

Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT:

EQUIPMENT & SUPPLIES FOR

OUTPATIENTS

Policy No.: B608

Supersedes: August 14, 2009 Reviewed Date: October 9, 2018

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PURPOSE

1. To define the responsibilities of the physician signing for **D**urable **M**edical Equipment, **P**rosthetics, **O**rthotics and **S**upplies (DMEPOS).

- 2. To prevent fraud and abuse allegations related to Medical Equipment and Supplies.
- 3. To ensure that before a clinician writes a prescription for equipment, supplies and other devices, that he/she verifies that the prescribed equipment and supplies are covered by the patient's specific benefit package.
- 4. To ensure that all alternative funding resources are explored before equipment and supplies are supplied by Rancho.
- 5. To describe the procedures/workflow for ordering and processing DMEPOS in the Electronic Medical Record.

Definitions:

DMEPOS: Durable Medical Equipment, Prosthetics, Orthotics and Supplies

Provider: Physician, nurse practitioner, or physician assistant

PCP: Primary Care Provider

Clinician: Care Manager, clinic nurse, occupational therapist, physical therapist, service

coordinator, speech therapist, Case Manager

DME Liaison: DME Vendors who are under on-site contract to provide DME directly to patient

Refer to Attachment A for a list of MAJOR and MINOR Equipment.

POLICY

EFFECTIVE DATE:

- 1. The Physician signing for DMEPOS is responsible for ensuring that:
 - A. The equipment, supplies, and other devices are prescribed according to medical necessity associated with the proper diagnoses.

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B. The provider has knowledge of the patient's medical condition and equipment or devices being prescribed.

- C. The physician supervisor of midlevel practitioners is responsible for the practices and supervising midlevel practitioners.
- D. The providers meet the minimum licensure or certification requirements for DMEPOS authorization.
- E. The face-to-face encounter has occurred related to the primary reason the patient requires DMEPOS. Face-to-face encounters may be done via telehealth, and must met the following conditions:
 - 1. The provider performing the face-to-face encounter must communicate the clinical findings of the face-to-face encounter to the ordering physician.
 - 2. The clinical findings from the face-to-face encounter must be incorporated into a written or electronic document included in the patient's medical record.
 - 3. The physician prescribing the DMEPOS must document that the face-to-face encounter, which is related to the primary reason the patient requires the DME, has occurred within six months prior to the date on the DME prescription.
 - 4. The physician writing the DMEPOS prescription must document who conducted the face-to-face encounter and the date of the encounter.
- 2. To Prevent DMEPOS Fraud and Abuse Allegations:
 - A. For NEW Major equipment, orthotics and prosthetics, a patient must have a "face to face" encounter with the provider for an evaluation to ensure that the most cost-effective equipment and supplies are prescribed according to medical necessity and that there is written documentation of medical necessity in the medical record.
 - B. For NEW Minor equipment or supplies and REPAIRS/REPLACEMENT of Major equipment the patient must have the face to face encounter with the Rancho prescribing provider within six (6) months.
 - C. For all RENEWAL of medical supplies, the patient must have the face to face encounter by the signing provider within six (6) months.
 - D. INCONTINENCE SUPPLIES prescription MUST be signed by a provider.
- 3. To ensure that the prescribed equipment and supplies are covered by the patient's medical benefit package:
 - A. Before a provider prescribes equipment and supplies, the provider must verify whether the prescribed equipment and supplies are covered by the patient's

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medical benefit package.

- For indigent patients without a 3rd party payor, the service coordinator must В. ensure that all alternative funding resources are explored before equipment and supplies are supplied by Rancho.
- 4. Nurse Practitioner and Physician Assistants Policy regarding ordering DMEPOS.
 - A midlevel practitioner may NOT order and sign for any NEW major equipment, Α. orthotics, prosthetics per Medi-Cal and Medicare guideline.
 - A midlevel practitioner may order and sign for new minor equipment and any В. REPAIRS, REPLACEMENT of major equipment and supplies with a cosignature* by the supervising physician.

