

PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT

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Effective June 15, 2013, MO HealthNet will utilize the following criteria regarding proof of delivery for items covered in the Durable Medical Equipment (DME) Program.

PROOF OF DELIVERY

DME providers must maintain proof of delivery documentation in their files for every item provided. Documentation must be maintained in the DME provider’s files for five years. Proof of delivery is required in order to verify that the beneficiary received the item or supply.

For the purpose of the proof of delivery information provided below, “designee” is defined as: “Any person who can sign and accept the delivery of durable medical equipment on behalf of the participant.” DME providers, their employees, or anyone else having a financial interest in the delivery of the item are prohibited from signing and accepting an item on behalf of a participant (i.e., acting as a designee on behalf of the participant).

DME providers shall not bill for an item prior to receipt of documentation of proof of delivery. In addition, for items of durable medical equipment that require fitting, set-up, and/or instructions, a DME provider shall not bill prior to providing the participant with the proper set-up, fitting and instruction. Documentation of any set-up, fitting and/or instructions provided must be included in the DME provider’s records.

DIRECT DELIVERY

DME providers may deliver an item or supply directly to the participant or their designee. An example of proof of delivery made directly to a participant is a signed and dated delivery slip. It is recommended the delivery slip include the following information:

- Participant’s name
- Quantity delivered
- Detailed description of the item being delivered
- Brand name of the item
- Serial number (if applicable)

The date of signature on the delivery slip must be the date that the item/supply was received by the participant or designee. In instances where the item/supply is delivered directly by the DME provider, the actual date the participant received the item/supply shall be the date of service on the claim.

MAIL ORDER/SHIPPING SERVICE DELIVERY

If a DME provider uses a shipping or mail order service, an example of proof of delivery should include the services tracking slip and the DME provider's own shipping invoice. If possible, the DME provider's records should also include the delivery service's package identification number for the package sent to the participant. The shipping service's tracking slip should reference each individual package, the delivery address, the corresponding package identification number given by the shipping service, and, if possible, the date delivered. DME providers should use the shipping date as the date of service on the claim.

SUPPLY REFILLS – NO “AUTO-REFILLS”

For DME Program items supplied as refills to the original order (such as nebulizer supplies, CPAP supplies, diapers, etc.), the DME provider must contact the participant or caregiver prior to dispensing the refill and not automatically ship on a pre-determined basis, even if authorized by the participant. This shall be done to ensure that the refilled item remains reasonable and necessary, existing supplies are approaching exhaustion, and to confirm any changes/modification to the order. Contact with the participant or designee regarding refills must take place no sooner than 14 calendar days prior to the delivery/shipping date.

For all items that are provided on a recurring basis, DME providers are required to have contact with the participant or caregiver/designee prior to dispensing a new supply of items. DME providers must not deliver refills without a specific refill request from a participant. Items delivered without a valid, documented refill request are not covered and may not be billed to the participant. For items that the participant obtains in-person at a retail store, the signed delivery slip or a copy of the itemized sales receipt is sufficient documentation of a request for refill.

DME providers must not dispense a quantity of supplies exceeding a participant's expected utilization. DME providers must be attentive to changed or atypical utilization patterns on the part of their clients. DME providers must verify with the ordering physicians that any changed or atypical utilization is warranted.

The date of service for items supplied as refills to the original order may be the actual delivery date or ship date depending on the method of delivery, or within three calendar days of the delivery date or ship date. For example, if an item is delivered by the supplier on June 1, the date of service billed on the claim may be June 1, June 2, June 3 or June 4. This flexibility is allowed to ensure a participant is able to receive the refill of supplies without a gap in service and the provider is able to bill for supplies provided.

EXCEPTIONS TO DATE OF SERVICE

A DME provider may deliver a DME Program item to a participant in a hospital or nursing facility for the purpose of fitting or training the participant in the proper use of the item. This may be done up to two days prior to the participant's anticipated discharge to their home. The DME provider shall bill the date of discharge as the date of service on the claim and use the place of service (POS) 12 (home). The item must be for subsequent use in the participant's home. No billing may be made for the item for those days the participant was receiving training or fitting in the hospital or nursing facility. The DME provider must ensure the participant's equipment is properly set-up and the patient is instructed on in-home use of the equipment prior to billing. Services cannot be billed prior to the date the patient is discharged.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline
573-751-2896**

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