



Alaska Medicaid Service Authorization Policy Guidance for Durable Medical Equipment and Supplies (DMES)

POLICY

As indicated in Alaska Administrative Code 7 AAC 105.130, the department will not pay for durable medical equipment or supplies unless the department has approved a service authorization request. The department may pay for a service without an approved service authorization if the authorization was not possible before the service was provided or a claim for payment is being processed after the service was provided following determination of a recipient's retroactive eligibility.

Service authorizations must be obtained prior to dispensing of DMES except as provided under the temporary COVID guidelines or as provided by the Certificate of Medical Necessity (CMN) – Enteral Nutrition. Retroactive service authorization requests are reviewed on a case-by-case basis and may be approved when all requirements are met. The temporary COVID guidelines and CMN – Enteral Nutrition form are available on the [DMEPOS Provider Information](#) webpage.

PROCEDURE

To request a service authorization for DME/POS services:

1. Obtain a dispense/prescription order from the treating physician, physician assistant, or advanced practice registered nurse.
2. Submit all appropriate medical necessity documentation along with a completed CMN, CMN – Incontinence or CMN – Enteral, as applicable to the Conduent SA unit. A valid prescription must also be included if the CMN does not include all the components of the prescription order.
3. For DME, submit documentation that the requested item or service is necessary to treat, correct, or ameliorate a defect, condition, or physical or mental illness.
4. For miscellaneous items or optimally configured DME, include the manufacturer information, the item description or number, the global trade item number (GTIN), the suggested list price, and the serial number, as applicable.

Note: DME suppliers may not prepare and are not authorized to document the clinical information and clinical assessment of need portion of a CMN that contains a prescription order. For more information, refer to Prescription Order in the [DME/POS Billing Manual](#)

DISPENSING TIMEFRAMES

12-Month Approvals: Items dispensed monthly, such as incontinence and enteral products, may receive a service authorization (SA) for up to a 12-month timeframe. These requests include an initial dispense followed by up to 11 refills as noted on the CMN and prescription order. Other types of items that may be approved for a

full year include, but are not limited to, continuous glucose monitor (CGM), ostomy, and respiratory therapy supplies.

Providers requesting an SA for 12 months of dispensed items must submit a completed CMN with all supporting documentation attached asking for a date span of 365 days. Except as provided under temporary COVID guidelines and the CMN – Enteral form, approval will start on the date of review.

6-Month Approvals: Specialized or custom items such as rehabilitative wheelchairs or complex shower chairs may be authorized for up to a six-month duration to allow time for the order and configuration of complex equipment that may not be readily available in-state.

Providers requesting an SA for items dispensed only once, must submit a completed CMN with all supporting documentation attached. Depending on the type of items requested, the SA may be approved for a timeframe of up to six months with the date of review being the approval start date. Providers must dispense the item within that timeframe to qualify for payment.

3-Month Approvals: Off-the-shelf items classified as DME such as basic shower chairs, positioning cushions, etc. which are dispensed once and are immediately required by the member may be authorized for up to a three-month duration to allow for the acquisition of items not currently stocked by the provider. Providers are expected to dispense the approved item as soon as possible.

Capped Rental Timeframes: Items that qualify as capped rentals such as patient lifts, hospital beds, etc. may be authorized for up to a 13-month duration. Upon approval of an SA request for a capped rental item, the Conduent SA unit will issue two separate SAs: the first SA will have an approved timeframe of 3 months and the second SA will have an approved timeframe of the remaining 10 months with the KJ modifier added to the HCPCS code.

Capped rental Items that require document compliance such as CPAPs may be approved for an initial 3-month timespan. To receive an SA for the additional 10 months remaining in the capped rental period, providers must submit an additional request that includes all necessary compliance information. Upon approval of the second SA request, the Conduent SA unit will issue the second SA with an approved timeframe of the remaining 10 months with the KJ modifier added to the HCPCS code.

Items that qualify as capped rentals are indicated as such on the DMEPOS Fee Schedule.

Timeframe Amendments: If a provider cannot dispense an item(s) within the original SA timeframe, the provider may request an SA timeframe amendment. Submitted documentation must include detailed information regarding the reason for the delay in dispensing, including documentation showing the date the item was ordered from the manufacturer or other supplier.

Requesting SA Amendments

DME/POS providers may request an amendment to an already approved SA in the following situations:

- The SA needs to be ended prior to current expiration date.
- The most recent prescription order calls for an increase in supplies to be dispensed.
- The AK Medicaid Provider ID changes

To request an amendment to end a current SA:

1. Submit a written request documenting the last date of service and total units used from the original SA to the Conduent SA unit.

To request an increase in supplies to be dispensed:

1. Submit the new prescription along with an updated CMN signed and dated by the prescriber.

The Conduent SA unit will amend the units from the date of review forward. Retroactive increases are not possible and will not be permitted without the expressed written approval from SOA staff.

To request a change in provider ID where the overall provider will remain the same:

1. Submit a written request documenting the last date of service and total units used from the original SA to the Conduent SA unit.
2. Submit a new, completed SA request under the new provider ID starting 22 days from the last date of service of the previous SA.

A change in provider ID where the overall provider will remain the same must be submitted timely and will be approved for a valid start date on the new SA no more than 30 days prior to submission to the Conduent SA unit for review.

The Conduent SA unit will end the original SA with total units used and transfer unused units to a new SA starting 22 days from the last date of service, if submitted timely. In no scenario will the valid start date of the new SA be more than 30 days prior to the date the request is reviewed. The expiration date of the new SA will correspond to the expiration date of the original SA. If a new prescription is provided allowing for a longer expiration date, the expiration date will correspond to the end date of the prescription.

To request a change in provider ID where the overall provider will not remain the same:

1. Submit a new, completed SA request under the new provider ID starting 22 days from the last date of service of the previous SA.
2. Include a recipient signed change of provider form.

The Conduent SA unit will contact the existing provider to identify the last date of service along with number of units used. The Conduent SA unit will end the original SA with total units used and transfer unused units to the new SA starting 22 days from the last date of service, if submitted timely. In no scenario will the valid start date of the new SA be more than 30 days prior to the date the request is reviewed. The expiration of the new SA will correspond with the end date of the current prescription. If a new prescription is provided allowing for a longer expiration date, the expiration date will correspond to the end date of the new prescription.

For additional information on DME SA requests, refer to the [Durable Medical Equipment and Related Service Billing Manual](#). For SA requirements for each covered HCPCS code, refer to the [Durable Medical Equipment Fee Schedule](#).

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