# Virginia Department of Medical Assistance Services Durable Medical Equipment and Supplies (DME) Fact Sheet 2013

#### Overview

Provision of devices or products to diagnose or treat illness or injury or improve the function of a malformed body part, as ordered by a physician treating the individual, and as a component of a plan of treatment. All services under this program shall be primarily for use in the individual's home.

# Targeted Population

All Virginia Medicaid eligible individuals residing in the home.

#### **Eligibility Rules**

The individual must be eligible for Medicaid and services must be primarily for use in the home. DME services for individuals under age 21 and items or supplies could be covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

## Eligibility Disregards

Hospital patients, and individuals residing in a nursing facility with the exception of volume ventilators and associated supplies or specialty beds for the treatment of wounds in the nursing facility, or Intermediate Care Facilities for Persons with Intellectual Disability (ICF/ID).

### Services Available

**Durable Medical Equipment and Supplies** 

#### Service Authorization

Items are provided at levels set in the *Medicaid Durable Medical and Equipment and Supplies Manual*, Appendix B. Providers may supply equipment and supplies up to certain levels provided that criterion are meet. Equipment and supplies may require prior authorization through a DMAS contractor because of unusual amounts or significant expense, via preauthorization contract. The items must be medically necessary and meet either InterQual Durable Medical Equipment Criteria or Department of Medical Assistance criteria as described in the *Medicaid Durable Medical and Equipment and Supplies Provider Manual*.

#### Criteria:

- 1. The individual must be eligible for Medicaid and services must be primarily for use in the home;
- 2. The individual must have documented medical necessity for the service provided by the ordering physician on a Certificate of Medical Necessity (CMN) (DMAS-352); and
- 3. The individual or their caregiver must be able and willing to use the service provided.

# **Excluded Services**

- Space conditioning equipment such as room humidifiers, air conditioners, and air cleaners.
- DME and Supplies for any hospital or nursing facility resident, except ventilators and associated supplies or specialty beds for the treatment of wounds consistent with DME criteria for nursing facility residents that have been approved by DMAS.
- Furniture or appliances not defined as medical equipment (such as blenders, bedside tables, mattresses other than for hospital beds, pillows, blankets or other bedding,

- special reading lamps, chairs with special lift seats, hand-held shower devices, exercise bicycles, and bathroom scales).
- Items that are only for the individual's comfort and convenience or for the convenience of those caring for the individual.
- Prosthesis, except for artificial arms, legs and there supportive devices which must be approved by the DMAS.
- Items and services that are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.
- Orthotics, including braces, splints and supports. However, orthotics may be provided in certain cases under Rehabilitative Services and EPSDT.
- Home or vehicle modifications.
- Items not suitable for or not used primarily in the home setting. Equipment for which the primary function is vocationally or educationally related.

**Effective Date** 

Effective 1969; revised 1974, 1991, 1993, and 1996.

### Program Administration

Program is administered by DMAS.

**Expenditures** 

FY 13 expenditures were \$62 million

Service Provision DMAS-enrolled DME and supplies providers. DMAS enrolled prosthetic providers.

Quality Management Review DMAS or the DMAS contractor performs post audit reviews of the services provided and interviews individuals of providers delivering the services to ensure health and safety. Reviews are performed at least annually.

**Program Contacts** 

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