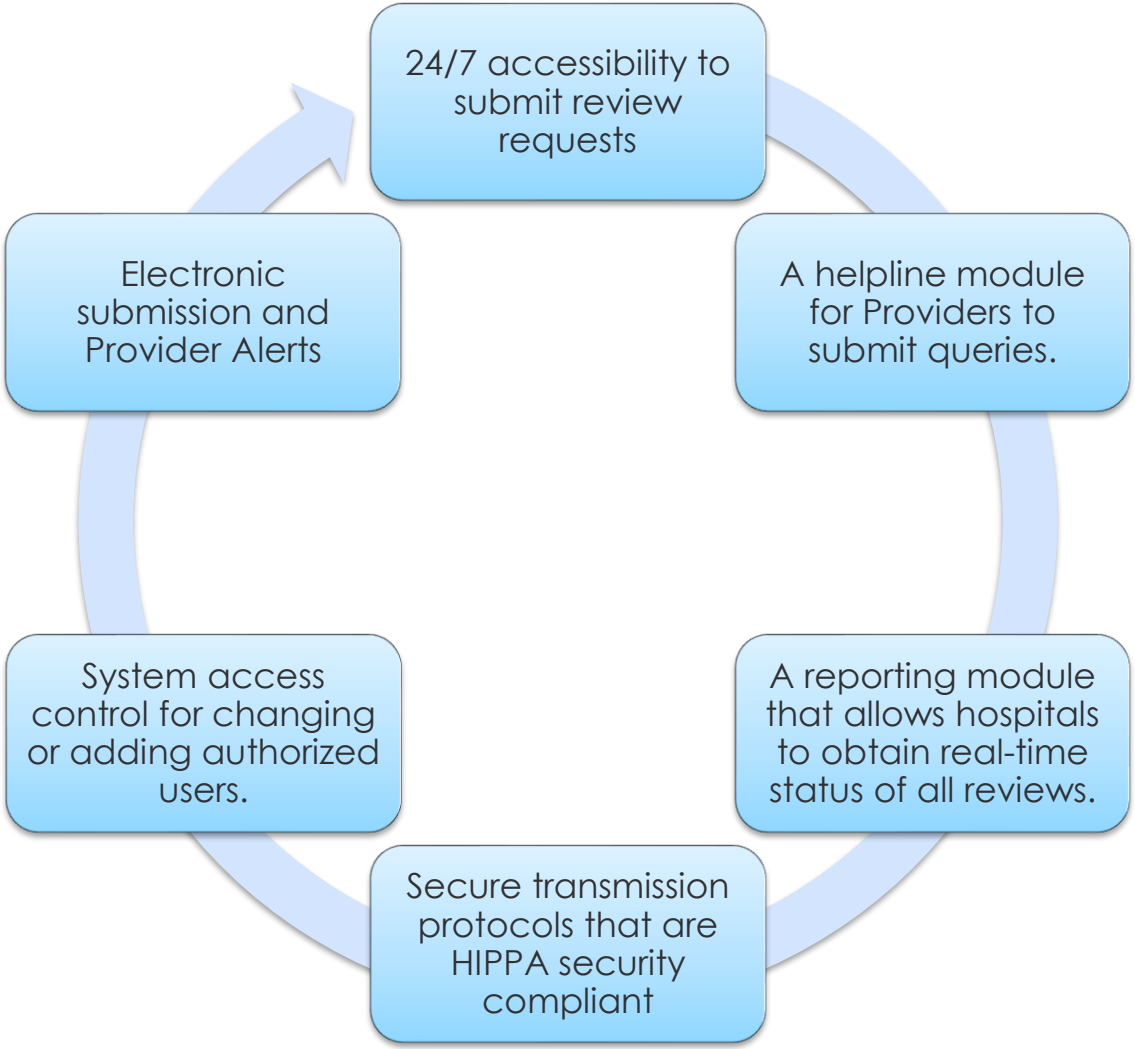
DME/Special Services

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Overview of eQsuite®



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How to access eQsuite®

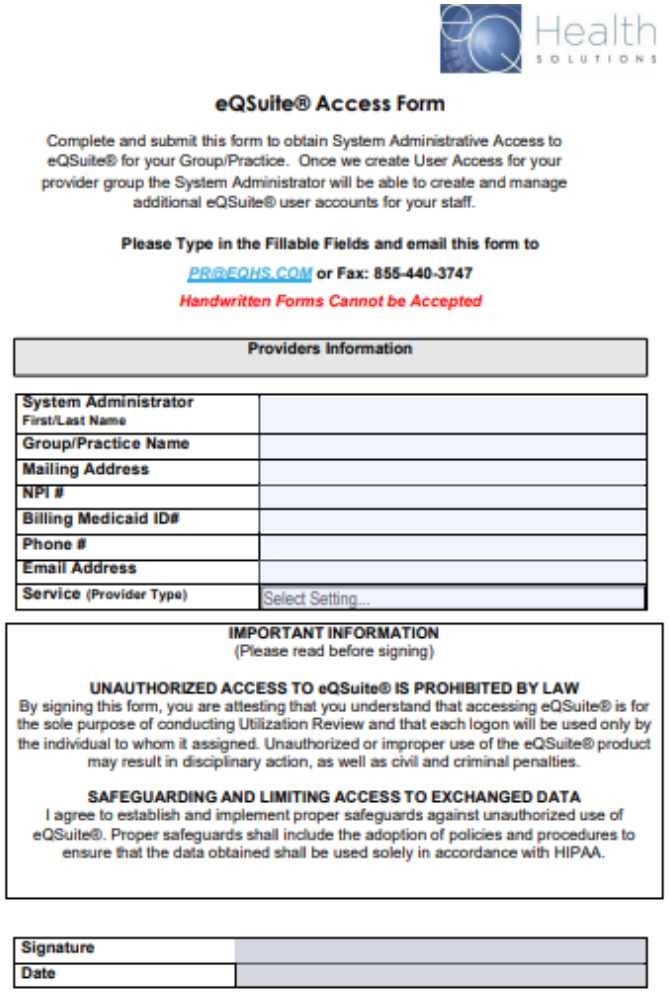
New Users:

You will need to complete and submit an access form.

(Once received and entered you will receive an email confirmation with your username and password)

System Administrator:

- ✓ The person assigned will be responsible keeping all user accounts updated. *(Email address/phone numbers etc.)*
- ✓ You will have the ability to create additional User Accounts.
- ✓ Keeping all users informed of any updates or notifications sent from eQHealth.



Health SOLUTIONS

eQSuite® Access Form

Complete and submit this form to obtain System Administrative Access to eQSuite® for your Group/Practice. Once we create User Access for your provider group the System Administrator will be able to create and manage additional eQSuite® user accounts for your staff.

Please Type in the Fillable Fields and email this form to

PR@EQHS.COM **or Fax: 855-440-3747**

Handwritten Forms Cannot be Accepted

Providers Information	
System Administrator First/Last Name	
Group/Practice Name	
Mailing Address	
NPI #	
Billing Medicaid ID#	
Phone #	
Email Address	
Service (Provider Type)	Select Setting...

IMPORTANT INFORMATION
(Please read before signing)

UNAUTHORIZED ACCESS TO eQSuite® IS PROHIBITED BY LAW
By signing this form, you are attesting that you understand that accessing eQSuite® is for the sole purpose of conducting Utilization Review and that each logon will be used only by the individual to whom it assigned. Unauthorized or improper use of the eQSuite® product may result in disciplinary action, as well as civil and criminal penalties.

SAFEGUARDING AND LIMITING ACCESS TO EXCHANGED DATA
I agree to establish and implement proper safeguards against unauthorized use of eQSuite®. Proper safeguards shall include the adoption of policies and procedures to ensure that the data obtained shall be used solely in accordance with HIPAA.

Signature	
Date	

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Resources for DME

DME Fee Schedule

- Durable Medical Equipment (DME) and Medical Supply Services

  Pricing is based on AHCA maximum payment guidelines and is not negotiable. eQHealth does not have the authority to negotiate, alter, or apply any other pricing strategy. Pricing information is available prior to a medical necessity determination. This information does not guarantee approval of the request nor payment for services.

  Please utilize the Florida DME Fee Schedule Pricing.

