

# Molina Dual Options MyCare Ohio

## Durable Medical Equipment Quick Tips Guide

### Fee Schedule and Coverage Criteria:

For all services covered by Medicare, the Center for Medicare and Medicaid Services (CMS) billing requirements apply and services will be reimbursed based on the CMS fee schedule. For services Medicaid pays as primary (for example, statutorily non-covered Medicare items), Medicaid billing requirements set by the Ohio Department of Medicaid (ODM) will be required, and services will be reimbursed based on ODM's fee schedule.

### Prior Authorization:

Molina Healthcare requires all non-contracted providers to obtain prior authorization (PA) for all services.

Contracted providers will need to review the codified PA list to verify if a service requires a PA. The most current codified list is posted under Forms at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com). Select "I'm a Health Care Professional," then "Dual Options" from the drop down menu at the top, then "Forms." Under "Medical Services," use the "CPT Codes Requiring Prior Authorization" form on this page.

Molina Healthcare requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be used, medical necessity documentation and rationale must be prior authorized. PAs can be faxed using the "Service Request Form and Instructions" on the website. You can also call (855) 322-4079 and follow the prompts to reach the Utilization Management (UM) department. Include all applicable supporting documentation, such as an Rx, CPT code (if using a miscellaneous code, include a

description), diagnosis codes, clinical notes supporting medical necessity, Certificate of Medical Necessity (CMN) when applicable, home evaluation when applicable, and invoice pricing.

### Billing Requirements:

- Submit one service line per each date of service.
- Use the shipping date as the date of service on the claim if using a shipping service or mail order.
- Always include the appropriate modifier on all durable medical equipment (DME) claims for rent-to-purchase items listed in the Ohio Medicaid Supply List. (5160-10-03 - Appendix A, Medicaid Supply List, 5160-10-20 - Appendix A, List of Orthotic and Prosthetic Procedures)
  - RR modifier is required when item is rented.
  - NU modifier is required when item is purchased.

### O2 Testing Requirements:

- Molina Healthcare pays for oxygen and supplies as a capped rental. Contractor rental payments are made for 36 months.
- The supplier is required to provide oxygen and supplies for another 24 months (a total of 5 years).
- After 5 years, the member/provider must request new equipment and the 36-month rental period starts over.
- This is covered under the Medicare benefit for Molina Healthcare members. Additional O2 testing would not be required in a case where the member changes his or her Medicare carrier.

[MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals)

## Wheelchair rentals and purchases:

For codes E1235, E1236, E1237 and E1238, Molina Healthcare covers the rental for three months without PA. The additional 7 months require a PA. For purchase of these items, the service must have a PA and be billed with the NU modifier. Standard wheelchairs (codes K0001, K0002, and K0003) do not require a PA and must be billed with the NU modifier for purchase. Claims payment on rent-to-purchase DME codes billed without the NU modifier will be paid as a monthly rental.

## Waiver Claims:

Home Specialized Medical Equipment (HSME)/Supplemental Adaptive & Assistive Devices (SA&AD)					
HCPCS Code	Type of Service	Required Modifier 1	Required Modifier 2	Waiver of Origin	Unit Increment
T2029	SA&AD Per Calendar Year			Ohio Home Care	Per Item
	SA&AD Per Calendar Year			Transitions II	Per Item
	HSME & Supplies - Ambulatory (AMB) - per item	UB	U1	Choices	Per Item
	HSME & Supplies - Non-AMB	UB	U4	Choices	Per Item
	HSME & Supplies - Equipment Repair	UB		Choices	Per Item
	HSME & Supplies - Hygiene & Disposables (Hyg&Disp) - per item	UB	U7	Choices	Per Item
	HSME & Supplies - Nutrition Supplies	UB	UC	Choices	Per Item
T1999	HSME & Supplies - AMB	UA	U1	Passport	Per Item
	HSME & Supplies - AMB 2nd item	UA	U2	Passport	Per Item
	HSME & Supplies - AMB 3rd item	UA	U3	Passport	Per Item
	HSME & Supplies - Non-AMB	UA	U4	Passport	Per Item
	HSME & Supplies - Non-AMB 2nd item	UA	U5	Passport	Per Item
	HSME & Supplies - Non-AMB 3rd item	UA	U6	Passport	Per Item
	HSME & Supplies - Hyg&Disp	UA	U7	Passport	Per Item
	HSME & Supplies - Hyg&Disp 2nd item	UA	U8	Passport	Per Item
	HSME & Supplies - Hyg&Disp 3rd item	UA	U9	Passport	Per Item
	HSME & Supplies - Equipment Repair	UA		Passport	Per Item
	HSME & Supplies - Nutrition Supplies	UA	UC	Passport	Per Item

The provider will not be required to request and obtain PA for these services. All waiver services must be approved by the Care Manager and included on the member's all service plan. The all service plan will be considered the PA for the provider.

## Repairs:

The UM nursing staff follow the OAC and Medicare guidelines when making a determination on wheelchair repairs. If repairs are not considered costly and supporting clinical documentation is provided, UM will make a determination. UM staff also use the wheelchair CMN when making clinical determinations. If no clinical information is provided or the request is high dollar, the review is sent to a Molina Healthcare Medical Director to make a determination. If the nursing staff is unsure if a request can be approved, they will send it to a Medical Director for review. Molina Healthcare follows the coding rules and regulations as set forth by CMS and ODM. A9900 is covered under the member's Medicare benefits. Medicaid-covered repairs will need to be billed in accordance to OAC 5160-10-16.