

Quick Reference Guide: Tufts Health Public Plans Durable Medical Equipment Prior Authorization

The Tufts Health Public Plans Durable Medical Equipment (DME) Prior Authorization guide was created to streamline the process for providers when requesting DME supplies for Tufts Health Public Plans members.

HELPFUL DEFINITIONS

DME supplies and **medical surgical supplies** are different.

Medical and Surgical Supplies

Medical and surgical supplies are defined as treatment products that:

- Are fabricated primarily and customarily to fulfill a medical or surgical purpose
- Are used in the treatment or diagnosis of specific medical conditions
- Are generally not useful in the absence of illness or injury
- Are generally not reusable and are disposable
- Examples: wound dressing, tracheostomy kit

Medical and surgical supplies have never required prior authorization and are no longer subject to volume limits for Tufts Health Public Plan members effective January 23, 2020. Please provide appropriate medical or surgical supplies for members whose physicians have ordered them.

DME

DME is defined* as equipment that:

- Is fabricated primarily and customarily to fulfill a medical purpose
- Is generally not useful in the absence of illness or injury
- Can withstand repeated use over an extended period
- Is appropriate for use in the member's home

*According to Commonwealth of Massachusetts MassHealth Regulations (130 CMR 409.000)

- DME and supplies must be of proven quality and dependability and must conform to all applicable federal and state product standards. Examples: wheelchairs, oxygen
- Providers should request Prior Authorization for DME identified in the [Durable Medical Equipment and Medical Supplies Payment Policy](#) located in the [Resource Center](#) of the public Provider [website](#).
- Prior authorization is **not required** for DME with a reimbursement rate of less than \$1,000 based on 100 percent of the applicable provider fee schedule, with exceptions listed in the [Durable Medical Equipment and Medical Supplies Payment Policy](#).

Note: Prior authorization is not required for HCPCS codes L0112-L4631 even if payable fee amount is \$1,000 or greater.

- Prior authorization **is required** for DME with a reimbursement rate of more than \$1,000 based on 100 percent of the applicable provider fee schedule.
 - Example: If the provider is paid \$999 or less per contract for the DME, no Prior Authorization is required. However, if the provider is paid \$1,000 or more per contract for the DME, Prior Authorization is required.
 - Prior Authorization is also required for the following DME and medical supplies regardless of the reimbursement rate:
 - Continuous glucose monitoring systems (CGMs)
 - Effective January 1, 2020, CGMs are no longer billed through DME agencies for **Tufts Health Together**. CGMs are accessible through the pharmacy.

- CGM Prior Authorization requests for Tufts Health Together should be submitted to Pharmacy using the [Tufts Health Plan Medication Prior Authorization Request Form](#)
 - **Pharmacy and DME Medical Necessity Guidelines** can be found in the Resource Center
 - CGM Prior Authorization requests for Tufts Health Direct should continue to be submitted to Precertification using the [Standardized Prior Authorization Request Form](#)
 - Continuous positive airway pressure (CPAP) and bilevel positive airway pressure (BiPAP) machines
 - Absorbent products and other incontinence pads
 - Enteral nutrition/formula
 - Orthotics
 - Oxygen and respiratory therapy equipment
 - Prosthetics. Refer to the [Prosthetic Services Payment Policy](#)
 - Power wheelchairs and all powered mobility devices
- Note:** Prior authorization is **not required** for HCPCS codes L0112-L4631, even if payable fee amount is greater than \$1,000
- For additional information, refer to the [Medical Necessity Guidelines for Durable Medical Equipment \(DME\) and Supplies Costing Over \\$1,000 for Tufts Health Unify](#) and the [Medical Necessity Guidelines for High Cost Durable Medical Equipment \(DME\), Adaptive Strollers and Speech Generating Devices](#) for Tufts Health Together and Tufts Health RITogether products. Both are available in the [Resource Center](#) on the Tufts Health Plan public Provider website.
 - DME should be requested using a provider contracted with Tufts Health Public Plans.
 - Providers/Physicians should be sure to include all pertinent clinical information to the DME provider to assist with obtaining the Prior Authorization in a timely manner, on the first request.
 - Include appropriate clinical information to support the request (as reflected in the medical necessity guideline criteria). For example, growth charts, most recent physical exam and diet history for enteral formulas.
 - It is the role of the DME provider who will be billing for the DME to request Prior Authorization for DME. Example: A PCP should not submit Prior Authorization for a wheelchair, wound vacs or formula. The DME provider should request Prior Authorization for these items after receiving an order/prescription from the ordering provider.
 - The DME provider should submit Prior Authorizations requests with correct codes, an order/prescription, clinical information and letter of medical necessity.
 - Avoid using non-contracted DME providers. Prior Authorization requests from non-contracted DME providers will be denied if there is a contracting provider that can supply the requested equipment.
 - Exception: If the non-contracting DME provider is the only provider that can supply the request.
 - Example: Cochlear implant--Information stating that the non-contracted provider is unique in providing that particular service should be included with the prior authorization request.