices-Initial Request	Secretion and Mucus Clearing Devices-Initial Request	Clients of any age	Medicaid Certificate of Medical Necessity for Chest Physiotherapy Device Form-Initial Request
Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearing	Secretion and Mucus Clearing Devices-Renewal Request	Clients of any age	Medicaid Certificate of Medical Necessity for

New/Updated Form (Effective March 1, 2017)	Respiratory Services	Age Group	Previous Form (End-dating)
Devices-Renewal Request			Chest Physiotherapy Device Form-Extended Request
Texas Medicaid Prior Authorization Request for CPAP or RAD (BI-level PAP)	CPAP or RAD (BI-level PAP)	Clients of any age	Medicaid Certificate of Medical Necessity for CPAP/BIPAP or Oxygen Therapy Form

**Use of the Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form and CCP Prior Authorization Request Form**

Providers are still required to submit the [Home Health Services \(Title XIX\) DME/Medical Supplies Physician order form](#) or the [CCP Prior Authorization form](#) for the following respiratory services:

Form	Respiratory Services	Age Group
CCP Prior Authorization Request Form	<ul style="list-style-type: none"> <li>• Pulse Oximeter</li> <li>• Respiratory equipment or supplies for clients who do not meet the criteria listed in the benefit article or who are requesting quantities above the set limitations</li> </ul>	Clients who are birth through 20 years of age
Home Health Services (Title XIX) Durable Medical Equipment (DME)/Medical Supplies Physician Order Form	<p><b>Requires Prior Authorization</b></p> <ul style="list-style-type: none"> <li>• Ultrasonic Nebulizers (USNs)</li> <li>• Cardiorespiratory Monitor (CRM)</li> <li>• Tracheostomy tubes</li> <li>• Compressors</li> <li>• Ventilator equipment</li> <li>• Controlled dose inhalation drug delivery system</li> <li>• Suction equipment</li> <li>• Humidification systems (procedure codes E0550, E0555, E0560, E0561, E0565, E0575)</li> <li>• Heating systems (E0562, E0585, E1372)</li> <li>• Bag and valve mask (BVM)</li> </ul>	Clients of any age

	resuscitator for client not on artificial respiration (procedure code E1399) <ul style="list-style-type: none"> <li>Respiratory equipment or supplies for clients who do not meet the criteria listed in the benefit article or who are requesting quantities above the set limitations</li> </ul>	
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Providers may refer to the article titled “New Respiratory Prior Authorization Forms to be Effective March 1, 2017,” for more information.

### New Benefits and Limitations

The procedure codes and limitations in the following table will be added as payable and may be reimbursed for services rendered:

Type of Service	Procedure Code	Description	Limitation	Requires PA
Other Medical Items or Services	A4606 with modifier U5	Re-usable pulse oximeter	1 per six calendar months	Included in pulse oximeter rental, No PA for client-owned equipment if within policy limit
Other Medical Items or Services	A4623 with modifier U3	Tracheostomy, disposable inner cannula	31 per calendar month	No
Other Medical Items or Services	A7025	High frequency chest wall oscillation system vest, replacement for use with patient- owned equipment	1 per lifetime	Yes
Other Medical Items or Services	A7036	Chinstrap used with positive airway pressure device	1 per six calendar months	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
New DME purchase	E0445 with modifier U4	Oximeter device for measuring blood oxygen	1 per five rolling years with prior authorization override	Yes

		levels noninvasively		
DME Purchase-New	E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	1 per five rolling years with prior authorization override	Yes
DME Rental-Monthly	E0618	Apnea monitor without recording feature	1 per calendar month	Yes

### Services That Are No Longer a Benefit

The following procedure codes will no longer be benefits for Texas Medicaid:

Type of Service	Procedure Codes	
DME Purchase-New	E044G	E0605

### Diagnosis Restrictions Removed

The following procedure codes will no longer be diagnosis restricted:

Procedure Codes					
Other Medical Items or Services					
A4617	A4627	A7003	A7004	A7006	A7007
A7013	A7014	A7015	A7016	A7018	
DME Rental - Monthly					
E0500					
DME Purchase - New					
E0574	E0575	E0585	S8185		

## Benefit Criteria for Respiratory Equipment and Supplies in the Home

To be considered as a medically necessary benefit, the equipment and supplies must be:

- Be prescribed by a physician
- Be FDA approved for the medical condition
- Have federal financial participation available
- Additionally, the client must:

- Be eligible for Medicaid
- Meet the criteria for requested equipment and supplies.
- Have a compromised health status without the requested equipment and supplies

Equipment provided for rental may be new or used.