Authorization Requirements Policy

- Florida Medicaid Authorization Requirements Policy

FL Medicaid DurableMedical Equipment & Supplies Coverage Handbook

- FL Medicaid Durable Medical Equipment and Medical Supply Services Coverage & Limitations Handbook

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Prior Authorization Numbers

Please reference the Florida Medicaid Fee Schedule for Authorization Requirements. The Fee Schedule can be found on AHCA's website or on our website **FL.ACENTRA.COM**

- On the Fee Schedule if the code has a "**PA**" this means the code requires prior authorization and once approved you will receive your authorization letter with a PA#.

- If the code only states "**Medical Necessity**" the code requires prior authorization however it does not require a PA #. A PA# will **NOT** generate when you receive your authorization letter.

  Note: *To avoid a denial on your claims make sure to include your authorization letter with your claim submission.*

- By Report (BR) This column identifies a "Non-Classified" procedure code that requires a medical review to approve and price the procedure correctly.

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Prior Authorization Numbers

Example:

E0445 Oximeter Device For Measuring Blood Oxygen Levels, Non-Invasive

On the Fee Schedule it states **"Medical Necessity"** on the Limit column. That means prior authorization is required. However, when you receive authorization, the letter will **NOT** generate a Prior Authorization number.

Code	Age	Orthopedic Specialty	Maximum Fee	Rental Only	Rental Amount	Daily Rental	Units	Manually Priced	Bundled Code	By Report	Prior Authorization	Time Limited	Limit
A7525	0 - 999		1.27				4						4 PER MONTH
A7526	0 - 999		1.27				14						14 PER MONTH
E0424	0 - 999		RO	RO	228.98		1						1 PER MONTH
E0431	0 - 999		RO	RO	41.34		1						1 PER MONTH
E0434	0 - 999		RO	RO	41.34		1						1 PER MONTH
E0439	0 - 999		RO	RO	228.98		1						1 PER MONTH
E0441	0 - 999		RO	RO	135.31		1						1 PER MONTH
E0442	0 - 999		RO	RO	135.31		1						1 PER MONTH
E0443	0 - 999		RO	RO	20.94		1						1 PER MONTH
E0444	0 - 999		RO	RO	20.94		1						1 PER MONTH
E0445	0 - 20		RO	RO	101.94		1						MEDICAL NECESSITY

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Review Completion Timeframes

Prior Authorization	1st Level Review	2nd Level Review (Physician Reviewer)
Admission	Within 2 Business days	Within 3 Business days
Special Services (Glucose Monitoring, Pulse Oximetry, Misc DME Supply)	Within 2 Business days	Within 3 Business days
Retrospective (Retroactive Medicaid eligibility)	Within 20 Business day	

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Review Status

Review Status Determinations

- PEND: Additional information is being requested
- 1st Level Review: The review is currently being reviewed
- 2nd Level Review: If medical necessity cannot be made at 1st level review gets referred to a physician reviewer
- Cancel: Duplicative Service or line items not entered correctly, No Medicaid eligibility, Untimely Submission

Pended Reviews

- Please make sure to review the pend completely. There may be more than one item that is being requested from the reviewer, failure to respond to the entire request will result in additional pend. This delays the review and delays the recipient getting service.

Reconsideration and Fair Hearing Rights

- Partial and full denials have reconsideration and Fair Hearing Rights. Recipients or their parent/legal guardian need to be made aware of this process. There are time limitations for the requests outlined in the denial letter.

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Required Documentation

- ✓ A copy of the physician's order, if applicable

  All durable medical equipment medical supplies, orthotic and prosthetic devices must be prescribed by the Medicaid Recipients Treating MD, physicians assistant, ARNP, or Podiatrist. Must include the date, NPI and signature.

- ✓ Full description of the Items requested

  Is the equipment owned? Was the equipment purchased by Medicaid, if so when? Is the equipment being purchased specifically for the recipient? The age of the equipment?

