Policy:	GG.1502
Title:	**Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs**
Department:	Medical Management
Section:	Utilization Management
CEO Approval:	*/s/ Michael Hunn 05/23/2024*
Effective Date:	01/01/2000
Revised Date:	05/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the criteria and process for coverage of Durable Medical Equipment (DME) for a Member, excluding wheelchair rental, purchase, and repairs.

II. POLICY

A. CalOptima Health or a Health Network shall provide DME for a Member when Medically Necessary.

B. DME prescribed for a Member may be a Covered Service when it is Medically Necessary to:

1. Preserve bodily functions essential to Activities of Daily Living (ADL) or to prevent significant physical disability; or

2. Improve the medical status or functional ability of a Member through the stabilization of the Member's condition or the prevention of additional deterioration of the Member's medical status, or functional ability.

C. The following items are not Covered Services:

1. Modification of automobiles or other highway motor vehicles, with the exception of Automobile Orthopedic Positioning Devices (AOPDs), in accordance with CalOptima Health Policy GG.1515: Criteria for Medically Necessary Automobile Orthopedic Positioning Devices;

2. Alterations or improvements to real property, except when authorized for home dialysis services;

3. Books or other items of a primarily educational nature;

4. Air conditioners, air filters or heaters;

5. Food blenders;

6. Reading lamps or other lighting devices;

7. Bicycles, tricycles, or exercise equipment, except as otherwise permitted in this Policy;

8. Television sets;

9. Orthopedic mattresses, recliners, rockers, seat lift chairs (for Medi-Cal only), or other furniture items;

10. Waterbeds;

11. Household items;

12. Items required solely for, educational, or vocational needs; and

13. Other items not generally used primarily for health care, and which are regularly and primarily used by an individual who does not have a specific medical need for such item.

D. CalOptima Health or a Health Network shall not grant an authorization for DME, if a household or furniture item will adequately serve the Member's medical needs.

E. CalOptima Health or a Health Network shall limit authorization for DME to the lowest cost item that meets a Member's medical needs.

F. If a Member has a speech, language or hearing disorder, CalOptima Health or a Health Network shall authorize an Augmentation and Alternative Communication (AAC) Device for the Member when the following conditions are met:

1. A licensed speech and language pathologist conducts an assessment of the Member's medical need for AAC.

2. A physical or occupational therapist conducts an assessment of the Member's medical need for AAC if the Member has physical limitations which may impact his or her ability to use the AAC.

G. CalOptima Health or a Health Network will provide Continuity of Care with a Specialized or Customized Durable Medical Equipment (DME) provider for up to twelve (12) months, in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

H. CalOptima Health or a Health Network shall allow transitioning Members to keep their existing Durable Medical Equipment (DME) rentals and medical supplies from their existing Provider, under the previous Prior Authorization (also applicable to DME or medical supplies that have been arranged for, but yet not delivered) for six (6) months following enrollment to CalOptima Health or a Health Network and until CalOptima Health or a Health Network is able to reassess, the new equipment or supplies are in possession of the Member, and ready for use. Continuity of DME and medical supplies must be honored without a request by the Member, Authorized Representative, or Provider.

I. CalOptima Health or a Health Network may authorize the following DME for a Member who is an inpatient in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF):

1. Equipment that is necessary for the continuous care and unusual medical needs of the Member. A Member may be considered to have unusual medical needs if a disease or medical condition is exacerbated by physical characteristics such as height, weight, and build. Physical characteristics, as such, shall not constitute an unusual medical condition.

2. Canes, crutches, wheelchair cushions, and walkers that are custom made or modified to meet the unusual medical needs of the Member and the need is expected to be permanent.

3. Suction and position pressure apparatuses that a Member will continuously use or must be immediately available to the Member for one (1) month or more.

J. CalOptima Health or a Health Network shall authorize DME for a Member, in accordance with the following provisions:

1. A Practitioner shall obtain prior authorization for the following:

a. Purchase of DME when the total cost of items purchased within a DME category group exceeds five hundred dollars ($500) within one (1) calendar month;

b. Repair or maintenance of DME when the total cost of the repair and maintenance of items within a DME category group exceeds five hundred dollars ($500) within one (1) calendar month. The cost of repairs shall not exceed the replacement value of the item being repaired;

c. Rental of DME and medical supplies when the total cost of renting items within a DME category group exceeds five hundred dollars ($500) within a fifteen (15) month period. This includes any daily amount that an individual item, or combination of a similar group of items, exceeds the five hundred-dollar ($500) threshold. The fifteen (15) month period begins on the date the first item is rented;

d. Rental or purchase of medical supplies such as an oxygen delivery system;

e. Purchase, rental, repair, or maintenance of any unlisted medical supplies, devices or equipment, regardless of the dollar amount for any individual item or the total cost.

