



Texas Medicaid Home Health Durable Medical Equipment (DME) and Supplies Exceptional Circumstances became effective June 1, 2020.

In accordance with Title 42 Code of Federal Regulations (CFR) §440.70 and Title 1 Texas Administrative Code (TAC) §354.1039 Texas Medicaid is obligated to consider coverage of medically necessary DME and supplies that are not currently listed as benefits of Texas Medicaid for clients who are 21 years of age or older.

- Texas Medicaid's obligation to consider coverage of medically necessary DME and supplies not otherwise covered as a Texas Medicaid benefit for clients 21 years of age and older is known as the Home Health Durable Medical Equipment (DME) and Supplies Exceptional Circumstances provision.
- This includes items listed as non-covered services in the *Texas Medicaid Provider Procedures Manual* (TMPPM) or any item of DME and supplies that is not considered a benefit of Medicaid. TMPPM criteria, 2.2.3.
- Home Health DME and Supplies Exceptional Circumstances requests must be pre-authorized.
- Requests for medically necessary DME and supplies not covered as a benefit under Texas Medicaid should be submitted through the Home Health DME and Supplies Exceptional Circumstances process.
- This process is limited to DME and supplies for which Federal Financial Participation is available.

All exceptional circumstances DME and supplies must be prior authorized. The Home Health DME and Supplies Exceptional Circumstances provision is not an available process to pursue for clients who receive prior authorization denials for medical necessity or technical reasons (e.g., missing essential fields, incomplete documentation). Clients that have been denied prior authorization under these circumstances may appeal the decision through the regular fair hearing process.

How this impacts providers: Providers may request to use the Home Health DME and Supplies Exceptional Circumstances provision by providing a written notice to EPH if the written notice meets all the conditions outlined below. The notice must include:

- A completed Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form or other required form (e.g. Special Medical Prior Authorization [SMPA], Oxygen Therapy Devices and Supply Form, Wound Care Equipment and Supplies, etc.) signed and dated by the prescribing

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- physician along with a cover letter indicating use of the Home Health DME and Supplies Exceptional Circumstances provision
 - The client's diagnosis and identification of specific medical needs that can only be met by the requested equipment or supply
 - A clear, concise description of the DME or supply requested
 - Letters of Medical Necessity (LOMN) from the client's prescribing physician and other clinical professionals, as appropriate, documenting alternative measures and alternative DME or supplies that have been tried and failed to meet the client's medical need(s), or have been ruled out, and an explanation of why it failed or was ruled out
 - Submission of either the manufacturer's suggested retail pricing (MSRP) for the DME or supply requested, or an invoice documenting the provider's cost

Note: EPH may request additional supporting documentation if it is determined necessary upon review.

Reimbursement and Billing: DME and supplies allowed under the Home Health DME and Supplies Exceptional Circumstances provision must be requested by providers using the most appropriate procedure code available and must be authorized by EPH in order to be considered for payment.

References: Home Health DME and Supplies Exceptional Circumstances Provision for Medicaid Clients 21 Years of Age and Older

<http://www.tmhp.com/news/2020-04-29-home-health-dme-and-supplies-exceptional-circumstances-provision-medicaid-clients>

TMHP Forms: <https://www.tmhp.com/resources/forms>

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