- ✓ Pricing Information: Including Sales Invoice, manufacturers documents showing MSRP of requested items
- ✓ Summary of the recipient's current health status, including diagnosis(s) pertinent to the recipient's need for the service being requested
- ✓ **Wheelchairs:** Custom Wheelchair Evaluation form is required for all new/replacement wheelchair requests
- ✓ A copy of the recipient's current POC signed by the physician

  Any additional documentation requested by the QIO

Note: All clinical documentation must be completed within 1 year to support medical necessity

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Invoice Requirements

Documentation

- ✓ A list of each component and related fee described by HCPCS procedure codes on the current DME and Medical Supply Services Provider Fee Schedules
- ✓ The invoice subtotal
- ✓ A list of all components including items not listed on the DME and Medical Supply Services Provider Fee Schedules, its applicable HCPCS code, and the provider's requested price for each individual component
- ✓ The invoice total, excluding all shipping and handling fees

Example of Invoice

Excellent DME Provider



595 Tampa Drive Suite 100
Tampa, Florida 33634
Provider #987987987

Deliver to:
Robert T. Patient
959 Ocean Street
Oldsmar, Florida 33456
Medicaid ID# 1112223333

Request for K0014 :

HCPCS Code	Description	Quantity	Price	
	DME Fee Schedule Items			
K0823	Group 2 power wheelchair	1	$3699.70	
E2362	Group 24 non-sealed lead acid battery, each	2 @ 70.26	$140.52	
E2209	Arm trough	1	$86.08	
E0990	Elevating leg rest, complete assembly, each	2 @ 89.61	$179.22	
Subtotal				$4105.52
	Non-DME Fee Schedule Items			
E2617	Custom Fabricated wheelchair back cushion, any size, including any type mounting hardware	1	$400	
E2609	Custom Fabricated wheelchair seat cushion, any size	1	$375	
Subtotal				$775
Total				$4880.52

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Wheelchair/POV HCPCS Codes

The following HCPCS Codes should be used for:

- **Custom Wheelchairs**
  - K0014-Custom Power wheelchair
  - K0009-Custom Manual wheelchair

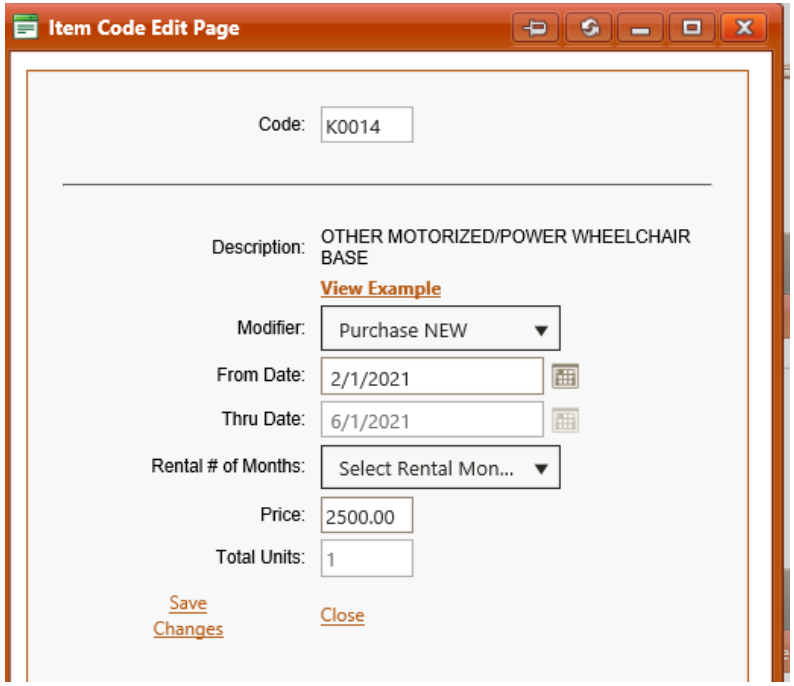
Note: When Any component is added to a wheelchair, it becomes a custom wheelchair.

- **Power Operated Vehicle (POV)**
  - K0800
  - K0801
  - K0802

- **Patient Lifts**
  - E0630
  - E0635

- **Labor**
  - K0739

- **Items with no appropriate HCPCS Code or not on the Fee Schedule**
  - K0108



Reminder: Any additional DME Items should only be added on the invoice.

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EPSDT

- The Early and Periodic Screening, Diagnostic and Treatment Services program ensures that children and youth under age 21 receive a comprehensive array of preventive, diagnostic, and treatment services.

- Requests for children under the age of 21 for items on the DME fee schedule over the limits are considered EPSDT or Special Services.

- Requests for children under the age of 21 for items not on the DME fee schedule are considered EPSDT or Special Services.

