



MEDICAL PAYMENT and PRIOR-AUTHORIZATION POLICY	
Policy Name:	DME Prior Authorization Requirement & Diabetic Test Strip Policy
Policy Number:	
Approved By:	Medical Management
Provider Notice Date:	June 10, 2015
Original Effective Date:	August 10, 2015
Annual Approval Date:	
Revision Date:	
Products:	Pennsylvania Medicaid and Healthy PA
Application:	All participating and non-participating practitioners and facilities
Page Number(s):	1 of 3

Disclaimer

Gateway HealthSM's (Gateway) medical payment and prior-authorization policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical decisions.

POLICY STATEMENT:

The function of an authorization is to confirm the eligibility of the member, verify coverage of services, assess the medical necessity and appropriateness of care, establish the appropriate site for care, and identify those members who would benefit from care management or disease management. Gateway's Utilization Management (UM) Department assesses the medical appropriateness of services using McKesson's InterQual Procedure Criteria, approval criteria based on a Medical Director's review of the latest medical literature and citations, and the Department of Human Services/HealthChoices definition of medical necessity when authorizing the delivery of healthcare services to plan members.

DEFINITIONS:

Medical necessity: A service or benefit is medically necessary if it is compensable under the MA program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to prevent the onset of an illness, condition, or disability.
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- The service or benefit will assist the member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the member and those functional capacities that are appropriate for members of the same age.

PROCEDURES

SERVICES REQUIRING PRIOR-AUTHORIZATION

Request prior authorization by calling Gateway's UM Department at 1-800-392-1146.

- E1390...O2 concentrator
- E0470...respiratory assist device
- E0439...stationary O2
- E0265...electric hospital bed
- E0303...wide hospital bed
- E0193...power air floatation
- E0482...cough stimulator

Effective August 10, 2015 prior authorization is required for these items regardless of cost or quantity.

Previous prior authorization requirements remain in effect including:

- If the cost of a single item or multiple quantities of a single item is \$500.00 or greater as reimbursed by Medical Assistance, the ordering practitioner/provider must obtain authorization from the UM Department. A referral from the primary care practitioner is not required, but a written prescription and Gateway authorization are necessary to obtain the item.
- Any item not covered by Medical Assistance, regardless of price, requires authorization by the UM Department.
- Any code not on the MA Fee schedule requires an authorization. Provider must use the most appropriate code and applicable modifiers.
- Services provided by non-participating durable medical equipment providers requires an authorization from the Gateway UM Department.

SERVICES THAT DO NOT REQUIRE PRIOR-AUTHORIZATION

- Covered items under \$500.00 can be obtained from a participating durable medical equipment provider with a prescription from the ordering practitioner/provider. A referral from the primary care practitioner and Gateway authorization is not required.

The following information will provide assistance to offices when ordering durable medical equipment:

1. Patient Name, Gateway ID Number, Prior Authorization Number (If Applicable)
2. Durable Medical Equipment Vendor/Provider NPI number
3. Ordering Practitioner/Provider, including NPI number
4. Diagnosis
5. Name of Requested Equipment, MA Fee Schedule Code, Cost, and applicable modifiers
6. Is this a Purchase or a Rental Request?
7. Amount of Items Requested—Over What Period of Time (if requesting rental)

8. Clinical Information to Support the Request

- Due to frequent interruptions of Pennsylvania Medical Assistance coverage, Gateway strongly recommends that all providers verify eligibility if the need for an item or service extends beyond the calendar month in which the authorization was given.
- Gateway will accept the request for durable medical equipment directly from the durable medical equipment supplier. If the practitioner is requesting the authorization, please contact a participating durable medical equipment provider to receive the appropriate billing code(s) before calling Gateway's UM Department.

Effective August 10, 2015

Gateway will no longer cover diabetic test strips and meters from a DME provider. The test strips and meters will now need to be obtained from one of Gateway's network retail pharmacies, once a physician provides a prescription. Also, please be aware that all brands of test strips and meters may no longer be covered as well. The covered brand is Abbott (FreeStyle and Precision). We will continue to cover current test strips and meters until **August 9, 2015**. For test strips not used previously, the pharmacist can dispense a 96-hour supply of the test strip to meet immediate needs while they contact the prescribing physician. For test strips used on an ongoing basis, the pharmacist can dispense a 15-day supply, and then work with the prescribing physician to perform a review.