Equipment provided for purchase must be new and unused.

HHSC or its designee will determine whether respiratory equipment will be rented, purchased, or repaired based on the client’s needs and expected duration of use.

In situations where new unused equipment is initially provided for rental and is subsequently authorized for purchase the provider is not required to replace the equipment.

Unless otherwise stated in this policy, rental equipment includes all necessary supplies, adjustments, repairs, and replacement parts. Supplies needed for use with client-owned equipment may be purchased separately.

## Quantity Limitations for Covered Equipment and Supplies

Respiratory equipment and supplies are available as follows:

- Supplies are available without prior authorization up to the stated quantity limitation listed in the table below. Prior authorization (Fee-For-Service) is required for quantities exceeding the limitation.
- Prior authorization (Fee-For-Service) is required for rental or purchase of respiratory equipment.

The following tables list covered procedure codes, benefit limitations, and prior authorization (Fee-For-Service) requirements. Rental of equipment includes all necessary accessories, supplies, adjustments, repairs, and replacement parts. Related supplies, repairs, and replacement parts will deny as part of the rental.

All miscellaneous procedure codes require prior authorization (Fee-For-Service).

### Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
A4216	40 per calendar month	No
A4481	31 per calendar month	No
A4483	15 per calendar month	Included in ventilator rental, No PA for client-owned equipment if within policy limit
A4556	15 per calendar month	No
A4557	2 per calendar month	No
A4605	10 per calendar month Only 1 type of tracheal catheter is allowed per month. A4605 will deny as	No

### Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
	part of A4624 if billed in same month.	
A4606	4 per calendar month	Included in pulse oximeter rental, No PA for client-owned equipment if within policy limit
A4606 w/ modifier U5	1 per 6 calendar months	Included in pulse oximeter rental, No PA for client-owned equipment if within policy limit
A4611	1 per 5 rolling years	Included in ventilator rental, No PA for client-owned equipment if within policy limit
A4612	1 per 5 rolling years	Included in ventilator rental, No PA for client-owned equipment if within policy limit
A4613	1 per 5 rolling years	Included in ventilator rental, No PA for client-owned equipment if within policy limit
A4614	1 per 6 calendar months	No
A4615	2 per calendar month	Included in O2 rental, No PA for client-owned equipment if within policy limit
A4616	4 per calendar year	Included in O2 rental, No PA for client-owned equipment if within policy limit
A4617	2 per calendar month	Included in O2 rental, No PA for client-owned equipment if within policy limit
A4618	4 per calendar month	Included in ventilator rental, No PA for client-owned equipment if within policy limit
A4619	2 per calendar month	Included in O2 rental, No PA for client-owned equipment if within policy limit

### Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
A4620	2 per calendar months	Included in O2 rental, No PA for client-owned equipment if within policy limit
A4623	1 per calendar month	No
A4623 w/ modifier U3	31 per month	No
A4624	85 per calendar month Only 1 type of tracheal catheter is allowed per month	No
A4627	1 per 6 calendar months	No
A4628	2 per calendar month	No
A4629	30 per calendar month	No
A7000	5 per calendar month	No
A7002	8 per calendar month	No
A7003	2 per calendar month	No
A7004	2 per calendar month	No
A7005	1 per 6 calendar months	No
A7006	1 per calendar month	No
A7007	2 per calendar month	No
A7009	1 per calendar year	No
A7010	1 per 2 calendar months	No
A7012	2 per calendar month	No
A7013	2 per calendar month	No
A7014	1 per 3 calendar months	No
A7015	1 per calendar month	No
A7016	2 per calendar year	No
A7017	1 per 3 rolling years	No
A7018	4 per calendar month	No
A7025	1 per lifetime	Yes
A7026	1 per 6 calendar months	No
A7027	1 per 3 calendar months	No
A7028	1 per calendar month	No
A7029	2 per calendar month	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit



### Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
A7030	1 per 3 calendar months	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7031	1 per calendar month	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7032	2 per calendar month	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7033	2 per calendar month	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7034	1 per 3 calendar months	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7035	1 per 6 calendar months	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7036	1 per 6 calendar months	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7037	1 per calendar month	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7038	2 per calendar month	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7039	1 per 6 calendar months	Included in CPAP or RAD rental, No PA for client-owned equipment if within policy limit
A7520	1 per calendar month	Yes
A7520 w/ modifier U1	1 per calendar month	Yes
A7520 w/ modifier U2	1 per calendar month	Yes

### Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
A7521	1 per calendar month	Yes
A7521 w/ modifier U1	1 per calendar month	Yes
A7521 w/ modifier U2	1 per calendar month	Yes
A7522	4 per calendar year	Yes
A7523	1 per 2 years	No
A7525	4 per calendar month	No
A7526	20 per calendar month	No
A9900	As needed	Yes
A9284	1 per 6 calendar months	No
E0424 (Rental)	1 per calendar month	Yes
E0431 (Rental)	1 per calendar month	Yes
E0433 (Rental)	1 per calendar month	Yes
E0434 (Rental)	1 per calendar month	Yes
E0439 (Rental)	1 per calendar month	Yes
E0441	1 per calendar month	Yes
E0442	1 per calendar month	Yes
E0443	1 per calendar month	Yes
E0444	1 per calendar month	Yes
E0445 (Rental)	1 per 6 calendar months	Yes
E0457 (Purchase)	1 per 5 rolling years	Yes
E0457 (Rental)	1 per calendar month	Yes
E0459 (Purchase)	1 per lifetime	Yes
E0459 (Rental)	1 per calendar month	Yes
E0465 (Rental)	1 per calendar month	Yes
E0466 (Rental)	1 per calendar month	Yes
E0470 (Purchase)	1 per 5 rolling years	Yes
E0470 (Rental)	1 per calendar month	Yes
E0471 (Rental)	1 per calendar month	Yes
E0472 (Rental)	1 per calendar month	Yes
E0480 (Purchase)	1 per rolling 5 years	Yes
E0480 (Rental)	1 per calendar month	Yes
E0482 (Rental)	1 per calendar month	Yes
E0483 (Purchase)	1 per lifetime	Yes
E0483 (Rental)	1 per calendar month	Yes
E0500 (Rental)	1 per calendar month	Yes

### Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
E0500	1 per 5 rolling years	Yes
E0550 (Rental)	1 per calendar month	Yes
E0550 (Purchase)	1 per 3 rolling years	Yes
E0561 (Purchase)	1 per 5 rolling years	Yes
E0561 (Rental)	1 per calendar month	Yes
E0562 (Purchase)	1 per 5 rolling years	Yes
E0562 (Rental)	1 per calendar month	Yes
E0565 (Purchase)	1 per 5 rolling years	Yes
E0565 (Rental)	1 per calendar month	Yes
E0570 (Purchase)	1 per 5 rolling years	No for conditions listed in policy. Yes for conditions not listed in policy.
E0574 (Purchase)	1 per 5 rolling years	Yes
E0575 (Purchase)	1 per 5 rolling years	Yes
E0580 (Purchase)	1 per 3 rolling years	Yes Included in O2 rental.
E0580 (Rental)	1 per calendar month	Yes Included in O2 rental.
E0585 (Purchase)	1 per 3 rolling years	Yes
E0600 (Purchase)	1 per 5 rolling years	Yes
E0601 (Purchase)	1 per 5 rolling years	Yes
E0601 (Rental)	1 per calendar month	Yes
E0618 (Purchase)	1 per 5 rolling years	Yes
E0618 (Rental)	1 per calendar month	Yes
E0619 (Purchase)	1 per 5 rolling years	Yes Exception: No PA required for maximum 2 months for infants birth through 4 months of age
E0619 (Rental)	1 per calendar month	Yes
E1353 (Purchase)	1 per rolling year	No. Included in O2 rental, No PA for client-owned equipment if within policy limit
E1355 (Purchase)	1 per 3 rolling years	No. Included in O2 rental, No PA for client-owned equipment if within policy limit