A co-signature may not be needed under certain circumstances as defined by the insurance requirements. PATIENTS WITH OR WITH NO THIRD PARTY PAYOR:

ACCOUNTABILITY

PROCEDURES

Patient Financial Services 1. Verifies and/or updates the patient's payor status before clinic appointment.

Provider or Clinician

- 2. Identifies the medical need for equipment and/or supplies. FOR MINOR EQUIPMENT OR REPAIR/ REPLACEMENT OF MAJOR EQUIPMENT (Attachment A):
 - a. Determines whether or not the patient has a face-to-face encounter with the provider with in six (6) months. If patient has no face-to-face encounter, the clinician arranges for a clinic appointment prior to equipment evaluation.
 - b. If equipment is available commercially, the patient should be given a prescription, if necessary, and directed to a vendor of their choice to acquire the equipment.

FOR MAJOR EQUIPMENT (Attachment A):

- a. Prescriptions for major equipment may be generated/initiated by a provider during the patient's clinic visit.
- b. In situations where the patient is being followed for outpatient therapy, the therapist may evaluate the patient for potential major medical equipment needs and refer the patient to clinic, with equipment recommendations, for the provider's review and signature.
- c. If equipment is available commercially, the patient may be given a prescription, if necessary, and directed to a vendor of their choice to acquire the equipment.

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Service Coordinator

3. Communicate and coordinate with providers of DME or DME Liaison in order to obtain DME prescribed by the provider.

4. Checks the patient's payor status or by consulting with Patient Access Center as appropriate.

Providers of DME or DME liaison

5. Obtain authorization for DME items before dispensing the item and billing.

6. Issues equipment to the patient.

7. Educates the patient and his or her family regarding their equipment/supply coverage and options.

SGUITCHE
Revised 8/03, 10/19

MAJOR AND MINOR EQUIPMENT LIST

Please note the (*) items indicates High Cost Items that require Certificates of Medical Necessity (CMNs) to be completed by the

MAJOR EQUIPMENT ITEMS	CERTIFICATE OF MEDICAL NECESSITY
* Hospital Beds	*
* Air-Fluidized Beds (e.g., Support Surfaces)	*
* Wheelchairs	*
* Power Operated Vehicles (POVs)	*
* Specialized Cushions for wheelchairs (e.g., ROHO, JAY)	*
* Seat Lift Mechanisms	*
* Continuous Positive Airway Pressure (CPAP) devices	*
* Oxygen	*
* Lymphedema Pumps	*
* Osteogenesis Stimulators	*
* Transcutaneous Electrical Nerve Stimulators (TENS)	*
* Infusion Pumps	*
* Parenteral Nutrition	*
* Enteral Nutrition	*
X Ankle Foot Orthosis (AFO)	
X Knee Ankle Foot Orthosis (KAFO)	
X Reciprocating Gait Orthosis (RGO) or (HKAFO)	
X Prosthetics	
X Helmets	
X Custom Compression Pressure Garments	
X Soft Quad Body Jackets	
X Hard-shell Body Jackets	
X Dynamic wrist Action or Driven Wrist Hand Orthosis (WHO)	
X Rachet flexor hinge hand splints	
X Gunslinger	
X Hearing Aids	
X Electronic Communication Devices	
X Electrolarynx	

MAJOR AND MINOR EQUIPMENT LIST

	MINOR EQUIPMENT ITEMS	
X	Axillary Crutches	
Х	Forearm Crutches	
Х	Canes	
Х	Shower Chairs	
Х	Toilet seat raiser	
Х	Toilet seat safety fram	
X	Mobil Arm Support	
Х	Overbed Table	
X	Anti-embolism Stockings	
X	Cane	
X	Crutch Accessories	
X	Foam Cushions under \$25	
X	Grab Bars	
Х	Sliding Boards	
X	Sacral Back Pads	
Х	Jay Solid Seat Insert	
X	Prefabricated wrist supports	
Х	Lap Tray Under \$50	
X	Knee Spreader with Mirror	
X	Writing Aid	
X	Push Cuffs	
Х	Knee Spreader with Mirror	
Х	Minor ADL Equipments e.g., Bath Brush, Suction Denture Brush, Shampoo Tray, Utensil holder etc.	