



4/21/2026

Provider Alert: DME Authorization and Documentation Requirements

Attention: Providers

Dell Children's Health Plan is committed to ensuring our members receive medically necessary Durable Medical Equipment (DME) in a timely manner. To streamline your requests and ensure compliance with state and federal regulations, please adhere to the following updated guidelines.

Submission and documentation standards

All DME authorization requests must be submitted to Dell Children's Health Plan Utilization Department in accordance with Plan guidelines. Providers are required to substantiate **medical necessity** and demonstrate compliance with the [Texas Medicaid Provider Procedures Manual \(TMPPM\)](#).

Required forms: To ensure all federally required information is captured, providers must use one of the following:

- Home Health Services (Title XIX) DME/Medical Supplies Prescribing Provider Order Form
- Dell Children's Health Plan Prior Authorization Form
- Texas Standard Prior Authorization Request Form

Authorization frequency and duration

In alignment with **42 CFR §440.70**, the following authorization timelines apply:

- **Initial authorization:** Valid for up to **6 months**.
- **Continuation of services:** After the initial period, providers must submit a new request (coordinated with the ordering practitioner) for a period of up to **12 months**.
- **Status changes:** If a member's condition changes before an authorization expires, providers must work with the practitioner to modify the plan of care and seek a new or modified authorization.
- The period of a DME authorization does not affect the requesting physician or Allowed Practitioner's ability to conduct more frequent assessments of the Member. The frequency of reviewing the need for DME is determined on a case-by-case basis by a requesting physician or Allowed Practitioner based on the nature of the member's condition and the DME item prescribed.

DME provided by Texas Medicaid must either have a well-established history of efficacy, or, in the case of novel or unique equipment, valid peer-reviewed evidence that the equipment corrects or ameliorates a Medicaid-eligible medical condition or functional disability.

Home health DME and supplies exceptional circumstances provision:

The Home Health Durable Medical Equipment (DME) and Supplies Exceptional Circumstances provision is made available in accordance with Title 42 Code of Federal Regulations (CFR) §440.70 and Title 1 Texas Administrative Code (TAC) §354.1039. Under the Exceptional Circumstances provision, Texas Medicaid is obligated to consider coverage of medically necessary DME and supplies that are not currently listed as benefits of Texas Medicaid for clients who are 21 years of age or older.

Providers must submit requests for medically necessary DME and supplies not listed as a covered benefit under Texas Medicaid through ACMIH's exceptional circumstances process. DME and supplies allowed under the exceptional circumstances provision must be prior authorized by ACMIH.

The Home Health DME and Supplies exceptional circumstances provision is not an available process to pursue for members who receive prior authorization denials for medical necessity or technical reasons (e.g., missing essential fields, incomplete documentation). Members that have been denied prior authorization under these circumstances may appeal the decision through the regular ACMIH incomplete prior authorization process, ACMIH appeal or state fair hearing process.

Mobility aids: repairs and replacements

Accessories, modifications and repairs for mobility aids are covered benefits. Equipment replacement is generally a benefit **every 5 years** when one of the following occurs:

1. There is a significant change in the member's medical condition such that the current equipment no longer meets their needs;
2. The equipment is non-functional and repairs are not cost-effective.
3. Loss or irreparable damage has occurred.

Additional information is available in the TMPPM, Durable Medical Equipment, Medical Supplies and Nutritional Products Handbook Section 2.2.15.24.

Covered services, limits, and authorization requirements:

- Benefit quantities, service duration, age and diagnosis criteria and other limitations for DME supplies and equipment are administered in accordance with the current [Uniform Managed Care Contract \(UMCC\)](#) and the [Texas Medicaid Provider Procedures Manual \(TMPPM\)](#) Version 2: Durable Medical Equipment and Nutritional Products Handbook.
- Prior authorization items
 - If a DME item for a STAR member who is 20 years or younger requires prior authorization, providers may justify exceeding TMPPM limitations by documenting medical necessity in the prior authorization request
- Non-prior authorization items
 - If a DME item for a STAR member who is 20 years or younger does not require prior authorization, providers may submit a prior authorization request to ACMIH Utilization Management to justify exceeding the benefit limitation. The request must include documentation supporting medical necessity.

If you have questions, need assistance or need further clarification, please contact Dell Children's Health Plan by emailing us at shpproviderservices@seton.org or calling us at **1-512-324-3125, option 4 (TTY 7-1-1)**.