



**MaineCare Services**  
An Office of the  
Department of Health and Human Services

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## **Provider Instructions for requesting Home Traction**

**Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)**

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

**Fax or mail request, please do not do both.**

**To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56) which can be downloaded at:**

[http://www.maine.gov/dhhs/bms/providerfiles/pa\\_inst\\_sheets\\_forms.html](http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html)

**Please allow up to 30 calendar days from the date the request is received in the Prior Authorization Unit to review and make a decision.**

### **Documentation to be submitted from the Durable Medical Equipment provider:**

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Repair).
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields.

### **PA Criteria To Approve Request (Refer to Appendix in Section 60 for more details)**

#### **Physician or Primary Care Provider (PCP) must document the following clinical criteria:**

- The member must have an orthopedic impairment that:
  - 1) requires traction equipment
  - 2) prevents ambulation during the period of use
- A physical therapist, physician or PCP must document the following criteria:
  - 1) The member has failed to respond to routine physical therapy, and
  - 2) Traveling to a facility to receive physical therapy is detrimental to the member's physical health.

#### **Request will be Deferred (need additional information) when:**

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.

- Invoice or Prior Authorization form was not submitted.

**Request will be Denied when:**

- Member does not meet policy criteria.
- Requested/Deferred information was not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.

**Note:**

The DME dealer shall provide the following services that are included in the reimbursement for traction:

- Set-up of traction equipment
- Training of member or caregiver; and
- Maintenance of equipment