


PROVIDER BULLETIN

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|  AETNA BETTERHEALTH® OF FLORIDA 261 N. University Drive Plantation, FL 33324 AetnaBetterHealth.com/Florida | Date: | June 17th, 2021 |
| | Purpose: | Provider Bulletin: Inform DME & Medical Supply Services Providers of the timelines when submitting a clean claim. |
| | Subject: | Durable Medical Equipment (DME) and Medical Supply Services |
| | Products: | DME Providers |
| | From: | <u>Provider Relations</u> |

Dear Provider,

Aetna Better Health of Florida (ABHFL) covers and reimburses Durable Medical Equipment (DME) and Medical Supplies for the use of our members. DME may be rented, purchased or rented-to-purchase.

Examples of reimbursable equipment and supplies include:

- Augmentative and assistive communication devices
- Commodes
- Diabetic equipment and supplies including blood glucose meters, test strips, syringes, and lancets
- Enteral nutrition supplements
- Hospital type beds and accessories
- Mobility aids including canes, crutches, walkers, and wheelchairs
- Orthopedic footwear, orthotic, and prosthetic devices
- Ostomy and urological supplies
- Respiratory equipment and supplies including nebulizers and oxygen
- Suction pumps
- Wheelchairs

Covered DME Services and Codes

Durable Medical Equipment & Medical Supplies – (DME) Coverage:

- Medical or surgical items that are consumable, expendable, disposable or non-durable & are appropriate for use in the patient's home
- Must have prescription or hospital discharge orders
- Documentation and Plan of Care must be signed by/dated by physician with specific term, duration & diagnosis
- Prior authorization required for:
 - DME **purchases over \$500**
 - rentals, items that are not on the Medicaid Fee schedule
 - Some services limited to under 21 years of age only

DME Pricing + Process

Aetna Better Health bases reimbursement of Durable Medical Equipment (DME) services on the Agency's fee schedules. Any code that doesn't have an assigned rate requires prior authorization and will be reimbursed at the manufacturer's invoice plus 15%.

Exceeding the DME Fee Schedule: Coding and Limits

Aetna Better Health follows the same limits as the Agency's DME fee schedule. ABHFL requires that correct coding, when available for a specific item, service, or device, be used instead of miscellaneous procedure codes. Prior Authorization is needed for requests greater than limits indicated on Fee Schedule.

Rental Equipment and Rent-to-Purchase Equipment

Providers submitting claims for Durable Medical Equipment (DME) Rental should use CMS 1500 Form. DME rental claims are only paid up to the purchase price of the durable medical equipment. Units billed for Medicaid equal the amount of days billed. Since appropriate billing for CMS is 1 Unit per month, in order to determine the amount of days needed to determine appropriate benefits payable under Medicaid, the claim requires the date span (from and to date) of the rental. Medicaid will calculate the amount of days needed for the claim based on the date span. Appropriate modifier, RR, is required for all rentals.

Repair of Equipment

- Medicaid will not reimburse the provider for replacement parts or repairs to the equipment within the first year of service.
- Providers may not disregard a recipient's requests for warranty equipment repairs or modifications and may not delay needed repairs or modifications, otherwise permitted by DME policy, until the provider's or manufacturer's warranty has expired.
- Reimbursement for DME equipment maintenance is limited to the amount necessary to make the item serviceable and safe, but not to exceed 75 percent of the original cost of the equipment plus the cost of subsequent modifications in need of repair or renovation.
- Medicaid will reimburse for the maintenance and repair of equipment when the following conditions are met:
 - Equipment is covered by Medicaid; and
 - Equipment is the personal property of the recipient; and
 - Item is still medically necessary; and
 - The equipment is used exclusively by the recipient; and
 - No other payment source is available to pay for the needed repairs; and
 - Equipment damage is not due to equipment misuse, abuse, neglect, loss or wrongful disposition by the recipient, the recipient's caregiver, or the provider; and
 - Equipment maintenance is performed by a qualified technician; and
 - Maintenance is not currently covered under a manufacturer's or provider's warranty agreement; and
 - Maintenance is not performed on a duplicate type of item already being maintained for the recipient during the maximum limit period

Customized Wheelchairs

Aetna Better Health covers 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. Prior authorization is required.

Timeliness for Processing Electronically Submitted DME Clean Claims:

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| For electronically submitted DME clean claims, Aetna Better Health of Florida 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. |
| 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. |
| 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)€, F.S.) |

Long-Term Care (LTC) DME

Standard limits do not apply, authorization is required for all DME services. Authorization is based on a member's individual needs as assessed on their care plan.

Aetna Better Health of Florida Prior Authorization Information

Participating providers can check for codes that require prior authorization via our Online Prior Authorization Search Tool and also obtain our electronic ABHFL Prior Authorization form.

- [Online Prior Authorization Search Tool](#)
- [ABHFL Prior Authorization Form](#)

All completed ABHFL Prior Authorization Form requests can be faxed to:

- MMA/FHK: 1-860-607-8056
- Obstetrical (OB): 1-860-607-8726
- Comprehensive/Long Term Care: 1-844-404-5455

For additional information about DME and Medical Supply Services, please visit the [Agency's Rules website](#).

Thank you,

Provider Relations Contracting Department
Aetna Better Health of Florida

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