2. CalOptima Health or a Health Network may audit DME authorization requests for appropriateness and accuracy, as necessary.

K. A Member is responsible for the appropriate use and care of DME purchased for the Member's benefit.

L. A DME provider shall ensure that the DME provided to a Member is appropriate for the Member's medical needs. A DME provider shall, at no cost to CalOptima Health or a Health Network, adjust, modify, or replace the DME, as necessary, when the DME provided does not:

1. Meet the Member's medical needs and the Member's medical condition has not changed since the date the DME was originally provided; or

2. Meet the Member's functional needs when in actual use.

K. CalOptima Health or a Health Network shall consider DME to be purchased when previously paid rental charges equal the maximum allowable purchase price of the rented DME. CalOptima Health,

or the Health Network, shall provide no further reimbursement to the DME provider for the use of such DME, unless payment is for the subsequent repair and maintenance of the DME, as authorized by CalOptima Health, or the Health Network.

L. CalOptima Health or a Health Network shall be responsible for authorization and claims processing for the rental, purchase and repair of Specialized or Customized DME for Whole Child Model (WCM) Members whose custom DME is Medically Necessary to treat or ameliorate the effects of their California Children's Services (CCS)-eligible Condition. Specialized or Customized DME may include, but is not limited, to devices to assist in standing, ambulating, or positioning parts of the body to improve or maintain function, or to prevent the development of conditions that may result from inadequate support or positioning of the individual's anatomy.

M. With respect to the WCM program, CalOptima Health and the Health Networks shall ensure compliance with all current and applicable:

1. State and federal laws and regulations, as well as contractual requirements;

2. California Department of Health Care Services (DHCS) guidance, including DHCS All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program.

3. CCS program guidelines, including CCS program regulations, and regulations related to the WCM program. CCS Numbered Letters, and CCS program information notices, in developing criteria for use by their respective chief medical officer or the equivalent and any other care management staff.

a. When applicable CCS clinical guidelines do not exist, CalOptima Health and the Health Networks shall use evidence-based guidelines or treatment protocols that are medically appropriate given the Member's CCS-eligible condition.

b. Any CCS Numbered Letters that fall within the Index Category of Authorizations/Benefits, as identified by DHCS, are applicable to CalOptima Health and the Health Networks. For these applicable CCS Numbered Letters, including those referenced in Section V. of this Policy, CalOptima Health and the Health Network shall assume the role of the county or state CCS program as described in the CCS Numbered Letters.

N. CalOptima Health and a Health Network shall ensure timely access to Covered Services in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards.

O. For Medi-Cal DME services that are carved-out of the CalOptima Health Medi-Cal program, including but not limited to Specialty Mental Health Services, substance use disorder services, pharmacy services, and dental services. CalOptima Health and a Health Network shall make a best effort to refer and coordinate DME services, except as provided in this Policy.

III. PROCEDURE

A. A Practitioner shall identify a Member who has a Medical Necessity for DME and medical supplies and issue a written prescription to the Member for the purchase, rental, repair, or maintenance of the DME. Such prescription shall include:

1. Full name, address, telephone number, and signature of the prescribing PCP, or Provider;

2. Date of prescription;

3. Specific item(s) prescribed;

4. Estimated length of time the DME is determined to be Medically Necessary; and

5. Member's medical condition or diagnosis necessitating the DME, including:

    a. Member's medical status and functional limitation(s); and

    b. Description of how the requested DME is expected to improve the medical status or functional ability of the Member, stabilize the Member's medical condition, or prevent additional deterioration of the Member's medical status or functional ability.

B. A Practitioner shall obtain authorization to provide DME to a Member by submitting a request form with a copy of the signed and dated prescription to the CalOptima Health Utilization Management (UM) Department, or a Health Network.

