

POLICY METADATA

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with any changes to policy)

BACKGROUND

Idaho Medicaid will purchase or rent medically necessary durable medical equipment (DME), disposable medical supplies (DMS) , and prosthetics and orthotics (P&O) for eligible participants residing in community settings.

POLICYPolicy Guidelines

Equipment and supplies are considered medically necessary if:

- The equipment or supply meets the requirements identified in IDAPA 16.03.09.011.16 in the Medical Necessity definition and
- The equipment/supply is not likely to be needed by other residents in the facility, or
- It is necessary to customize the equipment/supply to meet the participants medical needs and it is not usable by other participants.

DMS in the ICF/ID

While a participant is a resident of an ICF/ID facility, DMS items and all other medical supplies used to save labor or linen are included in the per diem payment and are billed directly to the facility (IDAPA 16.03.10.585).

DME in the ICF/ID

While a participant is a resident of an ICF/ID facility, DME items that are reusable and expected to be available is the responsibility of the facility and may not be billed to Medicaid separately (IDAPA 16.03.10.585)

P&O in the ICF/ID

The Department will reimburse separately for P&O while a participant is a resident of an ICF\ID.

INVESTIGATIONAL AND NOT MEDICALLY NECESSARY

NA

GLOSSARY

DME

DME is equipment defined as (IDAPA 16.03.09.010.22):

- Other than prosthetics or orthotics, which can withstand repeated use
- Primarily used to serve a medical purpose
- Generally not useful to a person in the absence of an illness or injury
- Appropriate for use in the home
- Reasonable and necessary for the treatment of an illness or injury.
(IDAPA 16.03.09.010.22)

DMS

Disposable Medical Supplies (DMS) are medically necessary items which have a limited life expectancy and are consumable, expendable, disposable, or nondurable.

P&O

P&O devices are items which artificially replace a missing portion of the body or support a weak or deformed portion of the body within the limitations established by the Department (IDAPA 16.03.09.771).

REFERENCES – SEE ATTACHMENTS

1. Medical Necessity

IDAPA 16.03.09.011

16. Medical Necessity (Medically Necessary). A service is medically necessary if:

- a. It is reasonably calculated to prevent, diagnose, or treat conditions in the participant that endanger life, cause pain, or cause functionally significant deformity or malfunction; and
- b. There is no other equally effective course of treatment available or suitable for the participant requesting the service which is more conservative or substantially less costly. Information Releases including IR number and month of publication in Medicaid.

2. Provider Handbook – Section 2.2:

<https://www.idmedicaid.com/Provider%20Guidelines/Suppliers.pdf>

POLICY INTENT/RATIONALE

This policy is to clarify and define the situations where Medicaid can reimburse separately for DME, DMS, and P&O provided to participants residing in an ICF/ID.