

**59G-4.070 Durable Medical Equipment and Medical Supplies.**

(1) This rule applies to all durable medical equipment and supply providers enrolled in the Medicaid program.

(2) All durable medical equipment and medical supply providers enrolled in the Medicaid program must be in compliance with the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook, July 2010, incorporated by reference, and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500, which is incorporated by reference in rule 59G-4.001, F.A.C. Both handbooks are available from the Medicaid fiscal agent's Web Portal at <http://mymedicaid-florida.com>. Click on Public Information for Providers, then on Provider Support, and then on Provider Handbooks. Paper copies of the handbooks may be obtained by calling the Provider Contact Center at 1(800)289-7799 and selecting Option 7.

(3) Medicaid durable medical equipment and medical supply providers are required to use the following form, which is incorporated by reference: the Custom Wheelchair Evaluation form, AHCA-Med Serv Form, 015, July 2007, five pages. This form is available from the Medicaid fiscal agent's Web Portal at <http://mymedicaid-florida.com>. Click on Public Information for Providers, then on Provider Support, and then on Forms. The form may also be photocopied from Appendix A in the Florida Medicaid Durable Medical Equipment and Medical Supply Services Coverage and Limitations Handbook.

*Rulemaking Authority 409.919 FS. Law Implemented 409.902, 409.906, 409.907, 409.908, 409.912, 409.913 FS. History—New 8-26-92, Formerly 10C-7.070, Amended 5-23-94, 1-7-96, 3-4-99, 10-18-00, 4-30-01, 10-1-08, 9-28-10, Repealed-\_\_\_\_\_.*