HSCSN

HSCSN Internal Policy

POLICY NAME: Durable Medical Equipment, Prosthetics, Orthotic, and Medical Supplies Management and Oversight

POLICY ID: UM_17

DEPARTMENT: Utilization Management

POLICY EFFECTIVE DATE: 10/24/2025

POLICY LAST UPDATED DATE: 10/24/2025

I. PURPOSE

This policy supports governance of HSCSN's delivery of quality services to its enrollees while ensuring compliance with regulations and implementation of industry-specific standards.

II. POLICY STATEMENT

Summary

The Durable Medical Equipment, Prosthetics, Orthotics, and Medical Supplies: Management and Oversight policy integrates DME oversight with ongoing Care Management of enrollees who utilize DME, assistive technologies, and DMS.

Health Services for Children with Special Needs, Inc. (HSCSN) provides coverage for Durable Medical Equipment, Prosthetics and Orthotics Supplies (DMEPOS) based on inclusion in the District of Columbia Department of Health Care Finance's (DHCF) Fee Schedule and CMS National Coverage Determination (NCD) for Durable Medical Equipment Reference List and DME provided under Fee-For-Service Programs (FFS).

Health Services for Children with Special Needs, Inc. (HSCSN) has removed prior authorization requirements for Nebulizers, Standard Breast Pumps and some disposable medical supplies to include incontinent supplies, CPAP supplies and nebulizer supplies. See (Attachment A) for a comprehensive list with quantity limits.

HSCSN's DME Manager is responsible for overseeing all efforts related to the identification, delivery, installation, operations and regular maintenance of DME. The DME Manager works with and provides oversight of DME providers regarding regulations in education, training, and management of DME in the home.

III. PROCEDURE

Definitions

Assistive Technology (AT): Any item, piece of equipment or product, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities for individuals with disabilities. It enables children with disabilities

to communicate, learn, play, interact, access, and control their environment. AT is a type of DME.

Authorization: The process used to determine whether to approve a treatment request involving services covered under the Contract. (See also “Service Authorization”)

Centers for Medicare and Medicaid Services (CMS): Administers the Medicare program and oversees the state Medicaid programs. Formerly the Health Care Financing Administration (HCFA).

Durable Medical Equipment (DME): Medical equipment that can withstand repeated use, is primarily and customarily used to serve a purpose consistent with the amelioration of physical, mental, or developmental conditions that affect healthy development and functioning, is generally not useful in the absence of a physical, mental, or developmental health condition, and is appropriate for use in a home or community setting [CASSIP RFP Section C.3.81].

Disposable Medical Supplies (DMS): Medically necessary expendable items that are ordinarily used and replenished on a regular basis. Supplies include, but are not limited to enteral, respiratory, wound, and ostomy supplies and oxygen. Medical supplies are made for treatment of a medical condition and are not typically useful to a person who is not treating a medical condition.

DMEPOS: Durable Medical Equipment, Prosthetics, Orthotics and Supplies.

Orthosis: An orthopedic appliance, brace, or splint used to support, align, prevent or correct deformities to improve the function of movable parts of the body.

Prosthesis: An artificial substitute to replace or augment a body part including, but is not limited to arms, hands, legs, feet, or breasts. Service authorizations are required for these items.

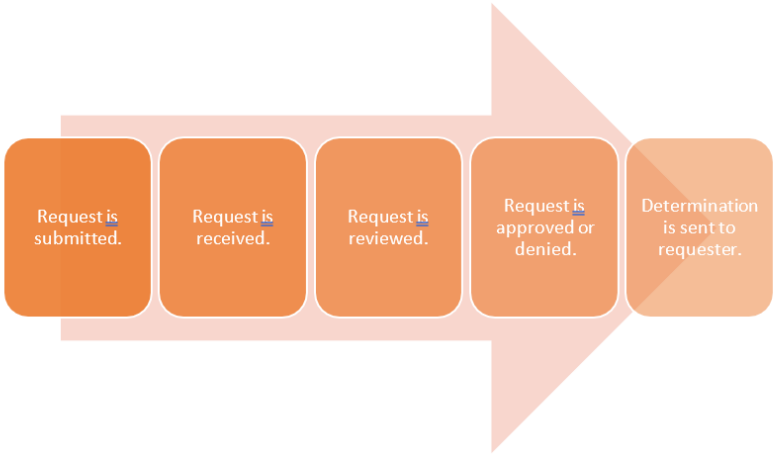
Quantity Limits: The maximum amount of DMEPOS for which a DMEPOS provider may be reimbursed for specific services, supplies and/or equipment. A quantity limit can be set for items that do not require prior authorization or can be specified in an authorization.