## Covered Procedure Codes and Benefit Limitations

Procedure Code	Maximum Limitations	Requires PA
E1372 (Purchase)	1 per 3 rolling years	Yes
E1390 (Rental)	1 per calendar month	Yes
E1399 (Rental)	As needed	Yes
E1399 (Purchase)	As needed	Yes
K0462 (Rental)	1 per calendar month	Yes
K0730 (Purchase)	1 per 5 rolling years	Yes
K0738 (Rental)	1 per calendar month	Yes
K0739	2 hours per day	Yes
L8501	1 per 6 calendar months	No
S8101	1 per 6 calendar months	No
S8185 (Purchase)	1 per 5 rolling Years	No
S8189 (Purchase)	As needed	Yes
S8999 (Purchase)	1 per rolling year	No

## Prior Authorization Requirements (Fee-For-Service)

A completed, signed, and dated prior authorization request form prescribing the DME or medical supplies must include the procedure codes and numerical quantities for services requested and must be signed and dated by the prescribing physician and the representative of the DME and medical supply provider before requesting prior authorization (Fee-For-Service) for all DME and supplies.

A [Home Health Services \(Title XIX\) Durable Medical Equipment \(DME\)/Medical Supplies Physician Order Form](#) must be submitted for all DME services and supplies, unless the ordering physician is requesting the following:

- A continuous positive airway pressure (CPAP) or Bi-level PAP and respiratory assist devices (RADs). Providers are to submit requests using a Texas Medicaid Prior Authorization Request for CPAP or RAD (Bi-level PAP) form.
- Oxygen Therapy. Providers are to submit requests using a Texas Medicaid Prior Authorization Request for Oxygen Therapy Devices and Supplies form.
- Secretion and Mucus Clearance Device, as listed in this benefit article. Providers are to submit requests using a Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearance Devices – Initial Request form or a Texas Medicaid Prior Authorization Request for Secretion and Mucus Clearance Devices –Renewal Request form for secretion and mucus clearance devices.

**Note:** *It is not necessary to submit a Home Health Services (Title XIX) DME/Medical Supplies Physician Order form if one of these other aforementioned prior authorization forms are submitted.*

The following completed, signed, and dated prior authorization request forms must be maintained by the DME provider and the prescribing physician in the client's medical

records. The completed prior authorization request form with the original dated signature must be maintained by the prescribing physician. The prior authorization request forms will not be accepted beyond 90 days from the date of the prescribing physician's signature.

- [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#)
- Medicaid Certificate of Medical Necessity (CMN) for CPAP or Bi-level PAP Form
- Medicaid Certificate of Medical Necessity for Oxygen Therapy Form
- Medicaid Certificate of Medical Necessity for Secretion and Mucus Clearance Devices Form-Initial Request
- Medicaid Certificate of Medical Necessity for Secretion and Mucus Clearance Device Form—Extended Request

Prior authorization requests may be submitted to the TMHP Prior Authorization Department via mail, fax, or the electronic portal. Prescribing providers, dispensing providers, clients' responsible adults, and clients may sign prior authorization forms and supporting documentation using electronic or wet signatures. For additional information about electronic signatures, please refer to the 'Electronic Signatures in Prior Authorizations' medical policy.

- To complete the prior authorization process by paper, the provider must fax or mail the completed prior authorization request form to the Home Health prior authorization unit and retain a copy of the signed and dated prior authorization form in the client's medical record at the provider's place of business.
- To complete the prior authorization process electronically, the provider must complete the prior authorization requirements through any approved electronic methods and retain a copy of the signed and dated prior authorization form in the client's medical record at the provider's place of business.

To facilitate determination of medical necessity and avoid unnecessary denials, the physician must provide correct and complete information, including documentation for medical necessity for the equipment or supplies requested. The physician must maintain documentation of medical necessity in the client's medical record.

The requesting provider may be asked for additional information to clarify or complete a request.

