

Rule No. 560-X-13-.01. Supplies, Appliances, and Durable Medical Equipment - General.

(1) Effective July 1, 1978, supplies, appliances, and durable medical equipment are available as Medicaid program benefits to Medicaid eligibles of any age living at home.

(2) The covered medical supplies, appliances, and durable medical equipment are for medical therapeutic purposes, must be ordered by the attending physician in connection with his plan of treatment, and the items will minimize the necessity for hospitalization, nursing home, or other institutional care.

(3) A recipient does not have to be a Home Health Care patient in order to avail herself/himself of this program.

(4) The provider is responsible for educating the recipient in the use of the equipment. The provider is also responsible for delivery and set up of the equipment.

(5) All appliances and standard durable medical equipment must have a provider's warranty of a minimum of one year; this may include the manufacturer's warranty. Failure to provide a warranty and/or to repair appliances/equipment during the warranty period may result in corrective action including but not limited to provider education and/or termination of the provider's DME contract. The warranty begins on the date of delivery (date of service) to the recipient.

(a) Repairs and/or replacement of parts, after the first year the appliance/equipment is issued, require Prior Authorization (PA) unless otherwise specified by the Agency.

(b) A provider's failure to go through the process of obtaining prior authorization for repairs and/or replacement does not by itself constitute a non-covered service.

(56) Standard supplies, appliances, and durable medical equipment covered by Medicaid are listed in Chapter 14 of the Alabama Medicaid Provider Manual. Medical equipment, supplies, and appliances not listed as covered services in Chapter 14 of the Alabama Medicaid Provider Manual may be requested for coverage by submitting the request to the Clinical Services & Support Division for review and consideration. It will be the provider's responsibility to supply Medicaid with the necessary medical documentation which justifies the need of the requested items.

(67) Requests for items that are covered by Medicaid which are outside the normal benefit limits, due to damage beyond repair or other extenuating circumstances must be submitted to the Clinical Services & Support Division for review and consideration. It will be the provider's responsibility to supply Medicaid with the necessary documentation which justifies the need for the requested items.

(78) The provider may not bill the recipient for an item for which a prior authorization (PA) has been denied due to provider error or the provider's failure to submit the necessary medical documentation for the PA request.

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Statutory Authority: State Plan; 42 CFR Section 440.70; and Title XIX, Social Security Act.

History: Rule effective October 1, 1982. Amended November 11, 1985, March 10, 1997, July 9, 1997, September 15, 2004. Amended: Filed May 11, 2012; effective June 15, 2012.

Amended: Filed February 20, 2014.