Details

Coverage of DME, Prosthetics, Orthotics and Disposable Medical Supplies (what can be covered under the benefit)

- Durable Medical Equipment (including assistive technology)
- Prosthetics & Orthotics
- Disposable Medical Supplies

1) Workflow



2) DME/DMS Order/Prescription (a valid order) and Authorization Requirements

A. All Durable Medical Equipment, Prosthetics & Orthotics, and Disposable Medical Supplies require a prescription or order written by a licensed physician or nurse practitioner. Order/Request Forms are available on the HSCSN external website: hscsnhealthplan.org. HSCSN has order forms for the following:
    1. DME Request Form (optional)
    2. Nutritional Supplement Request Form (required)

B. Physician orders and authorization requests may be transmitted to UM at HSCSN via email or fax.

C. Prescriptions/orders must be legible (no photographs will be accepted) and include at a minimum:
    1. Enrollee's name and date of birth;
    2. Date of the order;
    3. ICD-10 diagnosis code (at least one) to support medical necessity of request;
    4. A description of all items, options, accessories and/or additional features that are separately billed or require an upgraded code. The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number;
    5. The prescribing physician and/or practitioner's name, National Provider Identifier (NPI), and contact information;
    6. Orders must be signed by the prescriber.

D. Supply requests must include the item, frequency of use and quantity to dispense.

E. Formula/nutritional supplement orders must specify the name of the product, dosage, frequency, route of administration, and duration.

F. The date of the last visit with the prescribing provider (must be within 6 months of the order) is needed for authorization to be considered.

G. Orders for rental equipment or medical supplies used continuously must be renewed by a prescribing practitioner every 12 months.

H. For authorization, HSCSN requires a valid physician order, the date of the last visit with the prescriber, and medical information (medical records and/or letter of medical necessity) to support medical necessity. The specific product being requested and relevant billing codes must be submitted for authorization. If the prescribing physician does not have this information, the enrollee should be

referred first to an appropriate DMEPOS provider, or for rehab equipment, to the Children's National Rehabilitation & Specialized Care (CN RSC) Equipment (Assistive Technology) Clinic or another similar clinic for evaluation to make recommendations for equipment. It is preferred that the DMEPOS provider submits for authorization rather than the prescribing physician.

3) HSCSN Requires New Physician Orders for DMEPOS when:

A. There is a change in the order of a specific DMEPOS item.
B. There is a change in the enrollee's health condition that necessitates a change in the order.
C. There is a change in the prescribing practitioner.
D. There is a change in the DMEPOS provider.
E. Equipment needs to be replaced for any reason.
F. The previous order has expired.
G. All orders expire in 1 year unless they specify a shorter duration.
H. Clinical documents submitted to support an authorization request are not considered a prescription/order.