Retrospective review may be performed to ensure documentation supports the medical necessity of the requested equipment or supplies.

A determination as to whether the equipment will be rented, purchased, repaired, or modified will be made by HHSC or its designee based on the client's needs, duration of use, and age of the equipment.

Equipment that has been purchased may be considered for replacement when loss or irreparable damage has occurred outside the warranty terms, conditions, and limitations. A copy of the police or fire report when appropriate and the measures to be taken to prevent reoccurrence must be submitted with the prior authorization request.

## **Renewal Request for all Respiratory Equipment**

Providers are expected to submit documentation for renewal requests as outlined. If no specific documentation requirements are outlined, providers are to submit the following:

- A new prior authorization request form
- All of the initial request requirements
- A physician attestation that the treatment has been effective and the client has been compliant with treatment

## Repair to Client-Owned Equipment

Repairs to client-owned equipment may be prior authorized as needed with documentation of medical necessity. Technician fees are considered part of the cost of the repair.

HHSC or its designee reserves the right to request additional documentation about the need for repairs when there is evidence of abuse or neglect to equipment by the client, client's family or caregiver. When there is documented proof of abuse or neglect, requests for repairs will not be prior authorized.

Providers are responsible for maintaining documentation in the client's medical record specifying the repairs and supporting medical necessity.

Documentation must include all the following:

- The date of purchase
- The serial number of the current equipment (as applicable)
- The cause of the damage or need for repairs
- What steps the client or caregiver will take to prevent further damage if repairs are due to an accident
- When requested, the cost of purchasing new equipment as opposed to repairing current equipment

The following procedure codes may be billed with prior authorization for rental of temporary equipment during the repair and labor for the repair:

Procedure Code	Description	Limitation
K0462	Temporary replacement of client-owned equipment during the repair	One month with prior authorization
K0739	Labor for repair of client-owned respiratory equipment	Up to a maximum of two hours per day (maximum quantity of eight units) with prior authorization

Routine maintenance of rental equipment is the provider's responsibility.

## Respiratory Equipment for Clients That Do Not Meet Criteria

Respiratory equipment may be considered for clients who do not meet criteria within this benefit article or for those with conditions not listed in the benefit article when prior authorization (Fee-For-Service) is submitted with documentation of medical necessity. The request will be reviewed by a medical director.

Respiratory equipment or supplies for clients who are birth through 20 years of age who do not meet the criteria defined in the benefit article may be considered under the Comprehensive Care Program (CCP) and must be requested on a [CCP Prior Authorization Request Form](#).

Respiratory equipment or supplies for clients who are 21 years of age and older who do not meet the criteria as outlined in this article may be considered with documentation of medical necessity and must be requested on a [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#).

The prior authorization (Fee-For-Service) request must include all the following documentation:

- Identification of the client's specific medical needs that can only be met by the respiratory equipment requested.
- Letters of medical necessity from the client's treating physician documenting alternative measures and alternative respiratory equipment, which have been tried and failed to meet the client's medical need(s), or have been ruled out, along with an explanation of why the equipment failed or was ruled out.
- A minimum of two articles from evidence-based medical peer-reviewed literature that demonstrate supportive data for use of the requested respiratory equipment to treat the client's specific medical condition, and that the respiratory equipment requested has been found to be safe and effective for the requested use.

## Services That Are Not a Benefit

The following are not a benefit of Title XIX Home Health Services:

- Respiratory equipment or supplies requested primarily for the convenience of the caregiver and are not medically necessary.
- Rental of:
  - Mucus clearance valved chamber
  - Medication small volume nebulizer
  - Intrapulmonary percussive ventilation (IPV) system
  - Ultrasonic nebulizers
  - Oxygen supplies for rented equipment
  - Intermittent or spot-check pulse oximetry
- Purchase of:
  - Long term (greater than one calendar month) pulse oximeter

**Note:** Clients birth through 20 years of age who qualify for medically necessary services beyond the limits of the short-term pulse oximeter benefit may request those long-term pulse oximeter services through the Comprehensive Care Program (CCP). Providers may refer to the article titled "Pulse Oximeter Benefit Changes for All Ages Effective March 1, 2017," for more information.

