PROVIDER REQUIREMENTS

The following entities may enroll as providers in the Durable Medical Equipment (DME) Program:

- Businesses that supply DME and medical supplies;
- Pharmacies that supply DME and medical supplies;
- Home health agencies;
- Orthopedic physician's groups who supply orthotic and prosthetic devices that are not otherwise included in the physician's office visit charge, and
- Optometrists and opticians who supply prosthetic eyes.

Businesses are defined as enterprises, commercial entities, or firms in either the private or public sector, that are concerned with providing products or services to satisfy customer requirements.

General DME Provider Enrollment Requirements

Providers must be enrolled to participate. Participation is voluntary. The Louisiana Medicaid Provider Enrollment Application can be obtained from the Medicaid Web Portal (see Appendix E for website). To enroll as a Medicaid provider, a DME and medical supply entity must meet the following criteria:

- Be licensed by the local government agency as a business or merchant or provide documentation from the city or county authority that no licensure is required;
- Be licensed by the Department of Health, Medical Quality Assurance, Board of Orthotics and Prosthetics, if providing orthotics and prosthetic devices;
- Be licensed by the Agency for Health Care Administration, Division of Health Quality Assurance, in possession of a Home Health Equipment license;
- Be in compliance with all applicable laws relating to qualifications or licensure; and
- Have an in-state business location or be located not more than 50 miles from the Louisiana state line.

Business Location Eligibility Requirements

Eligibility for initial enrollment, continued enrollment, or re-enrollment as a Medicaid DME and medical supply provider requires the provider to meet one of the criteria below.

Must be a DME or medical supply business currently occupying and operating from a physical business site that is located within the state of Louisiana, and that is easily accessed by Louisiana Medicaid recipients and the general public it serves.

Or

Must be a DME or medical supply business that provides sufficient proof that the business occupies and operates a DME and medical supply or medical supply business location within fifty miles of the Louisiana state line. The business must submit proof of all current city and state licenses, permits, and certifications required of DME and medical supply providers operating within the state where the DME business is physically located and provide proof that the business location can be easily accessed by Louisiana Medicaid recipients and the general public it serves;

Or

If the DME business or medical supply is physically located more than fifty miles from the Louisiana state line, the business must supply durable medical equipment or supplies not otherwise available from other enrolled providers located within the state. The business must also provide proof of all current and applicable licenses, permits, and certifications required of a DME or medical supply business in the state where the applicant business is physically located.

Or

Be accredited. Effective January 1, 2010, all applicants and currently enrolled DME and medical supply providers must submit proof of current accreditation as a prerequisite for enrollment, continued enrollment or reenrollment (see Exemption from Accreditation Requirements in this section). The Medicaid Durable Medical Equipment and Supplies Program will accept proof of accreditation from one of the accrediting organizations listed below:

- The Joint Commission (JC);
- National Association of Boards of Pharmacy (NABP);
- Board of Orthotist/Prosthetist Certification (BOC);
- The Compliance Team, Inc.;
- American Board for Certification in Orthotics & Prosthetics, Inc (ABC);
- The National Board of Accreditation for Orthotic Suppliers (NBAOS);
- Commission on Accreditation of Rehabilitation Facilities (CARF);
- Community Health Accreditation Program (CHAP);
- HealthCare Quality Association on Accreditation (HQAA); and
- Accreditation Commission for Health Care, Inc.

NOTE: Web site information for the accrediting organizations can be found in Appendix E.

Exemptions of Accreditation Requirements

- Physicians;
- Physician Assistants;
- Nurse Practitioners;
- Occupational Therapists;
- Speech-Language Pathologists;
- Clinical Nurse Specialists;
- Certified Registered Nurse Anesthetists;
- Certified Nurse-Midwives;
- Clinical Social Workers;
- Clinical Psychologist;
- Registered Dietitians;
- Nutritional Professionals; and
- Podiatrists.

Other Professionals exempt by the DHH Secretary

- Orthotists;
- Prosthetists;
- Opticians; and
- Audiologists.

Requirements for Medical Oxygen Providers and Retailers

In addition to meeting the general DME and medical supply provider requirements, oxygen providers and providers of oxygen-related equipment and services must also have a current and valid oxygen permit. Permits can be obtained by contacting the Office of Public Health (OPH), Food and Drug Program (see Appendix E for contact information).

Pharmacy providers who also provide DME and bill Medicaid for oxygen must submit copies of their OPH pharmacy permits with their provider enrollment applications.

Oxygen providers must have a licensed certified respiratory therapist (CRT), registered respiratory therapist (RRT), registered nurse (RN), or respiratory care practitioner (RCP) under contract or on staff to provide management and consumer instruction at the provider's physical DME business location or in the recipient's home.

DME oxygen providers and providers of oxygen-related equipment and services must establish and implement business policies and procedures. These written policies and procedures must ensure all new and used oxygen-related or respiratory equipment, including the internal filters purchased by the provider, are appropriately disinfected, sterilized, serviced, and properly stored according to manufacturer's specifications. Also applicable are licensure requirements and industry standards, prior to renting, delivering, or providing the equipment to any individual recipient.

Additionally, all providers of medical oxygen and oxygen-related equipment must have an updated contingency plan on file that ensures emergency oxygen, oxygen related equipment and services will be provided to recipients on a 24-hour-a day basis and will be available during emergency situations, which may include the aftermath of a natural or national disaster. Pickup and delivery documentation must be maintained for all equipment. The provider of DME oxygen services and oxygen-related equipment and services must maintain records. Recipient records must include equipment assessments, such as oxygen concentrator hour meter readings. If the equipment is equipped with a patient compliance hour meter, that reading must also be documented and maintained in the recipient's record.

