

Helpful Hints for Durable Medical Equipment Authorization Requests



Important Numbers

DME Fax Line:	(502) 585-7990
DME Confidential Voicemail:	(502) 585-7310
Provider Claims Service Unit (PCSU):	(800) 578-0775

Obtaining an Initial Authorization:

Fax: All requests for durable medical equipment (DME) are processed by fax only. Passport Advantage DME request forms are available by [clicking here](#).

Authorization requirements for rentals are determined by the purchase price of an item being rented. If the purchase price of the rental has a reimbursement rate less than \$500, no authorization is required. If the purchase price of the rental has a reimbursement rate of \$500 or greater, an authorization is required. If the rental or purchase price of a prosthetic/orthotic device is \$100 or less, no authorization is required. All items requiring customization or accessories require prior authorization.

Who to contact if you have questions: If you have questions about DME, please call the DME voicemail to leave a confidential message.

After Hours/Weekends Policy:

- When leaving a message, please leave a return phone number, along with the member's name and ID number. If you are checking on the status of your request, please also leave the date you sent the original fax.
- You must fax requests to Passport Advantage's DME precertification fax line prior to supplying or within 24 hours (one business day) after the member has received the item. If on a holiday or weekend, Passport Advantage must be notified the next business day.

Completing the Authorization Process

- Please keep your fax confirmation copy until the request has been processed.
- The DME request form is to be completed with all information required. You must state if request is for rental (RR) or purchase (NU). If your request is for a rental item, please mark the duration of rental in the quantity section. Practitioner orders must state duration of need.
- All DME requests **must be** accompanied by pertinent clinical information including abnormal findings, prior treatments, and x-ray results if appropriate. The documentation **must clearly state** why the DME item is required.
- It is the DME provider's responsibility to get all documentation required for the DME request.
- If the DME request is accident-related, such as MVA with an auto or another insurance company involved, insurance information **must be** faxed to Passport Advantage with the DME request.

Authorization Requirements

Situation	Authorization is Required	Authorization is Not Required
Passport Advantage is the primary payor	✓	
The Passport Health Plan member has Original Medicare as primary payor (and the member does not have Passport Advantage)		✓

Documentation Requirements

- **You must have a signed and dated practitioner's order.**

Prosthetics/Orthotics

- **All** prosthetics and orthotics over \$100.00 require authorization.
- Documentation should include member's present ambulatory status and why the member needs the DME item (for example, has outgrown previous orthotic, fracture, foot deformity, etc.)

CPAP/BIPAP

- Current sleep study, include current titration study and documentation of symptoms.
- For continued rental, authorization requests **must include** a compliance report signed by practitioner. (Remember to include compliance information downloaded from machine).

Enteral Nutrition

- Authorization requests must include:
 - Documentation of why member requires enteral nutrition.
 - Method of feedings, such as, bolus, continuous, tube, or oral.
 - Current height and weight.
 - Weight prior to illness.
 - Activity level.
 - Type of feeding tube.
 - If this is member's sole source of nutrition.
 - Name of product.
 - Number of cans taken per day.
 - Calories per can.
 - Total calories per day practitioner is ordering.

Power Wheelchairs, Power Operated Vehicle (POV)

- Authorization request must include:
 - Documentation from ordering practitioner of a face-to-face exam with member. The exam **must be** within 45 days of the date the DME provider received the order.
 - Distance the member is able to walk with or without assist device (i.e. cane or walker).
 - Strength and functional ability of member, upper and lower extremity, ROM, ability to complete ADL's.
 - Neurological or other limitations that preclude the use of POV over the alternative of a power w/c.

- Member's cognitive ability to safely operate a POV or power w/c.
- Member's current height and weight.
- Diagnoses that are associated with the limitations.
- If home is accessible for DME item requested.
- For power wheelchair request, please include why the member cannot operate a POV.

Manual wheelchair

- Authorization request must include:
 - Duration of need, along with signed and dated practitioner's order.
 - Distance member is able to walk with or without assist device (i.e. cane or walker).
 - Strength and functional ability of member, upper and lower extremity, ROM, ability to complete ADLs.
 - Member's current height and weight.
 - Diagnoses associated with the limitations.
 - If home is accessible for DME item requested.

External Continuous Infusion Insulin Pump

- Authorization request must include:
 - 60-day glucose log, testing time, glucose reading, how much insulin was given, and the number of injections per day.
 - Name of insulin the member is using.
 - How long has the member has been diabetic.
 - Current A1C, c-peptide level with fasting blood sugar obtained at same time of c-peptide level.
 - Documentation that the member has completed a comprehensive diabetic education program.