

Carolina Complete Health Provider Guide

Durable Medical Equipment Quick Reference Guide

Steps for Carolina Complete Health Members to Obtain Durable Medical Equipment (DME)

1. An LTSS Care Manager (CM) from Carolina Complete Health (CCH) is notified of the member's medical equipment or supply need.
2. The CCH team will then identify a DME provider based on contracting and availability.
3. The CCH team completes a DME Request Form and sends it to the member's PCP. This will inform the PCP what DME is needed and also serves as a notification for the PCP to submit a signed DME order and the needed medical records/encounter visit notes to CCH.
4. The CCH team then notifies the DME provider of the PCP outreach and once the order and medical records/encounter visit notes are received, they will forward them to the DME provider.

NOTE: PCPs should submit a signed DME order and/or medical records as requested when receiving an order form to ensure member receipt of the DME supplies.

Important Contact Information

Team or Area	Information
Network Support Specialist Team	NetworkRelations@cch-network.com
Provider Engagement Team	network.carolinacompletehealth.com/engagement
Member Services	1-833-552-3876 (TTY 711)
Authorization Request	Phone: 1-833-552-3876 Fax: 1-833-238-7694
Pre-Auth Fax Form	Prior Authorization Form (PDF)

Verify Member Eligibility

- Verify member eligibility by using the [Carolina Complete Health Secure Provider Portal](#).
- Using the portal, any registered provider can quickly check member eligibility by indicating the member's last name or ID number and date of birth. View the provider slide guide for checking eligibility in the [portal \(PDF\)](#).
- Alternatively, you may call Provider Services 1-833-552-3876. Provide the member's last name or ID number and date of birth.

NOTE: Possession of a Carolina Complete Health insurance card is not a guarantee of coverage.

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Authorizations

Prior authorization is required for certain services. To determine which services require authorization, please refer to our [Pre-Auth Check Tool](#). Providers may request a prior authorization by portal, fax, or phone. If a prior authorization is **not** required, but a member needs services over the benefit limit outlined in the Clinical Coverage Policy, a PA is required for anything over the benefit limit.

Medical Necessity Guidance

A face-to-face encounter (can be through telehealth) is required, with the referring physician and the member, that is directly related to the reason the member requires the medical equipment (for initiation of the equipment/supplies, not every Prior Auth). The physician must include clinical findings, from the visit, incorporated into a written or electronic document in the member's medical record. There must be a clinical correlation between the DME and the member's medical disability. (Source: [CMS](#)). Please also refer to the applicable clinical coverage policies for additional details.

Claims

Refer to the Durable Medical Equipment Fee Schedule for the rates associated with the equipment, supplies and services. Additionally, the clinical coverage policies listed can be references for information regarding benefit limitations and additional billing information. Durable Medical Equipment (DME) refers to the following categories of equipment and related supplies for use in a beneficiary's home:

- Inexpensive or routinely purchased items
- Capped rental/purchased equipment
- Equipment requiring frequent and substantial servicing
- Oxygen and oxygen equipment
- Related medical supplies
- Service and repair
- Other individually priced items
- Enteral nutrition equipment

Clinical Coverage Policies

- [Physical Rehabilitation Equipment and Supplies, 5A-1 \(PDF\)](#).
 - For guidance in reference non-invasive osteogenic stimulation, please refer to policy titled [Osteogenic Stimulation, NC.CP.MP.194 \(PDF\)](#).
- [Respiratory Equipment and Supplies, 5A-2 \(PDF\)](#).
 - Prior approval is required prior to the initiation of oxygen therapy and for continuation of active oxygen therapy on at least an annual basis.
- [Nursing Equipment and Supplies, 5A-3 \(PDF\)](#).
- [Orthotics and Prosthetics, 5B \(PDF\)](#).

NOTE: View all Clinical Coverage Policies online: network.carolinacompletehealth.com/clinicalpolicies

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