1. For a CalOptima Health Direct or CalOptima Health Community Network (CHCN) Member, the Practitioner shall submit a CalOptima Health Authorization Request Form (ARF), in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers.

2. For a Health Network Member, the Practitioner shall follow the Health Network's authorization procedures.

3. A Practitioner shall include the following information, at a minimum, in the authorization request for DME submitted to CalOptima Health, or a Health Network:

    a. Date of request;

    b. Member's name, appropriate health care identification, or, and address;

    c. Medical justification for the requested DME;

    d. Description of the DME, including:

        i. Manufacturer name, model type or serial number, and purchase price;

        ii. Product description;

        iii. Monthly rental charge, if applicable, and whether it may be applied toward the purchase of the DME;

        iv. Billing and procedure codes; and

        v. Estimated length of need, whether rental or purchase is requested, and associated charges.

    e. DME Provider's name, address, telephone number, contact name and telephone number, and National Provider Identification (NPI) number; and

f. Copy of prescription containing the information required as set forth in Section III.A. of this Policy.

4. For unlisted DME requests, a Provider shall provide the documentation as set forth in Section III.B.3. of this Policy and copies of catalog pages and medical justification to substantiate the reason(s) a listed item is insufficient to meet the Member's medical needs.

C. CalOptima Health or a Health Network shall review the authorization request submitted by a Member's Provider. If the authorization request is incomplete, CalOptima Health or a Health Network shall require the PCP or Provider to provide additional information.

D. A Member may appeal a CalOptima Health or Health Network decision to a requested service in accordance with CalOptima Health Policies GG.1510: Member Appeal Process, and MA.9003: Standard Pre-Service Appeal.

E. Medical Therapy Program - California Children's Services (CCS)/Whole Child Model Program (WCM) Members:

1. Members eligible with the CCS Program who participate in the Orange County CCS Medical Therapy Program (MTP), the MTP shall submit all requests for Specialized or Customized DME and Specialized or Customized DME repairs with a total cost of over five hundred dollars ($500) to CalOptima Health. The request will include:

a. Completed Custom DME Authorization Referral Form;

b. Signed prescription/provider order for the requested Specialized or Customized DME; and

i. The provider order must be prescribed by a CCS-paneled physician who is approved to treat the child's CCS eligible medical condition, and who has examined the child within six (6) months.

ii. If the recommending or prescribing physician is not a CCS-paneled physician approved to treat the child's CCS eligible medical condition, the request shall be reviewed by the CCS-approved paneled physician for concurrence prior to submission for authorization.

c. Vendor specifications that have been reviewed/confirmed by Medical Therapy Unit (MTU) therapist/supervisor.

2. CalOptima Health will review and triage these requests to CalOptima Health Utilization Management/Prior Authorization Department, or the Health Network staff via secure communication for review and processing.

3. If a referral for Specialized or Customized DME or Specialized or Customized DME repair for a CCS-eligible Member is received by CalOptima Health or a Health Network directly from a vendor and not from the MTU, the request will be denied, and the Member referred to the MTU for evaluation.

4. If the Member requests Specialized or Customized DME or Specialized or Customized DME repair that the MTU does not recommend, the MTU will notify CalOptima Health who will issue or instruct the Health Network to issue the appropriate Notice of Action letter.

5. For Specialized or Customized DME or Specialized or Customized DME repairs that are

covered and recommended by the MTU and are in accordance with the current and applicable CCS numbered letter, CalOptima Health or a Health Network will approve the request in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers and CalOptima Health Policy GG.1508: Authorization and Processing of Referrals.

6. Following approval, CalOptima Health or a Health Network will notify the requesting provider, the Member's MTP and Specialized or Customized DME Provider within standard prior authorization turn around-time requirements for Specialized or Customized DME requests.

F. For CCS-eligible Members who are not eligible with Orange County CCS MTP, Specialized or Customized DME-related requests will be processed by the Member's Health Network consistent with evidence-based medical necessity guidelines and current, applicable CCS numbered letters that define medical necessity criteria, except with regard to Continuity of Care as described in Section III.G. of this Policy.

G. CalOptima Health or a Health Network shall provide Continuity of Care for a Member eligible with the CCS Program and transitioned into the WCM program with a Specialized or Customized DME provider for up to twelve (12) months, in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services. For Specialized or Customized DME under warranty, the Continuity of Care period may be extended to the duration of the warranty when deemed Medically Necessary by the treating provider.

