

Covered Durable Medical Equipment services and codes

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply).

How to bill for services

Integrated Health Care Services providers:

Durable Medical Equipment (DME) providers who are contracted by Integrated Health Care Services (IHCS) will receive an authorization from IHCS (if authorization is required) and bill IHCS for services rendered. The guidelines provided in this document are applicable to those downstream IHCS providers.

- Claims must be submitted electronically or on standard paper claims forms (*CMS 1500* or *UB-04*).
Home Health Providers must submit claims on an 837I or *UB-04*.
- All claims must be submitted **75 days from the date of service**.
- For more information on claims and billing, please reference the [IHCS Provider Manual](#)

Claim type	Address/website
Paper claims	Integrated Home Care Services, Inc. 3700 Commerce Parkway Miramar, FL 33025
Electronic claims	Providers are encouraged to bill using the Provider Portal located at: https://www.visibiledi.com/ihcs

Simply providers

DME providers who have a direct contract with Simply will receive an authorization. The authorization will provide the information needed to bill Simply through the Availity* Portal or other approved methods. See below.

- Providers are to bill Simply using the appropriate billing codes and pricing based on their individual negotiated contract.
- All claims must be submitted **180 days from the date of service**.
- If a provider disagrees with the claim processing, they are to follow the normal appeals process as per the [Simply Provider Manual](#) or via Availity <https://www.availity.com>.
- For more information on claims and billing, please reference the [Simply Provider Manual](#)

Claim type	Address/website
Paper claims	Simply Healthcare Plans, Inc. P.O. Box 61010 Virginia Beach, VA 23466-1010
Electronic claims	https://www.availity.com Payer ID: SIMPLY

* Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.

<https://provider.simplyhealthcareplans.com>

<https://provider.clearhealthalliance.com>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Note: To identify the authorization requirements for Medicaid members, use our [Precertification Lookup Tool](#).

DME services pricing

Simply must ensure all necessary supplies, per the standards described in the Agency for Health Care Administration's (AHCA) [DME Policy Handbook](#), are provided for the duration of the rental period. In addition, Simply pays providers for the provision of consumable supplies that are outside of the bundled rate when needed to operate the device (for example, tubing and masks), even when not listed on the DME fee schedule. The price paid to providers are based on their individual negotiated rates to include billings codes that are at a rate of MP (manually priced), BC (bundled code), or BR (by report) on AHCA's fee schedule. These negotiated rates that are MP, BC and BR will be negotiated under a *Single Case Agreement* and documented on the authorization for billing and payment purposes.

Coverage of equipment and supplies needed to operate DME

Simply covers medically necessary equipment and supplies required to maintain and use durable medical equipment (such as ventilators), including rental equipment and rent-to-purchase equipment.

Maintenance and repair of rental or rent-to-purchase equipment

In the case of rent-to-purchase equipment, Simply covers maintenance and repair services even after the rent-to-purchase agreement has been satisfied. (Attachment II, Exhibit II-A, Section A.1.a., Table 1, Rule 59G-4.070 DME and Medical Supply Services Coverage and Limitations Handbook, pages 2-28 through 2-30.) In addition, Simply covers certain DME rental items as bundled codes. Coverage of repairs for rental items is detailed on page 2-28 and 2-29 of the DME coverage policy. Additionally, page 2-26 of the DME Policy handbook stipulates that as a part of any rental agreement the provider must repair or replace any expendable parts or items of rented equipment.

Customized wheelchairs

Simply covers customized wheelchairs for children and adults. Additionally, Medicaid recipients who are under 21 years of age and reside in a skilled nursing facility are eligible to receive customized wheelchairs. In the fee-for-service delivery system, custom wheelchairs are prior authorized with all accompanying parts, and the prior authorization details reimbursement for all components of the custom wheelchair. Simply is required to cover customized wheelchairs for children and adults as listed in the DME Policy Handbook.

For a list of covered DME services and procedure codes, visit: <https://bit.ly/3v60lF8>

For additional support, contact your local Provider Relations representative or Simply Provider Services at **1-844-405-4296**, (Monday to Friday from 8 a.m. to 7 p.m. ET).