

**\*\*\*\*\* High Priority \*\*\*\*\***

# Service Alert Notification

**Subject: First Coast Advantage (FCA) Pre-Authorization Additions and Deletions**

**Date: October 28, 2010**

Effective December 1, 2010, First Coast Advantage (FCA) has made some changes to the pre-authorization list. There have been some services that have been added to the pre-authorization list and some services that will no longer require pre-authorization. Below is a summary of those services.

**Services Added to the Pre-Authorization List:**

- Bariatric Surgery Consults, Follow-up Care (Outside the 90-day Post-op Surgery Period)
- Apnea Monitors

**Services Removed From the Pre-Authorization List:**

- Oxygen Equipment
- CPAP
- BIPAP
- Humidifiers
- Consumable DME with a “A” HCPCS Code that do not have the following:
  - “PA” – Prior Authorization
  - “BR” – By Report
  - Medical Necessity

*The Following HCPC Codes for CPAP, BIPAP and Oxygen Equipment Do Not Require Prior Authorization:*

E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate.
E0431	Portable liquid oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing.
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask.
E0470	Respiratory assist device, bi-level pressure capability, without backup related feature, used with noninvasive interface ,e.g. nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
E0601	Continuous airway pressure (CPAP) device
E0550	Humidifier durable for extensive supplemental humidification during IPPB treatments or oxygen delivery.
E0555	Humidifier, durable glass or autoclavable plastic bottle type, for use with regulator or flowmeter.
E0561	Humidifier non-heated, used with positive airway pressure device.
E0562	Humidifier, heated, used with positive airway pressure device

**FCA’S Responsibilities:**

FCA has a responsibility to monitor our contracted providers for Fraud and Abuse. Rather than require authorization for the above DME items, FCA will conduct random on-site audits of FCA Member files to ensure the DME Providers are in compliance with The Agency for Health Care Administration (AHCA) guidelines. It is FCA’s expectation that DME Providers will comply with all documentation requirements listed in the Medicaid DME Handbook and that the Recipient’s medical records will contain all required documentation.

Below is an overview of some of the documentation requirements listed in the Medicaid DME Handbook for the following:

**Oxygen Equipment:**

The following information must be filed in the recipient's record:

- Documentation of medical necessity for oxygen services that includes the rate of flow, concentration, level of frequency, duration of use, and circumstances under which oxygen is to be used; and
- CRT, RRT, RN or RCP staff members names and titles; and
- Positive oxygen test results; and
- Type of system being used, portable or stationary; and
- Manufacturer's name, model and serial number; and
- Set up and quarterly visit documentation; and
- Delivery and pick up documentation; and
- If a concentrator is in use, the number of hours used each quarter

For Medicaid recipients of all ages, the medical necessity renewal time frame for oxygen therapy is every twelve (12) months or for the length of time prescribed when less than twelve (12) months.

**CPAP/BIPAP:**

CPAP/BIPAP minimum documentation requirements for recipient's record:

- Prescription, certification and redetermination, medical documentation; and
- Diagnosis; and
- Laboratory results from qualified licensed facility; and
- Equipment delivery and pick-up documentation; and
- Recipient and caregiver training at the time of the set up; and
- Hour meter reading for equipment usage; and
- Equipment testing and calibration testing results and maintenance or equipment replacement; and
- Delivery and replacement of necessary tubing, masks, etc.; and
- Data reading to assess recipient's compliance at minimum of 6 and 9 months for new equipment.

Redetermination of Medical Necessity is required every twelve (12) months or for the length of time prescribed if less than twelve (12) months by the treating physician, who also certifies that CPAP or BIPAP use is effective and that the recipient is compliant with prescribed treatment.

**Medical Supplies must be needed for one of the following:**

- Colostomy, urostomy, ileostomy appliances; or
- Surgical, wound, and burn dressings; or
- Gastric feeding sets and supplies; or
- Urinary catheters, irrigation apparatus, and related items; or
- Tracheostomy and endotracheal care supplies; or
- Supplies for enteral feedings.

**Prescription from the treating physician must specify the following:**

- Type of Service
- Quantity, and
- Frequency of Supplies Needed.

**Home Health Agencies Supplies:**

Home health agencies may be reimbursed for medical supplies only with the treating physician's prescription and approved plan of care, which must specify the following:

- Type of Service
- Quantity, and
- Frequency,
- Length of Time

**Redetermination of Medical Necessity for Supplies:**

Redetermination is required every six (6) months or for the length of time prescribed if less than six (6) month with the following:

- A new and specific prescription; or
- A Certificate of Medical Necessity (CMN); or
- An established plan of care, if a home health agency, that meets the plan of care criteria in the Florida Medicaid Home Health Services Coverage and limitations handbook.

**NOTE:** Placing a recipient on automatic supply or replenishment until the prescription is all used or the recipient voluntarily discontinues services is prohibited. The refilled amount supplied may not exceed the number and frequency ordered by the authorized prescriber. Documentation of each request for refill must be maintained in the recipient's file.

**Florida Medicaid DME Handbook:**

Provider's can access the DME Handbook at [www.firstcoastadvantage.com](http://www.firstcoastadvantage.com) and select **Links / Florida Medicaid Handbook by Provider Services**, which will connect you directly to Medicaid's website. Midway through the page is a list of Handbooks, select Durable Medical Equipment / Medical Supply Services for the handbook.

Attached with this service alert is the Certificate of Medical Necessity for (CMS-484) Oxygen and Instructions for completing the Certificate of Medical Necessity for Oxygen (CMS-484). If anyone has any questions regarding this information, please contact FCA Provider Relations at (904) 244-9174. Thank you for your continued support.