- Many Items that recipients under age 21 may not have the actual HCPCS code loaded in eQHealth or they are unable to be transmitted to the PA system at Florida Medicaid – in those instances please use the following codes
  - A9900-Continence, Ostomy, and Wound Care supplies
  - E1399- DME Items that exceed the limits or services not listed on the fee schedule

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Question Rephrased in eQsuite®

Is this a DME supply that is covered under the EPSDT benefit for quantities over the limits on the DME Fee Schedule, or the item is not on the DME Fee Schedule?

We have provided some helpful tips on how to answer this question correctly to avoid any potential delays in the review process.

- **EPSDT**: Early and Periodic Screening, Diagnostic and treatment ONLY applies to recipients under the age of 21. If you are submitting a case and the recipient is over 21 this question does NOT apply, and you should be checking **"NO"**

Example: If the recipient is under 21 and the item is NOT on the fee schedule or if the Item is over the fee schedule limit you should be checking –**Check "Yes"**

Example: Recipient is under 21 and you are requesting A9900 Continence, Ostomy, and Wound Care supplies- **Check "Yes"**

Example: Recipient is under 21 and you are requesting E0316 (SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE)-This item is on the Fee Schedule. **Check "No"**

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Special Services
A9900
A9900-Misc Continence, Ostomy and Wound Care

Required Supporting Documentation

- RX signed within one year by appropriate practitioner (Physician, ARNP, Physician Assistant) within scope of their license
- Sales invoice
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described. *(i.e., physician visit notes; any other relevant discipline visit notes)*

Continence supplies for recipients

As initiated on August 29, 2023, through rulemaking and effective January 10, 2024, providers can bill for incontinence supplies provided to Medicaid recipients ages four (4) and above that are determined medically necessary in accordance with Agency policy, using the codes and rates as listed on the Durable Medical Equipment and Medical Supply Services Provider Fee Schedule.

- Has chronic incontinence caused by a permanent physical or mental condition (including cerebral palsy and developmental delay).
- Required ICD 10 Diagnoses by Label or code. An incontinence DX must be accompanied by a DX that supports the rationale for the incontinence.

Note:

If you have more than one Item that requires an authorization these codes must be entered into eQsuite® separately

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Special Services
E1399

E1399- DME Items that exceed the limits or request services not listed on the fee schedule

Required Supporting Documentation

- RX signed within one year by appropriate practitioner (Physician, ARNP, Physician Assistant) within scope of their license
- Providers Sales invoice
- If it's a Manually Priced Item, include the Manufacturers Pricing.
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described. *(i.e., physician visit notes; any other relevant discipline visit notes)*

Note:

If you have more than one Item that requires an authorization these codes must be entered into eQsuite® separately

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Special Services
Pulse Oximetry

E0445-Oximeter Device for measuring blood oxygen levels, non invasive

Required Supporting Documentation

- RX signed within one year, ICD 10 Diagnosis with Freq and Duration
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described *(I.e. physician visit notes; any other relevant discipline visit notes laboratory results; diagnostic test results; records of repeated metrics oxygen delivery rates, pulse ox readings, ventilator settings)*

Note:

- This is a rental Item only
- This code does require prior authorization however it does not require a PA #. When you receive authorization, the letter will NOT generate a Prior Authorization number. To avoid a denial on your claims, make sure to include your authorization letter.

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Special Services
Glucose Monitoring

- A9276-Disposable sensor, CGM Sys
- A9277-External Transmitter, CGM
- A9278-External Receiver, CGM Sys

Required Supporting Documentation

- RX signed within one year, ICD 10 Diagnosis with Freq and Duration
- A current comprehensive glucose level log
- Clinical Documentation completed within one year of the request. Must support the medical necessity that is described *(I.e., physician visit notes; any other relevant discipline visit notes laboratory results; diagnostic test results; records of repeated metrics such as weights, blood sugars logs, Ac1 readings)*

Note:

