Provider Notice

Thank you for your continued support in helping Magellan Complete Care of Virginia (MCC of VA) members live healthier lives. We want to remind you of the requirements from the Department of Medical Assistance Services (DMAS) regarding the Certificate of Medical Necessity (CMN) for Durable Medical Equipment (DME).

I. CMN requirements

A. There must be a completed CMN for all ordered DME supplies/items

B. The CMN may be completed by the DME provider, physician or a licensed healthcare professional

C. Length of certification

1. For individuals 21 and younger – maximum period of 6 months

2. For individuals older than 21 – maximum period of 12 months

3. When the DME service is for nutritional supplements, the CMN/DMAS-352 is valid for six (6) months, regardless of the individual's age.

D. The CMN allows for up to 12 DME items/supplies to be listed

1. Multiple CMN's must be completed if more than 12 items are ordered

E. There must be a fully completed CMN and the required documentation below must be identified on the CMN or the supporting documentation:

1. The medical need for the DME

2. The diagnosis related to the reason for the DME request

F. The supporting documentation does not replace the requirement of the fully completed CMN

G. The dates on the supporting documentation must coincide with the dates of service on the CMN

1. Examples of supporting documentation:
    a) Physician's letter
    b) Licensed therapist evaluation

II. CMN time requirements and service authorizations

A. The practitioner must sign and date the CMN within 60 days of the begin date indicated on the CMN. If a begin date is not documented, the CMN begins with the practitioner signature date.

B. The validity of the CMN shall terminate when the individual's medical need for the DME or supplies ends.

C. The provider's request will not be reviewed for DME services provided prior to the date of the physician's signature when the signature is not obtained within 60 days of the begin service date (section III of the CMN).

D. MCC of VA may make an exception to the 60-day practitioner signature requirement if retroactive eligibility for plan coverage is determined.

E. As long as requirements for completing the CMN are met and the supporting documentation demonstrates the item/supply is medically necessary, the provider should secure a Service Authorization (SA) for the appropriate time frame (this is not considered a retro authorization) for which the CMN is valid.

F. Retro authorizations do not exist within the service authorization process (see step above).

G. The begin service date on the CMN/DMAS-352 is optional. If the provider enters a begin service date, the CMN/DMAS-352 must be signed and dated by the practitioner within 60 days of the begin service date in order for the CMN/DMAS-352 to start from the begin service date.

H. The time frame requested for service authorization should fall within the validity of the CMN

I. MCC of VA cannot require providers to bill the primary carrier and include a denial for service that are known to be non-covered under Medicare or commercial insurance

1. If a provider submits an SA for services that are non-covered by the primary payer, it is MCC of VA's responsibility to review the SA based on Medicaid's medical necessity criteria.
2. If Medicare will not cover the service requested for dual members, the plan will automatically transfer the request over to MCC of VA so it can be reviewed for medical necessity on the Medicaid side.

III. CMN Exceptions

A. A CMN is not required in the following circumstances:

1. Glucose monitor and diabetic supplies for Pregnant Women – Maternity Risk Screen (DMAS-16)

2. Medicare Primary – claims submitted to Medicaid as a crossover claim do not require a CMN. (Unless denied/non-covered by Medicare).