
Durable Medical Equipment

4.209 Durable Medical Equipment ~~(01/07/2019, GCR 18-037)~~4.209.1 Definitions

“Durable Medical Equipment” (DME) means equipment and appliances that:

- (a) Are primarily and customarily used to serve a medical purpose,
- (b) Are generally not useful to an individual in the absence of disability, illness, or injury,
- (c) Can withstand repeated use, and
- (d) Can be reusable or removable.

This definition is in accordance with the federal Medicaid definition of equipment and appliances found at 42 CFR §440.70(b)(3)(ii).

4.209.2 Covered Services

- (a) Vermont Medicaid publishes and maintains a list of pre-approved items of DME. The list is publicly available on the Department of Vermont Health Access (DVHA) website. Items of DME that are not pre-approved are subject to prior authorization review.

4.209.3 Qualified Providers and Vendors:

- (a) DME vendors must be enrolled in Vermont Medicaid.
- (b) DME must be ordered by a ~~provider~~physician or other licensed provider -who is enrolled in Vermont Medicaid and working within the scope of ~~his or her~~their practice.
- (c) The following ~~non-physician providers/practitioners (NPP)~~ may perform and document the face-to-face encounter as required in 4.209.4(~~db~~) of this rule:
 - (1) A physician
 - (2) A nurse practitioner or clinical nurse specialist~~-working in collaboration with the ordering physician,~~
 - or
 - (3) A physician assistant~~-under the supervision of the ordering physician. or~~
 - (4) Other licensed provider acting within their scope of practice.
- (d) For beneficiaries requiring DME immediately after an acute or post-acute stay, the attending acute or post-acute physician may perform the face-to-face encounter.

4.209.4 Conditions for Coverage

- (a) DME is covered when it is medically necessary. Medical necessity includes when the item is necessary to perform activities of daily living. Orders for DME must include sufficient information to document the medical necessity of the item being prescribed.
- (b) Coverage of DME is not restricted to the items covered as DME in the Medicare program.
- (c) A beneficiary’s need for DME must be reviewed annually by a qualified ordering provider.

~~(b)~~(d) For the initiation of DME that requires a face-to-face encounter, pursuant to 4.209.4(~~db~~)(3), a qualified provider must conduct a face-to-face encounter with the beneficiary no more than six months prior to the start of service.

- (1) The face-to-face encounter must be related to the primary reason the beneficiary requires DME.
- (2) The face-to-face encounter may be conducted in person or through telemedicine.
- (3) For Vermont Medicaid, the face-to-face requirement only applies to items of DME that are also subject to the face-to-face requirement under Medicare.
- (4) Documentation of the face-to-face visit shall include:
 - (A) That the face-to-face encounter is related to the primary reason the beneficiary requires DME,
 - (B) That the face-to-face encounter occurred within the required timeframe,
 - (C) The ~~practitioner~~ provider who conducted the encounter, and
 - (D) The date of the encounter.
- (5) If a non-physician provider's scope of practice does not allow the provider to perform the face-to-face encounter independently, the non-physician provider must communicate the clinical findings of the face-to-face encounter to the ordering physician. When DME is ordered with a home health services plan of care, the NPP performing the face-to-face encounter must communicate the clinical findings of that face-to-face encounter to the physician ordering the home health services. Those clinical findings must be incorporated into a written or electronic document included in the beneficiary's medical record.

~~(e)~~(e) DME may be suitable for use in any setting in which normal life activities take place. Coverage is not restricted to DME that is used in the home.

~~(f)~~(f) DME shall be rented or purchased based upon the beneficiary's condition and the period of time the equipment will be required. The total cost of the rental shall not exceed the total value of the item. DVHA publishes and maintains a list of rented DME, which can be found on the DVHA website.

~~(g)~~(g) DME providers are expected to maintain adequate and continuing service and support for Medicaid beneficiaries.

~~(h)~~(h) Replacement of DME will be authorized when changing circumstances or conditions are sufficient to justify replacement with an item of different size or capacity, when the useful lifetime has been reached, or when the device no longer safely addresses the medical needs of the beneficiary and can no longer be repaired.

~~(g)~~(i) Vermont Medicaid is the owner of all purchased equipment. Such equipment shall not be resold. Serviceable DME may be recovered for reuse or recycling when the beneficiary no longer needs it. The beneficiary shall notify Vermont Medicaid when serviceable equipment is no longer needed or appropriate for the beneficiary.

~~(h)~~(j) The conditions of coverage do not apply to items reimbursed as a component of an institutional payment.