

	<p><b>Miscellaneous DME (E1399) when billed amount exceeds \$500</b></p>	
<p><b>Guideline #</b> 9978</p>	<p><b>Categories</b> Clinical →TCHP Guidelines, Utilization Management UM</p>	<p><b>This Guideline Applies To:</b> Texas Children's Health Plan, Texas Children's Hospital, Texas Children's Pediatrics, Texas Children's Physician Services Organization, Texas Children's Urgent Care, Texas Children's Women's Specialists, The Center for Children and Women</p>
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of durable medical equipment when billed using code E1399 and billed charges exceed \$500

**GUIDELINE**

1. E1399 is only intended for use when a more appropriate code is not available. When an appropriate code does exist, that code must be used.
2. All requests for prior authorization are received via fax, phone online submission or mail by the Utilization Management Department and processed during normal business hours.
3. To request prior authorization for durable medical equipment when billed using code E1399 and billed charges exceed \$500, the following documentation must be provided:
  - 3.1. Completed Prior-Authorization form,
  - 3.2. Identification and description of the equipment requested to include when applicable:
    - 3.2.1. Invoice with the manufacturer's logo, address and phone number
    - 3.2.2. The equipment model and serial number
    - 3.2.3. A detailed description of the item
    - 3.2.4. Any modifications required, including the product or accessory number as shown in the manufacturer's catalog
    - 3.2.5. The cost or charge for the item(s)

- 3.2.6. A detailed explanation of how the requested item(s) differs from an already existing code description if the TMHP manual does not identify this code as appropriate for billing the equipment requested.
  - 3.3. Clinical documentation to support the medical necessity for the equipment requested
  - 3.4. Physician order or prescription, signed by the Physician and no more than 60 days from the date of request
4. Establishing Medical Necessity:
    - 4.1. When applicable – TCHP will follow guidance on medical necessity in the current TMHP manual for the specific equipment requested.
    - 4.2. If the requested equipment is not referenced in the TMHP manual as billable using code E1399 but is submitted under the EPSDT program – TCHP will review the request on a case by case basis and ensure that the requested equipment corrects or ameliorates the client’s disability, physical or mental illness, or chronic condition. In addition, the equipment must have a well-established history of efficacy or, in the case of novel or unique equipment, valid peer-reviewed evidence that the equipment serves a medical purpose, can withstand repeated use, and is appropriate and safe for use in the home.
  5. Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
  6. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

**REFERENCES:****Government Agency, Medical Society, and Other Authoritative Publications:**

- Texas Medicaid Provider Procedures Manual  
[http://www.tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.aspx](http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx)

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