H. If DME or medical supplies have been arranged for a transitioning Member, but the equipment or supplies have not been delivered, CalOptima Health or a Health Network must allow the delivery and for the Member to keep the equipment or supplies for a minimum of ninety (90) days following enrollment to CalOptima Health or a Health Network and until CalOptima Health or a Health Network is able to reassess.

1. If CalOptima Health or a Health Network does not complete a new assessment, the authorization remains in effect for the duration of the treatment authorization.

2. After ninety (90) days, CalOptima Health or a Health Network may reassess the Member's authorization at any time and require the Member to switch to a Network DME Provider, in accordance with CalOptima Health Policies GG.1304: Continuity of Care During Health Network or Provider Termination and GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services, and DHCS APL 22-032: Continuity of Care for Medi-Cal Beneficiaries who newly enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, and for Medi-Cal Members who Transition into a New Medi-Cal Managed Care Health Plan on or after January 1, 2023.

IV. ATTACHMENT(S)

A. CalOptima Health Authorization Request Form (ARF)
B. Certificate of Medical Necessity for All Durable Medical Equipment, Except Wheelchairs and Scooters

V. REFERENCE(S)

A. California Children's Services (CCS) Numbered Letter (N.L.) 06-1120: Authorization of Insulin Infusion Pumps - Revised
B. California Children's Services (CCS) Numbered Letter (N.L.) 02-0102: Pulse Oximeters

C. California Children's Services (CCS) Numbered Letter (N.L.) 02-0107: Authorization of Rental of Portable Home Ventilators Purpose
D. California Children's Services (CCS) Numbered Letter (N.L.) 02-0197: Authorization of Flutter Valves and ThAIRapy Vests
E. California Children's Services (CCS) Numbered Letter (N.L.) 09-0514: Powered Mobility Devices
F. California Children's Services (CCS) Numbered Letter (N.L.) 09-0703: Revised CCS Guidelines for Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment-Rehabilitation (DME-R)
G. California Children's Services (CCS) Numbered Letter (N.L.) 10-0707: Revised Guidelines for Authorization of Oxygen, Oxygen Delivery Equipment, and Related Supplies
H. California Children's Services (CCS) Numbered Letter (N.L.) 14-0801: Synthesized Speech Augmentative Communication (SSAC) Devices (Formerly Known as Augmentative/Alternative Communication (AAC) Devices
I. California Children's Services (CCS) Numbered Letter (N.L.) 18-0605: Nationwide Recall of Vail Enclosed Bed Systems
J. CalOptima Health Contract for Durable Medical Equipment (DME) Services
K. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
L. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
M. CalOptima Health Contract for Health Care Services
N. CalOptima Health, Health Network Service Agreement
O. CalOptima Health Policy GG.1304: Continuity of Care During Health Network or Provider Termination
P. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
Q. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
R. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
S. CalOptima Health Policy GG.1510: Member Appeal Process
T. CalOptima Health Policy GG.1515: Criteria for Medically Necessary Automobile Orthopedic Positioning Devices
U. CalOptima Health Policy GG.1531: Criteria and Authorization Process for Wheelchair Rental, Purchase, and Repair
V. CalOptima Health Policy GG.1539: Authorization for Out-of-Network and Out-of-Area Services
W. CalOptima Health Policy GG.1600: Access and Availability Standards
X. CalOptima Health Policy MA.9003: Standard Pre-Service Appeal
Y. Department of Health Care Services (DHCS) 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Issued 08/07/2023
Z. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-012 (Revised 12/30/2022): Governor's Executive order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal RX-(Supersedes APL 20-020)
AA. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
BB. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (Supersedes APL 22-032)
CC. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (Supersedes APL 21-005)
DD. Department of Health Care Services Medi-Cal Allied Health Provider Manual Durable Medical Equipment (DME): An Overview
EE. Title 22, California Code of Regulations (CCR), §§51303, 51104, 51160, and 51321
FF. Title 42, Code of Federal Regulations (CFR), §414.202