These codes may be entered all on one review

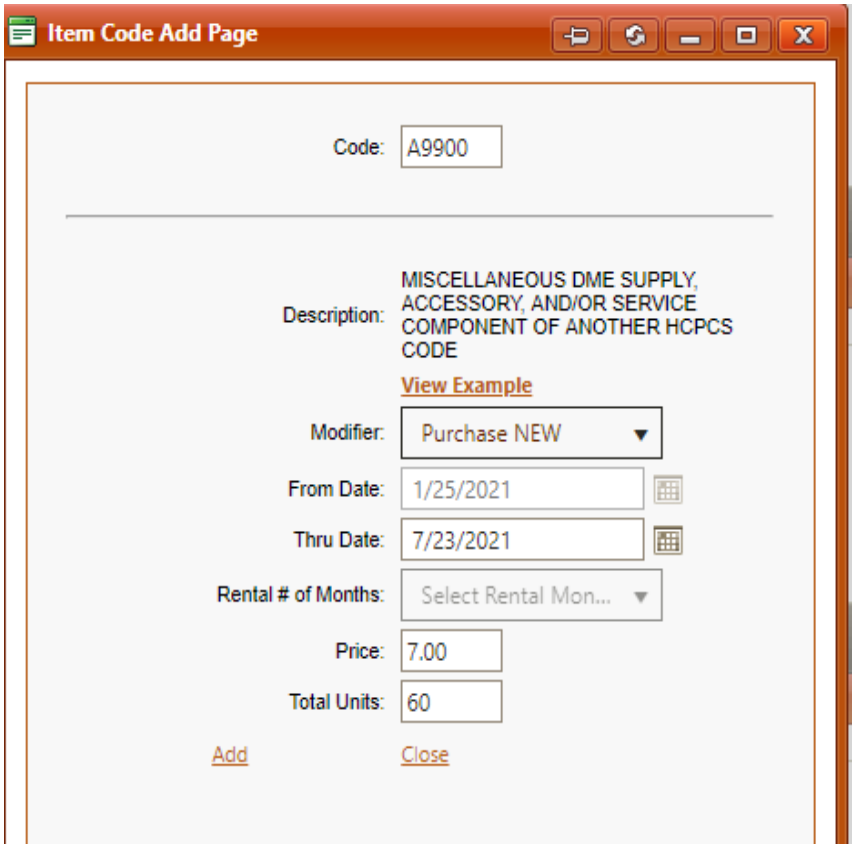
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Entry for Special Services

- Enter Your Code
- Select the appropriate modifier
- From/Thru Date is your authorization Date Span-You can request up to 180 Days
- Enter the Price-Per Unit, not the total of all units

  Example: Recipient needs 10 cases of wipes a month for 6 months at $7.00 a case. You will enter the price as $7.00
- Total Units = Total Units for the Date Span entered

