WISCONSIN MEDICAID UPDATE

MAY 17, 1995

UPDATE 95-13

TO:
DME Vendors
Home Health Agencies
Pharmacies

Home Health Equipment - Changes to Prior Authorization Guidelines - Effective July 1, 1995

The prior authorization guidelines for certain home health equipment have been revised effective July 1, 1995.

Revised Prior Authorization Guidelines For Home Health Equipment

Prior authorization documentation and clinical requirements for certain durable medical equipment have been updated. This is a summary of the updated prior authorization guideline key elements and is not all inclusive. A brief description of the equipment precedes the key elements of the guidelines. The complete guidelines are available upon written request to the Bureau of Health Care Financing, 1 West Wilson Street, P.O. Box 309, Madison, WI 53701-0309. Specify the code or particular equipment for which you are requesting guidelines.

Pressure Relief Beds

Description:

Air Fluidized *- A system which uses warm air under pressure to set small ceramic beads in motion to simulate the movement of fluid.*

Air Flotation *- A powered system in which water, air, mud, or sand within the mattress is kept in constant motion. Code E0193 is for a complete bed and cannot be used for a mattress overlay or replacement system.*

Key Elements:

1. Information submitted with the request must include documentation on the lesions, the patient's condition, positioning, nutritional status (including serum albumen and total protein levels with the initial request), and detailed descriptions of prior treatments used and the outcomes of the treatments.

2. Documentation must show the presence of stage three or stage four decubitus ulcers, and at least two pressure-bearing surfaces must be affected.

3. For subsequent requests, documentation must show signs of healing. The presence of new decubiti must be explained and may be a basis for denial without extenuating circumstances.

Blood Pressure Monitor

Description: A device for measuring blood pressure.

Key Elements:

1. The approved diagnoses are heart, heart-lung, lung, liver and kidney transplant or kidney dialysis.

2. At least daily monitoring of blood pressure must be documented as medically necessary.

Home Blood Glucose Monitor

Description: A device for monitoring blood sugar values.

Key Elements:

1. The recipient is insulin dependent; or

2. The recipient has gestational diabetes with or without insulin dependence; or

3. The recipient has a diagnosis of hypoglycemia with blood sugar readings below 45 (not insulin induced).

4. The monitor approved is the basic model. If a more sophisticated model or one with special features is requested, documentation must support the medical necessity.

Electric Breast Pump, Including Kit

Description: A device used to withdraw milk from the breast.

Key Elements:

1. Breast pumps may be approved when documentation shows that the infant is hospitalized due to prematurity or illness; or

2. Documentation must show that breast milk must be given by an alternate feeding method and that a manual breast pump cannot be used.

Needle-Free Injection Device

Description: A device used to deliver multiple injections under pressure, without the use of needles and without skin trauma.

Key Elements:

1. The recipient requires multiple (more than 2) daily injections; or

2. The recipient requires the device because of a skin condition.

Decubitus Prevention Pads and Mattresses

Description: Devices used to relieve pressure and prevent the occurrence of decubitus ulcers.

Key Elements:

1. The recipient has a history of decubitus ulcers.

2. The recipient's physical condition necessitates positioning the body in a way that would not be feasible in an ordinary bed.

3. The documentation records the recipient's nutritional status, cleanliness, and skin care and/or treatment.

Enteral and Parenteral Pumps and IV Poles

Description: Systems used to deliver food and/or medication at a controlled rate via the enteral or parenteral route.

Key Elements:

1. The request indicates a recipient's need for nutrition other than by mouth route; **or**

2. The request indicates a recipient's need for time-release medication over a 24-hour period.

Phototherapy (Bilirubin) Light, Bilirubin Blanket

Description: Devices used to reduce an elevated bilirubin level in newborns.

Key Elements:

1. The request documents hyperbilirubinemia (jaundice) in the newborn;
2. Serum bilirubin levels must accompany the request. Levels of 12mg /100ml or greater in the healthy infant indicate the need for phototherapy treatment;
3. Documentation records a birth weight above 5 pounds and normal feedings;
4. The parents are able to carry out the home therapy program; and
5. Laboratory and nursing services (in home, clinic, or doctor's office) are provided daily during the use of the phototherapy unit.

Extra-Uterine Monitor

Description: A device used to monitor the presence of significant uterine contractions.

Key Elements:

1. The request documents an obstetrical complication (including, but not limited to, hyperemesis, premature labor, gestational diabetes, preeclampsia, placental disorders);

   or

2. The request documents a gynecological complication (including, but not limited to, incompetent cervix, uterine anomaly or tumor, infection or sexually transmitted disease);

   or

3. The request documents a fetal abnormality (including, but not limited to, multiple pregnancy, hydramnios, lung immaturity, transplacental infection, congenital anomaly);

   and

4. The request documents need for continued follow-up of stable diagnosis of pregnancy;

   and

5. The recipient is willing and capable of compliance with the prescribed treatment.

Automated Medication Dispenser

Description: An automated medication dispensing system, programmed to the individual patient's prescribed medications and dosages.

Key Elements:

1. The diagnosis must involve conditions resulting from the patient's functional limitation in taking medication properly.

2. The physician must indicate that these conditions have occurred prior to automated medication dispenser use or will occur if an automated medication dispenser is not used (in the physician's professional opinion).

3. The documentation must state that the recipient is currently receiving a complex, medically necessary medication regime consisting of more than two oral legend medications and more than two daily medication administration times.

4. The physician must indicate that other methods of assuring compliance have been tried, but have not been successful.

5. The use of an automated medication dispenser will avoid or reduce the need for home health care services.

6. The documentation must state that the recipient is physically and cognitively able to remove the medication from the medication drawer.

7. Automated medication dispensers are initially approved for a rental period of 60 days. If the recipient remains compliant with the medication regime, and documentation shows that home health costs have been avoided or reduced, approval may be given for purchase of the device.