



Durable Medical Equipment in Cal MediConnect

Background on Cal MediConnect

The Coordinated Care Initiative (CCI) was launched in 2014 by the state of California for people with both Medicare and Medi-Cal – dual eligible individuals.¹ The CCI includes Cal MediConnect (CMC) plans, health plans that provide integrated Medicare and Medi-Cal benefits for dual eligible individuals, plus additional benefits such as care coordination and vision benefits.

Durable Medical Equipment for People Enrolled in CMC

For clinicians prescribing Durable Medical Equipment (DME), the difference between Medicare and Medi-Cal benefits can be confusing – especially for clinicians who see a majority of Medi-Cal-only or Medicare-only enrollees.

Medicare and Medi-Cal have different criteria for coverage of DME. Medicare, the primary payer for dual eligible individuals, limits DME coverage to equipment needed for use in the home. Medi-Cal covers some DME that is needed for use both in the home and in the community. A CMC enrollee is entitled to the full range of DME coverage under both Medicare and Medi-Cal criteria. For more information, see resources at the end of this document.

Dual eligible individuals enrolled in a CMC plan receive all covered services by Medicare and Medi-Cal, including DME, through one health care plan. Providers should evaluate a patient for DME under both Medicare and Medi-Cal criteria. One goal of integrated care models, such as CMC, is to seamlessly provide medical care and other health services, including DME, for dual eligible individuals. The CMC plan will review all DME

requests for coverage under both Medicare and Medi-Cal criteria.

Providers should refer to the patient's CMC plan for approved DME providers and/or manufacturers.

Person-Centered Care Plans

It is essential that plans and providers center care around their patients and consider diagnosis, condition, and disability in the context of the whole person. DME should appropriately and timely serve patients and provide opportunities in alignment with the individual's care plan circumstances and goals. Many people receiving long term services and supports (LTSS) are required to have a fully developed person-centered care plan in accordance with federal regulations. Person-centered care plans should be shared, discussed, and updated when working with people receiving LTSS to ensure DME is provided in a manner that is most useful to each person. CMC plans are encouraged to ensure that an individual's DME needs are identified in their care plan, accounting for their unique living environments, capabilities, and care structures, and to identify and establish a plan for meeting all DME needs. CMC plans must also ensure there is no duplication in payment between Medicare and Medi-Cal.

Coverage Requirements for Durable Medical Equipment

Each piece of DME has different requirements for coverage and treatment authorization limits. DME usually requires a clinician prescription and in-person office visit or telehealth visit. Physicians, nurse practitioners, clinical nurse specialists, and physician assistants may prescribe DME and must review the recipient's need for DME annually. Most DME requires prior authorization, including documentation of medical necessity. Please refer to the appropriate plan's provider manual process specific to DME. Plan provider manuals cannot be more restrictive than Medicare and Medi-Cal coverage guidelines.

Care Plan Options

Some CMC plans may offer Care Plan Options (CPO) services, which are services and equipment not usually covered by Medicare or Medi-Cal, that help people living independently in their homes and communities (e.g., wheelchair ramps for entering a home). CPO services are optional and not standardized, and therefore each plan that chooses to offer CPO services may provide a different array of these services. Providers should contact plan(s) to discuss what, if any, CPO equipment coverage options exist that may address a particular patient's needs as an alternative or supplement to the patient's DME needs.



Wheelchair and Scooter Coverage

Medicare will cover mobility assistive equipment (MAE), including power-operated vehicles (scooters and/or power chairs) and manual wheelchairs, for use in a person's home when medically necessary. Medi-Cal will cover power wheelchairs for use inside and outside the home if it is the least costly alternative, meets the medical needs of the individual, and all other alternatives have been investigated. DME providers and/or CMC plans must evaluate authorization requests for MAE under both the Medicare and Medi-Cal coverage standards, and include references to both standards and the evaluation dispositions in notices of adverse beneficiary determinations.

Table 1: Summary of the differences between DME covered by Medicare and Medi-Cal for Dual Eligible Individuals

Cal MediConnect plans cover Medicare and Medi-Cal DME benefits.

Medicare	Medi-Cal
<p>DME is defined as equipment that is:</p> <ul style="list-style-type: none"> • Durable (can withstand repeated use) • Used for a medical reason • Not usually useful to someone who isn't sick or injured • Appropriate for use in the home • Generally has an expected lifetime of at least 3 years 	<p>DME is defined as equipment that is:</p> <ul style="list-style-type: none"> • Durable (can withstand repeated use) • Used for a medical reason • Not usually useful to someone who isn't sick or injured • Intended for use in or out of the home, including what is needed for community access • Generally has an expected lifetime of up to 5 years
<p>Examples of Covered Services Include:</p> <ul style="list-style-type: none"> • Mobility assistive equipment (walkers, wheelchairs and scooters) for use inside the person's home • Home oxygen equipment and related supplies; speech generating devices • Certain prescription medications and supplies used with DME, even if they are disposable or used only once. E.g., medications used with nebulizers 	<p>Most DME covered under Medicare is generally covered under Medi-Cal with the addition of:</p> <ul style="list-style-type: none"> • Mobility devices (walkers, wheelchairs and scooters) for use in the home or community • Certain oxygen equipment not covered by Medicare • Infusion equipment, and therapeutic anti-decubitus mattresses and bed products • Disposable supplies, such as incontinence pads
<p>Examples of Non-Covered Services Include:</p> <ul style="list-style-type: none"> • Equipment that is not suitable for use in the home (such as equipment used in hospitals or skilled nursing facilities) or that is intended to help outside the home (such as a motorized scooter for getting around outside the home). • Items that are generally for convenience or comfort (such as grab bars) or disposable supplies not used with DME (such as incontinence pads). 	<p>Examples of Non-Covered Services Include:</p> <ul style="list-style-type: none"> • Modification of automobiles • Exercise equipment • Orthopedic mattresses or other furniture items • Books or other items of a primarily educational nature • Household items • Items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them

