



MEDICAL COVERAGE POLICY

SERVICE: Medicaid Over the Limit Supply Requests

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| Policy Number: | 350 |
| Effective Date: | 09/01/2022 |
| Last Review: | 09/01/2022 |
| Next Review Date: | 09/01/2023 |

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Medicaid Over-the-Limit Supply Requests

PRIOR AUTHORIZATION: Required

POLICY: For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

This guideline should be used when TMPPM does not provide over-the-limit criteria for the specific item requested and when an existing criterion does not exist.

Requests for a quantity of supplies that exceeds the published Texas Medicaid limitation may be medically necessary when ALL of the following are met:

- The treating physician has ordered a frequency that exceeds the benefit limit
- The treating physician has seen the member and has evaluated their medical status within 6 months prior to ordering quantities of the supplies that exceed the benefit limit
- The physician has documented in the member's medical record the specific reason for the additional materials for that particular member

OVERVIEW:

For Medicaid, requests for supply quantities that exceed the limitations identified in TMPPM tables, will require prior authorization with documentation supporting medical necessity. **This guideline should be used when TMPPM does not provide over-the-limit criteria for the specific item requested and when an existing criterion does not exist.**

MANDATES: [The Alberto N Agreement \(Section 8.1\)](#) states that all DME policies, guidelines, or provider manuals will prominently display the following statement when describing the scope of DME available to beneficiaries:

Medicaid beneficiaries under the age of 21 years are entitled to all medically necessary DME. DME is medical necessary when it is required to correct or ameliorate disabilities or physical or mental illnesses or condition. Any numerical limit on the amount of a particular item of DME can be exceeded for Medicaid beneficiaries under the age of 21 years if medically necessary. Likewise, time period for replacement of DME will not apply to Medicaid beneficiaries under the

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age of 21 years if the replacement is medically necessary. When prior authorization is required, the information submitted with the request must be sufficient to document the reasons why the requested DME item or quantity is medical necessary.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

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| CPT Codes: | 92564, 92590, 92591, 92592, 92593, 92594, 92595, 93000, 93005, 93010, 93040, 93041, 93042, 95165 |
| HCPCS Codes | A4213, A4216, A4217, A4224, A4225, A4230, A4231, A4232, A4244, A4246, A4247, A4253, A4256, A4258, A4259, A4320, A4322, A4335, A4351, A4364, A4450, A4452, A4455, A4456, A4461, A4465, A4490, A4495, A4500, A4510, A4554, A4927, A5120, A5121, A5122, A5126, A6010, A6011, A6021, A6022, A6023, A6024, A6025, A6196, A6197, A6198, A6199, A6203, A6204, A6205, A6206, A6207, A6208, A6209, A6210, A6211, A6212, A6213, A6214, A6216, A6217, A6218, A6219, A6220, A6221, A6222, A6223, A6224, A6228, A6229, A6230, A6231, A6232, A6233, A6234, A6235, A6236, A6237, A6238, A6239, A6240, A6241, A6242, A6243, A6244, A6245, A6246, A6247, A6248, A6251, A6252, A6253, A6254, A6255, A6256, A6257, A6258, A6259, A6261, A6262, A6266, A6402, A6403, A6404, A6407, A6410, A6411, A6412, A6441, A6442, A6443, A6444, A6445, A6446, A6447, A6448, A6449, A6450, A6451, A6452, A6453, A6454, A6455, A6456, A6457, A6530, A6531, A6532, A6533, A6534, A6535, A6536, A6537, A6538, A6539, A6540, A6541, A6544, A6545, A6550, A7000, A9275, B9998, E0445, E2402, E6000, S9470, T4521, T4522, T4523, T4524, T4525, T4526, T4527, T4528, T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4543, T4544, V5010, V5011, V5014, V5030, V5040, V5100, V5110, V5160, V5200, V5210, V5220, V5240, V5241, V5244, V5245, V5246, V5247, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5264, V5265, V5266, V5267, V5275, V5298, A4351, A6216, B9998 |
| ICD10 codes: | |

TMPPM: see TMPPM for Medicaid Limits

POLICY HISTORY:

| Status | Date | Action |
|----------|------------|-----------------------------------|
| New | 05/18/2020 | New policy |
| Reviewed | 08/27/2020 | Re-formatted |
| Reviewed | 08/26/2021 | Re-formatted. Content not changed |
| Reviewed | 09/01/2022 | No changes |

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) BSWHP so the information can be reviewed by the Medical Coverage Policy



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Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Texas Medicaid Provider Procedures Manual:
http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx
2. The Alberto N Agreement (Section 8.1):
<http://www.tmhp.com/Homepage%20File%20Library/Archive/Second%20Partial%20Settlement%20Agreement.pdf>

Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.