

CAREOREGON
DME IMMEDIATE NEED POLICY AND EQUIPMENT LIST
EFFECTIVE OCTOBER 1, 2004

Note: This policy does not apply to CareOregon members who have Medicare coverage for the DME item.

In limited circumstances it may be necessary for a **CareOregon** member to access their DME benefit on an immediate basis. *Immediate need* is defined as a situation where it is medically urgent for the member to receive the item or service and it is not reasonably possible to wait 2 working days for prior authorization. An example of this situation includes, but is not limited to, acute onset of respiratory conditions. DME equipment that is considered relevant to an immediate need is listed on the following grid. *All DME that is not included on the grid remain subject to the standard authorization requirements.*

When the DME vendor is dispensing DME under these circumstances, they must submit all of the following information **by 5:00 PM the next business day without exception:**

- A complete and legible CareOregon authorization request form with a narrative as to the medical urgency of the delivery.
- A prescription pad dispensing order which is dated, legible, specifies exact DME requested, ICD-9 diagnosis which is above the line on the prioritized list and appropriate to the service requested, and length of need (99 months is defined as lifetime). The order must be signed by the prescribing practitioner or in the case of a member being discharged from the hospital, the signed hospital discharge orders will be accepted. Pre-prepared forms created by the DME vendor must be accompanied by either pad prescriptions or hospital discharge orders without exception.
- The DME item must be delivered by a direct employee of the panel DME vendor from their own inventory and a copy of the completed delivery document must be submitted.
- Any waiver the CareOregon member is asked to sign must also be included. A CareOregon member may not be asked to sign a “blanket” or non-specific waiver. The waiver must be in compliance with the Administrative Rules of the Oregon Health Plan (OHP).
- Sufficient information must be provided in order to reasonably determine that OHP coverage requirements are met. If it is determined that sufficient information was not submitted, further documentation will be requested. If the documentation does not support the medical necessity, the authorization will be for the least units of service available for the DME item.

All items delivered under this policy are considered to be rental items unless the item is a secondary supply that is necessary for the proper function of the rental DME. At our discretion, we may choose to approve the item as a purchase. This decision will accompany the authorization number. DME vendors may not create a stock-point at a physician’s office.

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Items Accessories

- E0135 Walker, folding (pick-up), adjustable or fixed height
- E0143 Folding walker, wheeled, without seat
- E0148 Walker, heavy duty, without wheels, rigid or folding, any type, each over 300#
- E0149 Walker, heavy duty, wheeled, rigid or folding, any type, each over 300#
- E0202 Photo Therapy (Bilirubin) light with photometer, per day
Kits are included in the rental of equipment
Nursing visit is included in rental of equipment
Panel cover included in rental of equipment
- E0260 Hospital Bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
- E0439 Stationary liquid oxygen system, rental; incl supplies & contents
- E0434 Portable liquid oxygen system, rental
- E0570 Nebulizer, with compressor
- A7003 Administration set, with small volume non filtered pneumatic nebulizer
- A7004 Small volume non filtered pneumatic nebulizer, disposable
- E0600 Suction pump, home model, portable
- A4624 Tracheal suction catheter, any type, each
- A4628 Oropharyngeal suction catheter, each
- E0608 Apnea Monitor (includes client cable)
- A4556 Electrodes (e.g. apnea monitor), per pair
- A4557 Lead wires (e.g. apnea monitor), per pair
- A4558 Conductive paste or gel
- E1399 Infant belt
- E1390 Oxygen concentrator, rental; incl supplies
- E0431 Portable gaseous oxygen system, rental
- K0001 Standard Wheelchair
- K0021 Anti-tipping device, each
- K0025 Hook-on headrest, each
- K0028 Manual, fully reclining back
- K0048 Elevating leg rest, complete assembly, each
- K0195 Elevating leg rests, pair (for use with capped rental wheelchair base)
- S9098 Bili-Light