WISCONSIN MEDICAID
UPDATE

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UPDATE 98-06

TO:
DME Vendors
HMOs and Other Managed Care Programs
Home Health Agencies
Orthotists
Pharmacies
Prosthetists

Durable Medical Equipment: Changes to Prior Authorization Guidelines - Effective March 1, 1998

Revisions to prior authorization guidelines

Prior authorization (PA) documentation and clinical requirements for certain durable medical equipment (DME) have been revised. This is a summary of the key elements of the PA guidelines for specific equipment and is not all-inclusive. All PA requests are reviewed for medical necessity and consistency with the diagnosis/clinical condition of the recipient. The complete guidelines are available upon written request to the DME Policy Analyst, Bureau of Health Care Financing, P.O. Box 309, Madison, WI 53701-0309. Refer to the DME Index that you recently received for more information about this equipment.

Needle-Free Injection Device (A4210)

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

Key Elements of PA Guidelines:

1. The recipient requires three or more daily injections. Documentation indicates this injection frequency is a long-term medical need.

2. Medical documentation shows the need for the needle-free injection device because of a skin condition.

Pulse Oximeter (W6776)

Description: A device which measures the oxygen saturation of the blood.

Key elements of PA Guidelines:

1. Documentation must include:

   a. Oxygen saturation levels dated no more than 30 days prior to the date the PA request is received by the Medicaid fiscal agent, EDS.

b. The frequency of monitoring oxygen saturation levels as ordered by the physician.

c. The frequency of low oxygen saturation and the actions and treatments used to treat the low oxygen level.

2. For pediatric recipients (under age 18), the documented oxygen saturation level must be consistently 92 percent or below on room air.

3. For adult recipients (age 18 and older), the documented oxygen saturation level must be 88 percent or below on room air.

Apnea monitor (E0608)

Description: A device used to monitor respirations, heart rate, or both, and alert the caregiver when these are outside the limits set by the physician.

Key elements of PA Guidelines:

1. Documentation must include the alarm settings for the apnea monitor.

2. For recipients up to the age of six months, documentation must include one of the following:

   a. Documented family history of apnea, sudden infant death syndrome (SIDS), or near-miss SIDS.

   b. One or more incidences of apnea within the past six months, as well as the intervention and outcome which occurred for each incidence. Documentation must also include the response plan when the monitor sounds an alarm.

   c. Presence of an artificial airway and the type of required assisted breathing device or ventilator, if used.

3. For recipients over the age of six months, documentation must include all of the following:

   a. Presence of an artificial airway and the type of required assisted breathing device or ventilator, if used, including the frequency and amount of time the apnea monitor is used as ordered by the physician.

   b. One or more incidences of apnea within the past six months, the response plan when the monitor sounds an alarm, as well as the intervention and outcome which occurred for each incident; abnormal blood gases; or an event recording (histogram) showing abnormalities if the absence of apnea is noted within the past six months.

   c. For recurrent apnea, evidence of abnormal blood gases or a clogged airway and information on what has been used to prevent or decrease episodes of a clogged artificial airway.

4. Apnea monitors are rarely indicated for recipients four years of age or over.