4) Utilization Management Review of Initial Request for DMEPOS

A. Durable Medical Equipment, Prosthetics and Orthotics require prior authorization, except for nebulizer, standard breast pumps and items covered under the pharmacy benefit. Medical supplies that do not require prior authorization are listed at bottom. An authorization request is submitted to HSCSN's Utilization Management Department and reviewed per UM_09 Authorization of Health Services.
B. Procedures specific to DMEPOS:
    1. A provider or Care Manager submits a request for authorization of DME to Utilization Management via Authorization Portal, Email (UM@hschealth.org) or fax to 202-721-7190.
    2. A Pre-authorization assistant enters request into the HSCSN IT system and assigns and generates an authorization number.
    3. The pre-authorization assistant assigns authorization requests for DME, Prosthetics and Orthotics to the DME Review Nurse.
    4. DME Review Nurse reviews documents submitted to determine if it is a complete submission (including but not limited to a valid order and information needed to determine medical necessity). If not, the requesting provider is notified of additional information or documents that are needed in order to complete the request.
        a. If additional documentation is not received, then DME Review Nurse sends to an HSCSN Medical Director for review and to consider adverse benefit determination.
    5. DME Review Nurse determines if the requested item is on the DHCF Fee Schedule or the Centers for Medicare and Medicaid Services (CMS) and National and Local Coverage Determination Database for DMEPOS.
        a. If the requested item is not on the DHCF Fee Schedule, CMS Coverage Determination, or HSCSN List of Covered DME/DMS, then the request is sent to a Medical Director for review.
    6. DME Review Nurse determines if InterQual Criteria or HSCSN Criteria can be used to determine medical necessity for the requested item.
        a. If yes, then the Review Nurse applies InterQual Criteria or HSCSN criteria

b. If no, then the UM Reviewer will summarize the case and send to Medical Director for review.

7. UM Review Nurse Decision
   a. The UM Review Nurse will approve the request for authorization if it meets the following:
      1. There is a valid physician order as described above.
      2. The request is for a covered item per DHCF Fee Schedule, CMS Coverage Determination Database or HCSN List of Covered DME/DMS; and
      3. Meets InterQual criteria or HSCSN criteria for medical necessity; and
      4. The cost of the item is under $10,000.
   b. The UM Reviewer will send the case for review to HSCSN Medical Director for the following reasons:
      1. The item is not on the DHCF Fee Schedule, CMS Coverage Determination Database, or HSCSN List of Covered DME/DMS.
      2. The request does not meet InterQual criteria or HSCSN criteria for medical necessity.
      3. There are no InterQual or HSCSN criteria applicable to the item requested.
      4. The UM Review Nurse is recommending adverse benefit determination (denial) for administrative or clinical reasons.
      5. The cost of the item is $10,000 or greater.
8. Medical Director Review
   a. Medical Director reviews documents submitted. Considers the individual circumstances of the enrollee and any additional information available from the Care Manager or the HSCSN IT System.
   b. For items not on the DHCF Fee Schedule or CMS Coverage Determination Database, the item is evaluated to determine if it meets the definition of DME.
   c. For items for which there are no applicable InterQual or HSCSN criteria, the Medical Director follows the process for determination of medical necessity without formal criteria and documents reasons for the determination in the UM case.
   d. The medical director enters an approval or adverse benefit determination in the UM case and communicates the decision to UM Review Nurse and the Care Manager following UM_08 for any adverse benefit determinations.
   e. Medical Director sends case back the UM Review Nurse
      1. UM Nurse prepares letter to enrollee and requesting provider.
      2. For approval, the DME Review Nurse sends authorization notice to an appropriate DMEPOS provider.
9. Care Coordination
   a. Approved items are added to the enrollee's Care Plan by the assigned Care Manager.
   b. Following authorization of DME the case is tracked for verification of delivery, caregiver education and ongoing monitoring as described below.

5) Review of Recurring Medical Supplies

A. Recurring requests for medical supplies are approved by the Pre-Authorization team. The Pre-Authorization team ensures orders are current, that quantity limits

are adhered to, and that non-covered items are not authorized, and completes the authorization process.

6) Purchase versus Rental of Durable Medical Equipment

A. The determination to rent or purchase equipment is based on the DHCF Fee Schedule and/or the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determination Database for DMEPOS. Typical purchase items include, but are not limited to, any customized equipment, custom wheelchairs, and most assistive technology equipment.
B. Equipment for rental is initially authorized for 6 months (or less based on the order). Prior to the end of the rental period, the ongoing need for the equipment is assessed by the DME Review Nurse. If the equipment is still needed, it is re-authorized up to the purchase price and not to exceed thirteen (13) month's rental on the same item (this excludes oxygen equipment and ventilators). Items rented for 13 months are considered purchased and no additional authorization is required. Short-term (<13 months) rental equipment is returned to vendor upon completion of use.