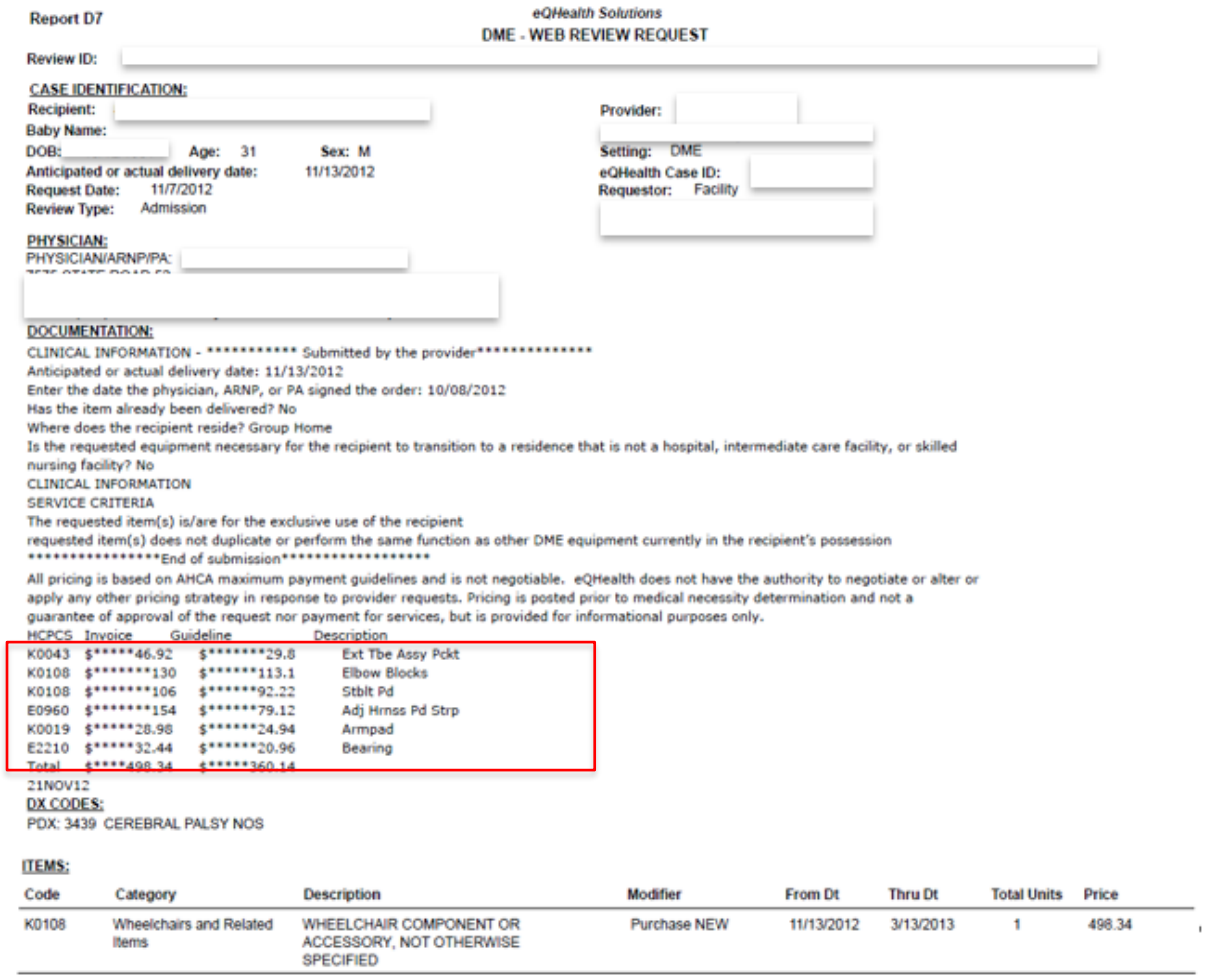
Reminder: If you have more than one request for a MISC DME supply, these requests must be entered into eQSuite® separately.



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D7 Report
DME Web Review Request Print Out

- Pricing determinations may be viewed in the D7 report in eQSuite®
- Pricing is based on AHCA maximum payment guidelines and is not negotiable. eQHealth does not have the authority to negotiate, alter, or apply any other pricing strategy. Pricing information is available prior to a medical necessity determination. This information does not guarantee approval of the request nor payment for services.



Report D7

eQHealth Solutions

DME - WEB REVIEW REQUEST

Review ID:

CASE IDENTIFICATION:

Recipient:

Baby Name:

DOB: Age: 31 Sex: M

Anticipated or actual delivery date: 11/13/2012

Request Date: 11/7/2012

Review Type: Admission

Provider:

Setting: DME

eQHealth Case ID:

Requestor: Facility

PHYSICIAN:

PHYSICIAN/ARNP/PA:

DOCUMENTATION:

CLINICAL INFORMATION - ********** Submitted by the provider**********

Anticipated or actual delivery date: 11/13/2012

Enter the date the physician, ARNP, or PA signed the order: 10/08/2012

Has the item already been delivered? No

Where does the recipient reside? Group Home

Is the requested equipment necessary for the recipient to transition to a residence that is not a hospital, intermediate care facility, or skilled nursing facility? No

CLINICAL INFORMATION

SERVICE CRITERIA

The requested item(s) is/are for the exclusive use of the recipient

requested item(s) does not duplicate or perform the same function as other DME equipment currently in the recipient's possession

**********End of submission**********

All pricing is based on AHCA maximum payment guidelines and is not negotiable. eQHealth does not have the authority to negotiate or alter or apply any other pricing strategy in response to provider requests. Pricing is posted prior to medical necessity determination and not a guarantee of approval of the request nor payment for services, but is provided for informational purposes only.

