STATEWIDE MEDICAID MANAGED CARE (SMMC)
DURABLE MEDICAL EQUIPMENT AND MEDICAL SUPPLY SERVICES (DME)

- **Posting of Covered DME Services and Codes**
  Florida Medicaid posts a list of each DME covered service on the Agency's Web site. Health plans are also required to post a list of each DME covered service and its procedure code on the health plan's Web site. This includes all services health plans cover under miscellaneous procedure codes such as E1399 or A9900 that are not listed on the Florida Medicaid DME fee schedule. Health plans that provide both Managed Medical Assistance (MMA) and Long-Term Care (LTC) benefits must post separate lists of MMA and LTC covered services. Health plans are required to cover the same services as Florida Medicaid, but health plans are not required to use the same procedure codes as Florida Medicaid.

- **DME Services Pricing**
  Health plans must cover all services listed on the DME and Medical Supply Services Provider Fee Schedule, including those that do not have an assigned rate. Any health plan that bases reimbursement of DME services on the Agency's fee schedule must ensure rates are developed for procedure codes with a rate of $0.00 on the Agency's fee schedule. In the fee-for-service delivery system, prior to 2020, when there was no maximum fee listed ($0.00), the procedure code is priced through a negotiation process between the provider and the Agency's prior authorization vendor. (DME and Medical Supply Services Coverage and Limitations Handbook, page 3-7). Starting in 2020, the Medicaid DME and Medical Supply Services Provider Fee Schedule replaced maximum fees of $0.00 with the acronym 'MP' (manually priced), BC (bundled code), or BR (by report).

  Health plans have the flexibility to negotiate mutually agreed upon rates with providers. As such, health plans may opt to reimburse providers for the purchase of, rather than to rent, DME items listed as rental only on the Medicaid Fee Schedule. Health plans must ensure all necessary supplies, per the standards described in the Agency's DME Policy Handbook, are provided for the duration of the rental period. In addition, the health plan must pay providers for the provision of consumable supplies that are outside of the bundled rate when needed to operate the device (e.g., tubing and masks), even when not listed on the DME fee schedule.

- **Exceeding the DME Fee Schedule: Coding and Limits**
  Health plans have the flexibility to exceed posted procedure codes and limits detailed on the Agency's DME fee schedule. Correct coding, when available for a specific item, service, or device, may be used by the plan instead of miscellaneous procedure codes (e.g., E1399 or A9900).

- **Coverage of Equipment and Supplies Needed to Operate DME:**
  The Florida Medicaid program covers medically necessary equipment and supplies required to maintain and use durable medical equipment (such as ventilators), including rental equipment and rent-to-purchase equipment.

❖ **Maintenance and Repair of Rental or Rent-to-Purchase Equipment:**

In the case of rent-to-purchase equipment, Florida Medicaid covers maintenance and repair services even after the rent-to-purchase agreement has been satisfied. (Attachment II, Exhibit II-A, Section A.1.a., Table 1, Rule 59G-4.070 DME and Medical Supply Services Coverage and Limitations Handbook, pages 2-28 through 2-30.) In addition, Florida Medicaid covers certain DME rental items as bundled codes. Coverage of repairs for rental items is detailed on page 2-28 and 2-29 of the DME coverage policy. Additionally, page 2-26 of the DME Policy handbook stipulates that as a part of any rental agreement the provider must repair or replace any expendable parts or items of rented equipment.

❖ **Customized Wheelchairs:**

The Florida Medicaid program covers customized wheelchairs for children and adults. Additionally, Medicaid recipients who are under 21 years of age and reside in a skilled nursing facility are eligible to receive customized wheelchairs. In the fee-for-service delivery system, custom wheelchairs are prior authorized with all accompanying parts, and the prior authorization details reimbursement for all components of the custom wheelchair. Health plans are required to cover customized wheelchairs for children and adults as listed in the DME and Medical Supply Services Coverage and Limitations Handbook, pages 2-91 through 2-96, and the DME and Medical Supply Services Fee Schedule, including all accompanying parts needed to operate the equipment. (Attachment II, Exhibit II-A, Section A.1.a., Table 1, Rule 59G-4.070 Durable Medicaid Equipment and Medical Supplies Coverage and Limitations Handbook, pages 2-7, 2-91 through 2-96.)

❖ **Provider Notice of Billing Instructions:**

Florida Medicaid posts provider billing instructions on the Rules page on the Agency's Web site. Health plans are also required to post billing instructions on the health plan's or billing agent's Web site.

❖ **Timeliness for Processing Electronically Submitted DME Clean Claims:**

For electronically submitted DME clean claims, health plans must follow these timelines:	
24 hours	Within twenty-four (24) hours after the beginning of the next business day after receipt of the claim, provide electronic acknowledgement of the receipt of the claim to the electronic source submitting the claim. (Attachment II, Section VIII.E.2.a.(1)
15 days	Within fifteen (15) days, pay the electronic DME clean claim or notify the provider or designee that the claim is denied or contested. The notification to the provider of a contested claim must include an itemized list of denial reasons or codes and additional information or documents necessary to process the claim. (Attachment II, Section VIII.E.2.a.(3)
90 days	Pay or deny the electronic DME clean claim within ninety (90) days after receipt of the claim. Failure to pay or deny the claim within one hundred twenty (120) days after receipt of the claim creates an uncontestable obligation for health plans to pay the claim. (s. 641.3155(3)(e), F.S.) (Attachment II, Section VIII.E.2.a.(4)

❖ **Long-Term Care (LTC) DME:**

- The Agency's Medicaid Long-Term Care (LTC) Policy details that medical equipment and supplies must be covered when specified in the plan of care and medically necessary, including:
  - Devices, controls, or appliances that enable the enrollee to increase the ability to perform activities of daily living;
  - Devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with the environment in which he or she lives;
  - Items necessary for life support or to address an enrollee's physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other

durable and non-durable medical equipment **not available under the Florida Medicaid State Plan** that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and
    - Repair of such items or replacement parts.

- The SMMC contract requires LTC plans provide the services listed in the Long-Term Care coverage policy that are not available under the Florida Medicaid State Plan and are medically necessary. The SMMC contract requires the LTC plan to provide services within the requirements of national correct coding methodologies (i.e., NCCI). (Attachment II, Section VIII.E.1.m)
- The SMMC LTC plan must provide services listed on the plan of care, which may include services not listed on the Agency's DME fee schedule.

For additional information about DME and Medical Supply Services, please visit the Agency's Rules website.

Stay Connected

For more information on the SMMC program, visit: http://ahca.myflorida.com/medicaid/statewide_mc.
Youtube.com/AHCAFlorida
Facebook.com/AHCAFlorida
Twitter.com/AHCA_FL

Note: The Florida Medicaid program has an email alert system to notify interested parties of "late-breaking" health care information. An email will be delivered to your mailbox when Medicaid policy clarifications or other health care information is available that is appropriate for your selected provider type. To subscribe to the automated alert system, complete the online form at https://ahca.myflorida.com/Medicaid/alerts/alerts.shtml. Please be sure and reply to the confirmation e-mail.

Disclaimer: This snapshot is a policy summary for public use. This snapshot does not take the place of the health plan contract. This snapshot is effective February 8, 2021 and takes the place of any previous snapshot. To ensure you have the most up-to-date version of this snapshot, check online at http://ahca.myflorida.com/Medicaid/statewide_mc/index.shtml.