



## Guidance for Durable Medical Equipment (DME) Providers

Under Tailored Plan, Durable Medical Equipment (DME) is considered a physical health benefit. Effective July 1, 2024, providers submitting DME physical health claims through NCTracks for Partners Tailored Plan members should submit their claims and authorizations\* using the methods below.

### Verify Member Eligibility

*Possession of a Partners Tailored Plan insurance card is not a guarantee of coverage.*

- Verify member eligibility using NCTracks.
- Please note the Medicaid ID# on the Partners card is the same Medicaid ID for the member in NCTracks.



Partners Physical Health Claim Submission	Partners Physical Health Authorization Submission
<p><b>Portal</b> Providers will access ProviderCONNECT for claim submission at: <a href="http://id.partnersbhm.org">id.partnersbhm.org</a> then select Availity for Physical Health claim submission.</p> <p><b>EDI/Clearinghouse</b> CCH utilizes the clearinghouse Availity. As long as the provider’s clearinghouse has a connection to Availity, then the claim can be passed on to CCH. CCH’s Medical Payer ID is 68069.</p> <p><b>Mail:</b> P.O. Box 8002 Farmington, MO 63640-8002</p>	<p><b>Portal (Preferred)</b> Providers will access ProAUTH within ProviderCONNECT for web authorization submission.</p> <p><b>Phone:</b> Outpatient Requests 980-533-6198 <b>Fax:</b> Outpatient Requests 704-884-2613 <b>Secure/Encrypted Email:</b> <a href="mailto:PHManualAuthorizations@partnersbhm.org">PHManualAuthorizations@partnersbhm.org</a></p> <p>If using fax or encrypted email submission, please use the <b>Manual Authorization Request Form</b> located online: <a href="http://partnersbhm.org/tailoredplan/providers/prior-authorization-submissions/">partnersbhm.org/tailoredplan/providers/prior-authorization-submissions/</a></p>

Provider Portal Resources and Training

## Partners ProviderCONNECT Portal Setup

- To access ProviderCONNECT, in-network contracted providers must identify one individual who will serve as their Local Administrator and will be responsible for managing all other users who access Partners' ProviderCONNECT for that provider organization.
- Designated portal administrators must complete Partners Health Management ProviderCONNECT set-up form: [surveymonkey.com/r/MBXQSBF](https://surveymonkey.com/r/MBXQSBF)
- Once you complete the survey, you will receive an email from Partners in 1-2 business days with next steps.
- For questions about this form please contact [credentialingteam@partnersbhm.org](mailto:credentialingteam@partnersbhm.org).
- ProviderCONNECT training:
  - [ProviderCONNECT Local Administrator Instructions](#)
  - [ProviderCONNECT: Setting up Users](#)

## Authorization Resources and Training

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. Providers can view ProAuth demo and Powerpoint here: [partnerstraining.org/](https://partnerstraining.org/)

\*Please note: To alleviate provider administrative burden during the launch of Tailored Plans, Partners will initiate a No Prior Auth period for Medical Services rendered between July 1, 2024, and Jan. 31, 2025. *\*This exception does not apply to concurrent reviews for inpatient hospitalizations, which should still occur during this time period.*

- For additional details, please review Partners' [Provider Alert: Extension of Tailored Plan Launch Flexibilities](#)
- You can also reach out to Partners Physical Health UM Team: [PHUMQuestions@partnersbhm.org](mailto:PHUMQuestions@partnersbhm.org)  
1-877-398-4145

## 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.

Refer to the [Durable Medical Equipment Fee Schedules](#) 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.

**Clinical Coverage Policies**

- [Physical Rehabilitation Equipment and Supplies, 5A-1 \(PDF\)](#)
- [Respiratory Equipment and Supplies, 5A-2 \(PDF\)](#)
- [Nursing Equipment and Supplies, 5A-3 \(PDF\)](#)
- [Orthotics and Prosthetics, 5B \(PDF\)](#)
- View all Clinical Coverage Policies online:  
<https://www.partnersbhm.org/tailoredplan/providers/manuals-forms-and-policies/clinical-coverage-policies/>

**Important Contact Information**

<b>Partners Provider Services</b>	<a href="tel:1-877-398-4145">1-877-398-4145</a>
<b>Partners Member Services</b>	<a href="tel:1-888-235-4673">1-888-235-4673</a>