Resources

CMC Plan Resources: For questions about covered services, please refer to the appropriate CMC plan's provider manual or contact their provider services department.

CMC Physician Toolkit: For more information about the CCI program for physicians, please visit [CalDuals.org](https://calduals.org/learn-more-resources/toolkits/physician-toolkit/) and refer to the [CCI Physician Toolkit](https://calduals.org/learn-more-resources/toolkits/physician-toolkit/) (<https://calduals.org/learn-more-resources/toolkits/physician-toolkit/>).

Medicare DME Coverage: More information about Medicare DME coverage is available on [Medicare.gov](https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage) (<https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>).

Medi-Cal Provider Manual: For more information about Medi-Cal coverage of DME, please refer to [Part 2 - Durable Medical Equipment and Medical Supplies \(DME\)](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=*_*a00*+OR+_*a04*+OR+_*z00*+OR+_*z02*&wFLogo=Part2+%23+Durable+Medical+Equipment+and+Medical+Supplies+(DME)&w-Path=N) of the [Medi-Cal Provider Manual](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=*_*a00*+OR+_*a04*+OR+_*z00*+OR+_*z02*&wFLogo=Part2+%23+Durable+Medical+Equipment+and+Medical+Supplies+(DME)&w-Path=N) ([https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=*_*a00*+OR+_*a04*+OR+_*z00*+OR+_*z02*&wFLogo=Part2+%23+Durable+Medical+Equipment+and+Medical+Supplies+\(DME\)&w-Path=N](https://files.medi-cal.ca.gov/pubsdoco/manual/man_query.aspx?wSearch=*_*a00*+OR+_*a04*+OR+_*z00*+OR+_*z02*&wFLogo=Part2+%23+Durable+Medical+Equipment+and+Medical+Supplies+(DME)&w-Path=N)). See also [Durable Medical Equipment \(DME\): An Overview](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dura.pdf) (<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dura.pdf>).

Care Coordinators: For questions about specific needs of people you work with, please refer them to their CMC plan care coordinator, care manager, or designated party. This contact information can be in the CMC plans' member handbook.

CMC Ombudsman: If your patients have questions and/or concerns about their ability to access DME, please refer to the Cal MediConnect Ombudsman Program (1-855-501-3077).

References

ⁱThe Coordinated Care Initiative is currently in seven counties – Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

ⁱⁱIn Medicare, medical necessity is generally defined as health care services or supplies that are needed to diagnose or treat an illness, injury, condition, disease, or its symptoms – and that meet accepted standards of medicine.

ⁱⁱⁱCalifornia Department of Health Care Services (DHCS), Medi-Cal Provider Manual, Part 2 – Durable Medical Equipment and Medical Supplies (DME).

^{iv}42 CFR § 414.202

^vThe Medi-Cal definition of medical necessity limits health care services to those necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Prescribed DME items may be covered as medically necessary only to preserve bodily functions essential to activities of daily living or to prevent significant physical disability. 22 CA ADC § 51321

^{vi}Plans also must cover medically necessary DME, regardless of whether the needed equipment will be used inside or outside the beneficiary's home. A prescription for a wheelchair may not be denied solely on the grounds that it is for use outside of the home when determined to be medically necessary for the beneficiary's medical condition. California All Plan Letter, Criteria for Coverage of Wheelchairs and Applicable Seating and Positioning Components, July 9, 2015.

^{vii}The full list includes: blood sugar monitors, blood sugar test strips, canes, commode chairs, continuous passive motion devices, continuous Positive Airway Pressure (CPAP) devices, crutches, hospital beds, infusion pumps & supplies, lancet devices & lancets, nebulizers & nebulizer medications, oxygen equipment & accessories, patient lifts, pressure-reducing beds, mattresses, & mattress overlays, suction pumps, traction equipment, walkers, wheelchairs & scooters.

^{viii}The full list includes: books or other items of a primarily educational nature, air conditioners/air filters or heaters, food blenders, reading lamps or other lighting equipment, bicycles, tricycles or other exercise equipment, television sets, orthopedic mattresses, recliners, rockers, seat lift chairs or other furniture items, waterbeds, household items, modifications of automobiles or other highway motor vehicles, other items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them.