- Bi-level PAP with set backup respiratory rate

- Intrapulmonary percussive ventilation (IPV)
- Ventilators
- Pulse oximeter
- Intermittent or spot-check pulse oximetry

The following items are not a benefit of Title XIX Home Health Services because they have no federal financial participation (FFP) available, are considered environmental equipment, or are considered ineffective or detrimental and as such are not considered medically necessary:

- Cool mist humidifiers
- Room air humidifiers
- Vaporizers
- Dehumidifiers
- Air conditioners
- Back-up generators
- Sterile water for humidifiers

## **Reimbursement**

Procedure codes for related services rendered to the same client during the same month of service will not be reimbursed separately. The following procedure codes (Column A: Procedure Codes) will be denied or recouped if they are billed for the same client in the same month by any provider as the related procedure codes (Column B: Procedure Codes) identified by an "X":



**Oxygen Procedure Codes Billing Relationships**

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)						
	E0424	E0431	E0433	E0434	E0439	K0738	E1390
A4615	X	X	X	X	X	X	X
A4616	X	X	X	X	X	X	X
A4617	X	X	X	X	X	X	X
A4619	X	X	X	X	X	X	X
A4620	X	X	X	X	X	X	X
E0441	X	X	X	X	X	X	X
E0442	X	X	X	X	X	X	X
E0443	X	X	X	X	X	X	X
E0444	X	X	X	X	X	X	X
E0580	X	X	X	X	X	X	X
E1353	X	X	X	X	X	X	X
E1355	X	X	X	X	X	X	X

**Respiratory Assist Device (RAD) & CPAP Procedure Codes Billing Relationships**

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)	
	E0472	
A7029	X	
A7030	X	
A7031	X	
A7032	X	
A7033	X	
A7034	X	
A7035	X	
A7036	X	
A7037	X	
A7038	X	
A7039	X	

**Ventilator Procedure Codes Billing Relationships**

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)	
	E0465	E0466

### Ventilator Procedure Codes Billing Relationships

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)	
	E0465	E0466
A4481	X	X
A4483	X	X
A4611	X	X
A4612	X	X
A4613	X	X
A4618	X	X

### Cardiorespiratory Monitor Procedure Codes Billing Relationships

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)	
	E0618	E0619
A4556	X	X
A4557	X	X

### HFCWO Procedure Codes Billing Relationships

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)	
	E0483	
A7025	X	
A7026	X	

### Tracheal Procedure Codes Billing Relationships

Column A: Procedure Code (Denies)	Column B: Procedure Code Rental (Pays)	
	A4624	
A4605	X	

## Reminder about the DME Certification

Providers must submit the DME Certification and Receipt Form for DME claims and appeals when:

- A single item meets or exceeds a billed amount of \$2,500.00.
- Multiple items submitted on the same date of service meet or exceed a total billed amount of \$2,500.00.

The DME Certification and Receipt Form is required and must be completed before reimbursement can be made for any DME delivered to a client. The certification form must include the following:

- Name of the item
- Date the client received the DME
- Dated signatures of the provider and the client or primary caregiver.

This completed signed and dated form must be maintained by the DME provider in the client's medical record.

Claims submitted without the [DME certification and Receipt Form](#) will be denied.

Clients who receive DME meeting or exceeding a total billed amount of \$2,500.00 may be contacted to verify receipt of the equipment. If receipt of the equipment cannot be verified, the claim payment is eligible for recoupment.

Rental of equipment includes all necessary accessories, supplies, adjustments, repairs, and replacement parts. Related supplies, repairs, and replacement parts will deny as part of the rental.

As a reminder: There is no single authority (such as a federal agency) that confers the official status of "Durable Medical Equipment (DME)" on any device or product. The Health and Human Services Commission (HHSC) retains the right to make such determinations with regards to DME covered by Texas Medicaid. DME must have:

- A well-established history of efficacy or
- In the case of novel or unique equipment, valid peer-reviewed evidence that the equipment:
  - Serves a medical purpose.
  - Can withstand repeated use.
  - Is appropriate and safe for use in the home.