



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

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Provider Instructions for requesting Pneumatic Compression Devices

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 or Pneumatic Compression Device Certificate of Medical Necessity (if available) <http://www.cortexedi.com/images/CMN%20Pneumatic%20Compression%20Devices%2004.04B.pdf>

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 required from the Durable Medical Equipment provider:

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Equipment) **or** Pneumatic Compression Device Certificate of Medical Necessity.
- 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)

The following points must be documented by the ordering physician/Primary Care Provider (PCP):

- Required physician documentation must address the member's condition, plan of care to date and the medically necessary reasons for needing pneumatic compression for the treatment of lymphedema or chronic venous insufficiency with venous stasis ulcers.
- If treatment is for venous stasis ulcer(s), document that the member has failed to heal after a 6-month trial of conservative therapy directed by the treating physician. The trial of conservative therapy must include a compression bandage system or compression garment, appropriate dressings for the wound, exercise and elevation of the limb.
- There is suitable instruction in the operation of the machine.
- The proposed treatment plan defines the pressure to be used.

- Frequency and duration of use and ongoing monitoring of use and expected response to treatment.

Additionally, the Physician must assure and explain the following:

- Has the patient undergone a 4-week trial of conservative therapy? If yes, give details.
- Has there been significant improvement or do significant symptoms remain after the trial? If yes, give details.
- Did the trial of conservative therapy include use of an appropriate compression bandage system or compression garment, exercise and elevation of the limb? If yes, give details.

Request will be Deferred (need additional information) when:

- Insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- Invoice or Prior Authorization form or Certificate of Medical Necessity 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.