Documentation of Medical Necessity

Medical necessity must be established for each service and documented, at a minimum, with the following:

- Written prescription not more than 12 months old, with the printed name and the dated signature of the recipient's treating physician or the treating physician's Advanced Registered Nurse Practitioner (ARNP) or physician assistant. The prescription can be received by the DME and medical supply provider before or after the DME service has been initiated, but the prescription cannot be dated more than 21 days after the initiation of service (date of service); or
- Current hospital discharge plan with the dated signature of the recipient's treating physician or the treating physician's ARNP or physician assistant that clearly describes the type of DME item or service ordered; or

- Letter of Medical Necessity not more than 12 months old, which includes the printed name and the dated signature of the recipient's treating physician or the treating physician's ARNP or physician assistant. Medicaid prohibits vendors from preparing sections of the letter of medical necessity that are to be completed by the physician or authorized prescriber. The letter of medical necessity cannot be dated more than 21 days after the initiation of service (date of service); and
- Plan of care, if provider is a home health agency.

All documentation of medical necessity must include the type of medical equipment, services or consumable goods ordered, including the type, quantity, frequency and length of need ordered or prescribed. Prescribed oxygen services must include rates of flow, concentration, level of frequency, duration of use, and circumstances under which oxygen is to be used. If this information is not included, a new prescription that clarifies the order is required.

NOTE: The fact that a provider has prescribed or recommended equipment, supplies or services does not, in itself, make it medically necessary or a medical necessity or a covered service.

Freedom of Choice

The recipient is allowed the freedom to choose any Medicaid-enrolled provider to supply the item(s).

If the chosen provider will not provide the item at or below the approved cost, the recipient must be offered the opportunity to choose another provider if Medicaid is going to cover the item. The BHSF or the Prior Authorization Unit (PAU) will assist the recipient in locating a provider if necessary.

Delivery Arrangements and Documentation Requirements

The provider is responsible for delivery and set-up of the item if the recipient is physically or mentally unable to handle the arrangements him/her self.

NOTE: Louisiana Medicaid does not reimburse freight or delivery charges.

Delivery documentation is a record of the recipient's or responsible caregiver's receipt of prescribed and medically-necessary medical supplies or durable medical equipment. Delivery documentation must be maintained in the recipient's file; and, at a minimum, include the following information:

- Name of the DME and medical supply provider;
- Provider's identification number for the DME physical location that rendered the service or equipment;
- Address of the DME physical location that rendered the service or equipment;
- Recipient's full name and 10 digit Medicaid identification number;
- Documentation of service location that identifies whether medical equipment or supplies were received by the recipient or caregiver at the DME physical location or delivered directly to recipient's residence;
- Date of delivery;
- Complete description of item(s) delivered;
- Manufacturer name of equipment delivered;
- Model number;
- Serial or item number(s), where applicable;
- Current hour meter reading(s), if applicable;
- Oxygen tank or cylinder's contents, if applicable;
- Clearly written statement identifying whether the equipment is new or used;
- Signed and dated documentation of training provided to recipient or responsible caregiver;
- Dated signature of DME delivery person and his professional license number, if applicable;
- If a DME item is appropriate for shipment, the date of shipment and proof of documented delivery and receipt, such as UPS tracking document;
- Signature of recipient or responsible caregiver and date of delivery or receipt, if the information was obtained by the deliverer.

Pick-up and Return Documentation Requirements

Pick-up and return documentation must be maintained in the recipient's file in the following circumstances:

- Medical equipment being returned to the provider's DME business location by the recipient or responsible caregiver;
- Equipment no longer medically necessary and is picked up from the recipient's residence by the provider;

- Equipment no longer functioning properly and is picked up from the recipient's residence;
- Equipment picked up from the recipient's residence for other clearly documented reasons.

Pick-up documentation must include, at a minimum, the following information:

- Name of DME and medical supply provider;
- Medicaid identification number of the DME location;
- Address of the DME physical location that originally rendered the service or equipment;
- Recipient's full name and ten (10) digit Medicaid identification number;
- Complete description of item(s) picked up;
- Manufacturer name of item(s) picked up;
- Model and serial or item number(s) of item(s) picked up;
- Reason the equipment is being picked up;
- Current hour meter reading(s);
- A description of the pick-up location that identifies whether medical equipment or Supplies were returned to the DME business location or retrieved from the recipient's residence, etc., including the recipient's pick-up address;
- The reason for the return of medical equipment to the provider's DME business location by the recipient or responsible caregiver, the reason for the return;
- Date of pick up or return;
- Dated signature of staff picking up the equipment and his professional license number, if applicable; and
- Dated signature of recipient or responsible caregiver releasing the medical equipment to the provider, if the information was obtained by the deliverer.

Training Documentation Requirements

The recipient's record must contain documentation of the training that was provided to the recipient upon receiving of prescribed medical equipment and supplies. Training documentation must, at a minimum, include the following information:

- Recipient's name;
- Complete description of medical equipment or item(s) received;
- Model and serial number of item received;
- Date of training;
- Printed name, signature, and title of trainer;
- Professional license number of trainer, if applicable;
- Dated signatures of recipient or responsible caregiver, attesting to his understanding of information and handouts provided; and
- Description of training handouts or brochures.