HCPCS	Invoice	Guideline	Description
K0043	$*****46.92	$*******29.8	Ext Tbe Assy Pckt
K0108	$*******130	$******113.1	Elbow Blocks
K0108	$*******106	$******92.22	Stblt Pd
E0960	$*******154	$******79.12	Adj Hrnss Pd Strp
K0019	$*****28.98	$******24.94	Armpad
E2210	$*****32.44	$******20.96	Bearing
Total	$****498.34	$*****360.14	

21NOV12

DX CODES:

PDX: 3439 CEREBRAL PALSY NOS

ITEMS:

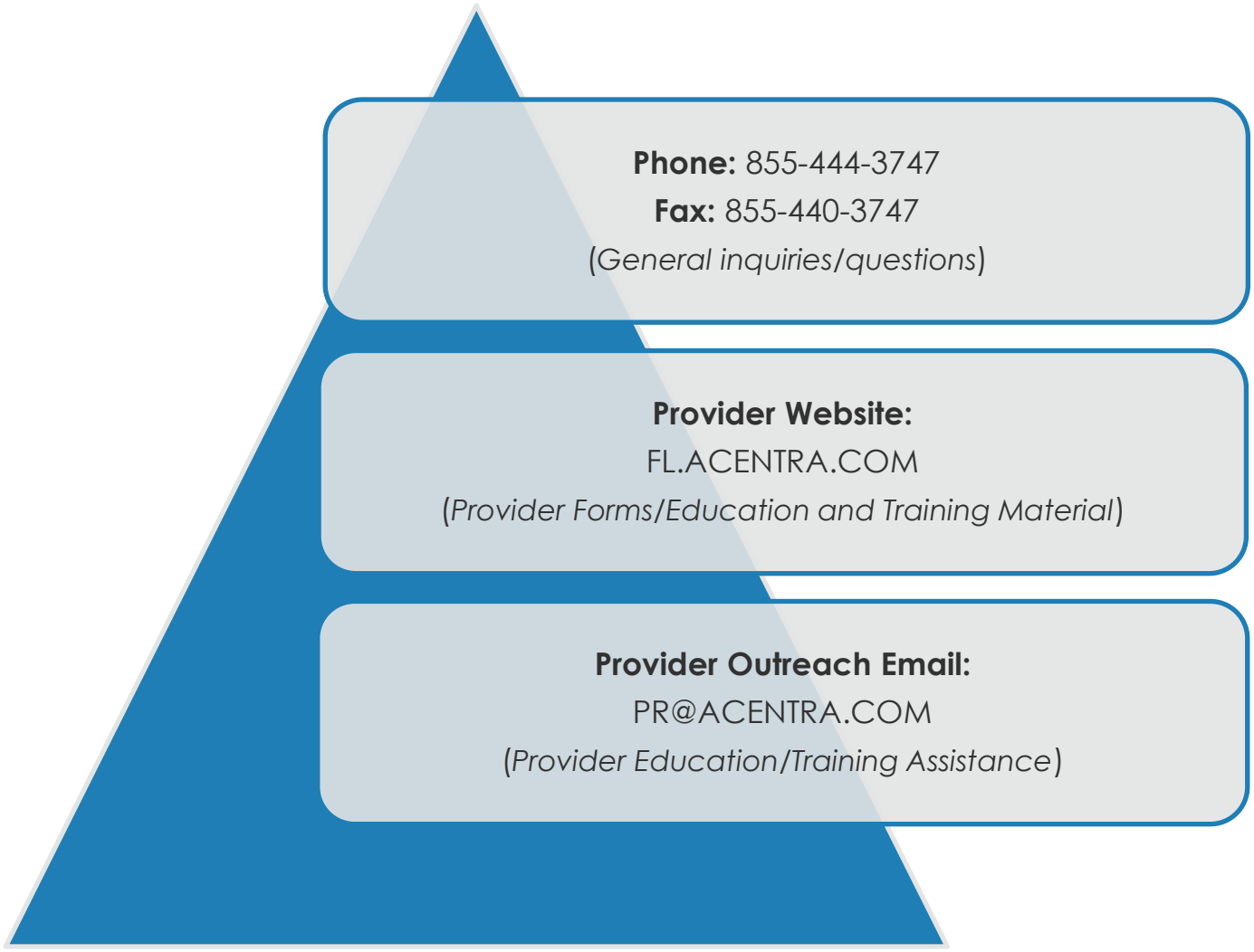
Code	Category	Description	Modifier	From Dt	Thru Dt	Total Units	Price
K0108	Wheelchairs and Related Items	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED	Purchase NEW	11/13/2012	3/13/2013	1	498.34

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LIVE DEMONSTRATION

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eQHealth Resources



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