7) Replacement of Equipment

A. The DME Review Nurse is notified by the caregiver, vendor or Care Manager, of the need for replacement equipment.
B. Replacement requests from providers for custom rehabilitation equipment require review for medical necessity. If approved, the enrollee will be referred to the CN RSC Equipment Clinic (Assistive Technology Clinic) or another appropriate clinic that evaluates patients for rehab equipment, for a measurement and fitting. The DME reviewer will document the reason for the replacement.
C. Broken equipment (ex: suction machines, feeding pumps, IV poles, ventilators) will be replaced without medical necessity review. The DME provider will submit an order for replacement equipment to HSCSN's UM Department.
D. Authorization for replacement will be provided by the DME reviewer.
E. The vendor must submit the signed delivery confirmation receipt documenting the replacement equipment to the DME reviewer within 24 hours of delivery.
F. Verification of replaced equipment will be conducted as described in the relevant section of this policy.
G. The DME Oversight Manager updates pended authorizations to an approved status upon receipt of the delivery confirmation from the vendor.

8) Verification

A. Verifications of DME and AT shall comply with the following guidelines:
    1. The HSCSN verification process ensures that ordered and authorized DME and AT is delivered; and that the equipment received and billed for is the equipment ordered, is in good working condition and that the enrollee has received appropriate education on its usage.
    2. Vendor submits the signed delivery confirmation receipt to the DME Oversight Manager within twenty-four (24) hours of delivery. HSCSN requires all DMEPOS vendors to submit confirmation of delivery to HSCSN within twenty-four (24) hours of delivery. Delivery confirmation receipts will include the following:
        a. Signature of person taking possession of equipment at time of delivery;
        b. Delivery date;
        c. Documentation of education conducted; and

d. Equipment delivered including serial/identification number(s).

3. On receipt of the delivery confirmation, the pre-auth team scans the confirmation into the enrollee's file and then document in the UM IT system. The pre-auth team submits an activity via the UM IT system to the Care Support Specialist (CSS) Team to initiate the DME verification process.
4. The enrollee/caregiver is contacted within twenty-four (24) hours of receipt of the delivery confirmation to verify that the DME was received.
5. The Care Navigation Team verifies the equipment is in the home and enrollee/caregiver is knowledgeable on the use of equipment.
6. Following DME verification the Care Navigation Team will enter equipment information with delivery date into the enrollee's record/ HSCSN DME Verification Form.
7. Any follow-up issues are documented on the verification form for resolution with the DME Manager. Quality or potential fraud, waste, and abuse concerns are documented as risk events in the HSCSN IT system (Attachment C).

9) Enrollee Education and Training:

A. Within seventy-two (72) hours of receipt of any new DME or AT, the DME reviewer, in conjunction with the DME vendor, ensures the enrollee and their caregiver receive education on how to use and maintain DME or AT safely and properly.
B. The DME reviewer will work with the DME vendor to assure that the enrollee has been provided with appropriate instructions on how to use the equipment. Both oral and written instructions which shall cover the following areas:
    1. Instructions related to the use, maintenance, infection control practices for and potential hazards of equipment and/or item;
    2. Verify that the equipment item(s), and services were received;
    3. Documentation in enrollee's record regarding the make and model number of any non-custom equipment and/or item(s) provided;
    4. Provide essential contact information for rental equipment and options for beneficiaries to rent or purchase equipment and/or item(s) when applicable; and
    5. Provide information and telephone numbers(s) for customer services, regular business hours, after-hours access, equipment and/or item(s) repair and emergency coverage as well as the process for requesting assistance for real or potential issues with the equipment.

