Durable Medical Equipment

Incontinence Supplies Update 2017

Presented by KEPRO

WEST VIRGINIA
Department of
Health & Human Resources
BUREAU FOR
MEDICAL SERVICES

Prior Authorization

All requests for covered services requiring prior authorization must be submitted to the UMC (KEPRO) for medical necessity determination.

Nationally accredited, evidence-based, medically appropriate criteria, such as InterQual, or other medical appropriateness criteria approved by BMS, is utilized for reviewing medical necessity of services requested.

Retrospective authorization is available by the UMC in the following circumstances:

- A procedure/service denied by the member's primary payer, providing all requirements for the primary payer have been followed, including appeal processes; or
- Retroactive West Virginia Medicaid eligibility.

What is Medical Necessity?

WV Medicaid Provider Manual Section 506.1

The least expensive DMEPOS item that meets the members' needs is covered. Documentation must be maintained for a minimum of five years and must be made available to BMS or its designee upon request.

Medical Necessity is services and supplies that are:

- Appropriate and necessary for the symptoms, diagnosis, or treatment of an illness
- Provided for the diagnosis or direct care of an illness
- Within the standards of good practice
- Not primarily for the convenience of the plan member, caregiver, or the provider
- The most efficient and cost effective services or supplies to meet the member's need

Face-to-Face

WV Medicaid Provider Manual Section 506.3

If the face-to-face encounter documentation does not include information supporting that the member was evaluated or treated for a condition that supports the item(s) of DME ordered, the request will be denied. When conducting a review of a covered DME item ordered by a PA, NP, or CNS, the UMC contractor shall verify that a physician (MD or DO) documented the occurrence of a face-to-face encounter by signing/co-signing and dating the pertinent portion of the medical record indicating the occurrence of a face-to-face. If this information is not included, the request will be denied.

- During the face-to-face encounter, the DME provider determines the specific member needs, performs any necessary assessments to clarify specific needs, and prepares the certificate of medical necessity (CMN) for physician signature to carry out the written order/prescription.
- The CMN should be specific and clarify the order where necessary but MUST correspond to the order/prescription.

Non-Covered Incontinence Supplies

WV Medicaid Provider Manual Section 506.1.2

Covered medical supplies are based on product category, not specific item, brand, or manufacturer. Medical supplies are purchased items, unlike equipment which may be initially purchased or reimbursed on a cap rental basis. Dispensing of medical supplies for more than a one month timeframe or shipping supplies on an unsolicited or automatic basis is prohibited.

- Convenience items such as pads, panty liners, and related items are considered non-covered under HCPCS code A4520.
- Per Section 506.1.2, covered services are based on product category not specific item, brand, or manufacturer. The name brand is not an issue for incontinence garments (e.g. Depends, etc.) as long as it is a diaper or brief garment that provides full coverage for incontinence.

What changes were made to the KEPRO Review Procedure?

- Initial requests require a prescription in addition to the CMN, per Chapter 506 Durable Medical Equipment (DMEPOS).
- A diagnosis of incontinence is required, as well as any secondary diagnosis that may support the etiology of the incontinence.
  - Specifically, if the diagnosis is listed as a symptom that does not indicate the cause and/or is not definitive for incontinence, additional clinical documentation must be provided to justify medical necessity (e.g. Diabetes or IDD).
- WV Medicaid Provider Chapter 506 was updated January 01, 2016. The policy and the manual has not changed but we have recently revised our procedures for medical necessity review to ensure alignment with the manuals.

What information does the prescription/order require?

The prescription/order must include:

- Physician Name
- Physician Address
- Physician Telephone Number
- Specific item being ordered
- Quantity/Amount to dispense per day/month
- Diagnosis (if not on Rx must be documented in clinical record)
- Length of time
  - Please Note: If order is written for 99 months, the order is still only considered valid for 1 year.

What does the prescription require? (Continued)

- The prescription must have a clearly written date.
- The quantity or frequency must not be altered, or changed in any way.
- The amount needs to match the CMN.
- The prescription must be signed by the same physician that signed the CMN.
- It must be clear on the prescription what is being ordered.
  - Example: Indicating on order *"incontinence supplies"* instead of specifying type (e.g. adult briefs or under pads)
- If none of the above is clearly indicated, the case will be pended for a new prescription.

What does the prescription require? (Continued)

- The order/prescription must be on the ordering/prescribing doctor's script, not on a document made by the DME supplier.
- Verbal and E-Orders can still be provided, however they must clearly indicate they are from the prescribing practitioner to the DME provider. While there is variance in formats of verbal and e-prescriptions, the Ordering, Referring, Prescribing (ORP) practitioner must be clear, the item(s) or service(s) needed must be clear, and the quantity and frequency must be clear. These are the core elements of the CMN and must correspond.

Diagnosis

Medical necessity must be proven for the incontinence supplies.

Additional clinical information may be requested due to a medical diagnosis that does not confirm incontinence.

- Specifically the disease, condition or other factors that are resulting in incontinence (urinary or fecal).
- If the diagnosis that is provided with the request states it is a drug indicated urinary incontinence, the name of the drug must be indicated.
  - The research or side effects of that medication must be clear to cause incontinence.
- If clinical information is requested and not received, the case will be closed just as in the normal work flow, and must be resubmitted with the requested information to be reviewed.

Is a prescription required for other DME supplies?

WV Medicaid Provider Manual Section 506.1

While we do not routinely request a copy of the Physician's prescription/order for other DME supplies, it must be available as part of the supporting documentation for the CMN and must be provided if needed to verify the CMN in some aspect.

- We may begin requiring a copy of the Physician's prescription/order along with the CMN for other specific DME items in future. (Example: Shower Chairs, etc.)

Is a prescription required for other DME supplies?

To view the WV Medicaid Provider Manual, please go to:

http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx

DMEPOS is located in Chapter 506

KEPRO Contact Information

1-800-346-8272 MEDICAL SERVICES GENERAL VOICEMAIL- EXT. 7996 MEDICAL SERVICES EMAIL: WVMEDICALSERVICES@KEPRO.COM			
HELEN SNYDER	DIRECTOR	HCSNYDER@KEPRO.COM	EXT. 4463
KAREN WILKINSON	UM NURSE SUPERVISIOR	KAREN.WILKINSON@KEPRO.COM	EXT. 4474
ALICIA PERRY	OFFICE MANAGER	APERRY@KEPRO.COM	EXT. 4452
CINDY BUNCH	CS SUPERVISOR	CINDY.BUNCH@KEPRO.COM	EXT. 4408
JUSTIN VANWYCK	TRAINING SPECIALIST	JVANWYCK@KEPRO.COM	EXT. 4448
SIERRA HALL	TRAINING SPECIALIST	SIERRA.HALL@KEPRO.COM	EXT. 4454
JASPER SMITH	ELIGIBILITY SPECIALIST	JASPER.SMITH@KEPRO.COM	EXT. 4490
CHELSEY ADKINS	ELIGIBILITY SPECIALIST	CADKINS@KEPRO.COM	EXT. 4492
JAMI PLANTIN	ELIGIBILITY SPECIALIST	JAMI.PLANTIN@KEPRO.COM	EXT. 4502

GENERAL KEPRO INFORMATION: WWW.WVASO.KEPRO.COM

FAX #: 866-209-9632 (REGISTRATION AND TECHNICAL SUPPORT ONLY)

WEBSITE FOR SUBMITTING AUTHORIZATIONS: HTTPS://PROVIDERPORTAL.KEPRO.COM

WEBSITE FOR ORG MANAGERS TO ADD/MODIFY USERS: HTTPS://C3WV.KEPRO.COM