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
07/10/2019	Department of Health Care Services (DHCS)	Approved as Submitted
10/06/2022	Department of Health Care Services (DHCS)	Approved as Submitted
05/02/2023	Department of Health Care Services (DHCS)	Approved as Submitted
12/14/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
05/02/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2000	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal
Revised	03/01/2012	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal
Revised	11/01/2015	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare OneCare Connect
Revised	10/01/2016	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare OneCare Connect
Revised	08/01/2017	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare OneCare Connect
Revised	05/02/2019	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare OneCare Connect
Revised	06/01/2020	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare OneCare Connect
Revised	04/01/2021	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare
Revised	04/01/2023	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare
Revised	11/01/2023	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare

Action	Date	Policy	Policy Title	Program(s)
Revised	05/01/2024	GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Activities of Daily Living (ADL)	Personal everyday activities including, but not limited to, tasks such as eating, toileting, grooming, dressing, and bathing.
Augmentation and Alternative Communication Device (AAC)	A set of tools and strategies that a Member uses to solve every day communicative challenges, including but not limited to, speech, a shared glance, text, gestures, facial expressions, touch, sign language, symbols, pictures and speech-generating devices.
Authorized Representative	Medi-Cal: Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member. OneCare: An individual who is the legal representative or otherwise legally able to act on behalf of an enrollee, as the law of the State in which the beneficiary resides may allow, in order to execute an enrollment or disenrollment request; e.g., court appointed legal guardians, persons having durable power of attorney for health care decisions, or individuals authorized to make health care decisions under state surrogate consent laws, provided they have the authority to act for the beneficiary in this capacity (see §40.2.1). Form CMS-1696 may not be used to appoint an authorized representative for the purposes of enrollment and disenrollment. This form is solely for use in the claims adjudication or claim appeals process and does not provide broad legal authority to make another individual's healthcare decisions.
Automobile Orthopedic Positioning Device (AOPD)	A non-standard positioning device (car seat and/or harness/vest) for use in a motor vehicle. An AOPD is designed to hold a larger child (over 40 pounds or over 40 inches in length) who requires positioning options such as pads that assist in head and trunk positioning while being transported in a motor vehicle.
California Children's Services (CCS)-Eligible Conditions	A medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 et seq.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Continuity of Care	Services provided to a Member rendered by an out-of-network provider with whom the Member has pre-existing provider relationship.
Covered Services	Medi-Cal: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid

Term	Definition
	Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or

Term	Definition
	Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. <u>OneCare:</u> Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers for Medicare & Medicaid Services (CMS) Contract.
Disability	A physical or mental condition that limits a person's movements, senses, or activities.
Durable Medical Equipment (DME)	<u>Medi-Cal</u>: Medically Necessary medical equipment as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home. <u>OneCare</u>: Durable medical equipment means equipment prescribed by a licensed practitioner to meet medical equipment needs of the Member that: 1. Can withstand repeated use. 2. Is used to serve a medical purpose. 3. Is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly. 4. Is appropriate for use in or out of the patient's home.

Term	Definition
Health Network	For purposes of this policy, a Health Network is a physician group, Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Medically Necessary or Medical Necessity	Medi-Cal: Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child. OneCare: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.
Medical Therapy Program (MTP)	A special program within California Children's Services that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have disabling conditions, generally due to neurological or musculoskeletal disorders.
Member	A beneficiary enrolled in a CalOptima Health program.
Practitioner	A licensed independent practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.

Term	Definition
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities, or eligible for the Whole Child Model program, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-physician Practitioner [NMP] (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or WCM beneficiaries, a PCP may also be a specialist or clinic.
Provider	Medi-Cal: Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so. OneCare: Any Medicare provider (e.g., hospital, skilled nursing facility, home health agency, outpatient physical therapy, comprehensive outpatient rehabilitation facility, end-stage renal disease facility, hospice, physician, non-physician provider, laboratory, supplier, etc.) providing Covered Services under Medicare Part B. Any organization, institution, or individual that provides Covered Services to Medicare members. Physicians, ambulatory surgical centers, and outpatient clinics are some of the providers of Covered Services under Medicare Part B.
Specialized and Customized Durable Medical Equipment	DME that is uniquely constructed from raw materials or substantially modified from the base material solely for the full-time use of a specific Member, according to a physician's description and orders; is made to order or adapted to meet the specific needs of the Member; and is so uniquely constructed, adapted, or modified that it is unusable by another individual, and is so different from another item used for the same purpose that the two could not be grouped together for pricing purposes.