



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: March 20, 2021

CCS Information Notice: 21-01

TO: All Local County California Children's Services Program and Genetically Handicapped Persons Program Staff and Durable Medical Equipment Providers, California Children's Services Medical Consultants, County Medical Staff, and Integrated Systems of Care Division Staff

SUBJECT: Use of Durable Medical Equipment Request Forms 6181, 4600, 4601, and 4602

The purpose of this California Children's Services (CCS) Information Notice (I.N.) is to notify Durable Medical Equipment (DME) providers to submit either of the following as an attachment to a Service Authorization Request (SAR) for DME.

1. A signed Department of Health Care Services (DHCS) Request Form. Providers should submit one of the following forms based on the type of equipment they are providing:
 - a. For manual wheelchairs, Form 6181-A.¹
 - b. For motorized wheelchairs, Form 6181-B.²
 - c. For scooters, Form 6181-C.³
 - d. For apnea monitors, Form MC 4600.⁴
 - e. For nebulizers, Form MC 4601.⁵
 - f. For oxygen, Form MC 4602.⁶
 - g. For all other DME, Form 6181.⁷

Providers can view and download all of the above forms on the Forms page of the Medi-Cal website.⁸ From the Medi-Cal home page, providers should click the "References" tab, and then the "Forms" tab to view these forms. Providers may also

supplement their request by including any additional documentation that would demonstrate medical necessity.

Or

2. A signed DME prescription, along with any documentation required to demonstrate medical necessity, such as physician or therapist notes. Providers who choose to submit a request in this format must include, at a minimum, information that would be included on the equivalent DHCS Request Form listed above.

For ultra-lightweight wheelchairs, manual tilt-in-space wheelchairs, and power mobility devices, the beneficiary must have had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and who documents the need for the device in the beneficiary's home or nursing facility. The PT, OT or practitioner must have no conflict of interest or financial relationship with the supplier. Records from suppliers/vendors or healthcare professionals with a financial relationship or conflict of interest in the claim or outcome are not considered sufficient by themselves for determining that an item is medically reasonable and medically necessary. For more information, providers may refer to the *Durable Medical Equipment (DME): Wheelchair and Wheelchair Accessories Guidelines* section in the appropriate Part 2, Medi-Cal provider manual.⁹

Please note that, for all cases, DHCS may request additional documentation to determine medical necessity.

If you have any questions regarding this I.N., please contact the Integrated Systems of Care Division Medical Director or designee, via email at

ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Roy Schutzengel
Medical Director
Integrated Systems of Care Division

¹ Form 6181-A
http://files.medi-cal.ca.gov/pubsdoco/forms/dhcs_6181A.pdf

² Form 6181-B
http://files.medi-cal.ca.gov/pubsdoco/forms/dhcs_6181B.pdf

³ Form 6181-C

http://files.medi-cal.ca.gov/pubsdoco/forms/dhcs_6181C.pdf

⁴ Form MC 4600

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-MTP/part2/dura2frm.pdf>

⁵ Form MC 4601

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dura3frm.pdf>

⁶ Form MC 4602

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/dura4frm.pdf>

⁷ Form 6181

http://files.medi-cal.ca.gov/pubsdoco/forms/dhcs_6181.pdf

⁸ Medi-Cal forms

<https://files.medi-cal.ca.gov/pubsdoco/forms.aspx>

⁹ Medi-Cal Provider Manual

https://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.aspx