10) Quarterly Visits

A. HSCSN develops policies and procedures for the oversight and monitoring of an Enrollee's DME delivery, education, use, maintenance, and repair. HSCSN ensures that Enrollees utilizing DME or assistive technologies are contacted by their assigned Care Manager via phone, home or virtual visit within five (5) business days of confirmed delivery of DME. When an enrollee is determined to be in need of, or requests, additional DME-related assistance, HSCSN shall ensure the necessary and/or requested support is provided within seven (7) business days of the determination/request and is documented in the enrollee's care plan.
B. HSCSN ensures that any disposable supplies or DME, necessary to administer or monitor an enrollee's prescriptions, if not available at the pharmacy at the time of the dispensing of the prescription, is received in a manner so as not to adversely affect the health of the enrollee, but not later than forty-eight (48)

hours. At a minimum, the Care Manager will conduct an enrollee assessment at least every six (6) months to monitor the safe and correct use and maintenance of DME types as indicated in CASSIP sections C.5.141.6.1-C.5.141.6.5.

11) Reporting Issues or Concerns with Equipment

A. In the event that there are issues or concerns identified with the enrollee's use of the equipment or the equipment, the Authorization Nurse-DME contacts the DME vendor to arrange for additional education, repair or replacement of the equipment.
B. For enrollee's using DME, the DME reviewer ensures a representative from the vendor visits the enrollee within seventy-two (72) hours of delivery of any DME or assistive technology to ensure receipt and provide orientation for the enrollee and caregiver on how to properly use and maintain the equipment.

12) Actions Requiring Vendor to Make Notification

A. The vendor notifies the prescribing physician, practitioner and the HSCSN DME reviewer promptly, but in no case no more than five (5) calendar days of the event, in the event that they did not provide the equipment, item(s) or services(s) that are prescribed for the enrollee.

13) Vendors Required Response to Enrollee Grievance

A. Within five (5) calendar days of the vendor receiving an enrollee's complaint, the vendor notifies the Authorization Nurse-DME and the enrollee to confirm they have received the complaint and to inform an investigation is being conducted.
    1. Vendor can communicate the above message via telephone, email, fax or letter.
    2. Within fourteen (14) calendar days, the vendor provides written notification to the enrollee and the DME reviewer with the results of its investigation and response.
    3. The vendor maintains documentation of all complaints received and provide a written response of their investigation to the enrollee and the HSCSN Authorization Nurse-DME.

14) Product Specific Service Requirements

A. HSCSN will consider coverage for oral and enteral nutritional supplements once enrollees under five (5) years of age have enrolled in the WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) and nutritional supplement is medically beyond what is available through WIC.

15) DME Oversight

A. HSCSN's Utilization Management Department is responsible for all of the following:
    1. Report monthly to DHCF numbers of enrollees in need of or using home ventilators.
    2. Track all enrollees currently utilizing DME by type, vendor, purchase, rental, repair requirements, status of equipment (new or used), and replacement.
    3. Track delivery confirmations by vendor and type of equipment.
    4. Track completed verifications of delivered equipment.
    5. Track and provide monthly updates on DME utilization and report to the Benefits and Utilization Management Committee (BUMC).

B. The assigned Care Manager shall conduct an enrollee assessment at least every 6 months to monitor the safe and correct use and maintenance of the following DME:
   1. Hospital or pressure reducing beds or similar equipment
   2. Infusion pumps and supplies
   3. Power mobility devices (PMDs) which include Power Wheelchairs (PWCs) and Power Operated Vehicles (POVs)
   4. Patient lifts
   5. Sleep apnea and continuous Positive Airway Pressure

IV. ACCOUNTABLE EXECUTIVE(S) AND REVIEWER(S)

A. Accountable Executive(s): Levey, Eric

B. Committee(s) Responsible for Review: Benefits and Utilization Management Committee

V. APPROVAL

Approved by:

Levey, Eric — Date

VI. REFERENCES

Dates:
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Reviewed: N/A
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Effective: 10/24/2025
References:
NCQA Standards: N/A
CN Documents/Policies: N/A
CASSIP Contract Sections: C.5.141
Federal Regulations: CFR §424.57
District Regulations: Title 29 (Public Welfare) of DCMR Chapter 29, Section 996
Transmittals: DHCF Transmittal 14-26
External Documents: DC Medicaid EPSDT Billing Manual
Internal Policies: UM_09, UM_10
Internal Documents: HSCSN DME Request Form, HSCSN DME Verification Form
Committees: Benefits and Utilization Management Committee (BUMC)