



**Nebraska Department of Health and Human Services
Health Plan Advisory No. 17-10**

DATE: August 4, 2017

TO: Nebraska Heritage Health Plans

FROM: Thomas 'Rocky' Thompson, Interim Director *TNT*
Division of Medicaid & Long-Term Care

BY: Heather Leschinsky, Deputy Director
Delivery Systems

RE: DME Administrative Simplification

This Health Plan Advisory is being issued to provide guidance to the Heritage Health Plans regarding Durable Medical Equipment, Prosthetic, Orthotics and Medical Supplies (DMEPOS) prior authorization requirements and their application to services. As part of the Administrative Simplification Committee guidance, the Heritage Health Plans must implement policies, procedures, and system changes such that prior authorization is only required for codes with a Medicaid allowable amount on the Nebraska Medicaid Practitioner Fee Schedule for DMEPOS greater than \$750 or otherwise indicated on this Fee schedule as requiring prior authorization.

These changes are effective September 1, 2017. Heritage Health Plans are responsible for making the list of DME codes requiring prior authorization available on their website and for communicating these changes to their network providers.

Heritage Health Plans will continue to have management of prior authorization for codes in which there is not a rate established (RNE) on the Nebraska Medicaid DMEPOS fee schedule.

Heritage Health Plans will be responsible for informing their network providers of prior authorization requirements for these codes and making this information available on their website.

This guidance does not prevent the health plan from post payment review activities outlined in the Heritage Health contract.

If you have any questions about this advisory, please contact MLTC staff at DHHS.DME@nebraska.gov. Health plans should also copy their contract manager.