**Harvard Pilgrim Health Care**
a **Point32Health** company

# Durable Medical Equipment (DME)/ Prosthetic Device – Quick Reference Guide

## Prior to Submitting a DME/Prosthetic Device Transaction

1. Check member eligibility.

2. When you are sure that you have the correct member, click on "Select" to add the member to the patient list.

3. Check to see if a DME authorization is already in place (See "To search for DME/Prosthetic Device Transactions" below).

4. Have your provider number (NPI).

5. Have the attending provider's NPI, which you can find via the Office Management/Provider Directory.

6. Have the diagnosis/procedure code(s) and procedure code, which you can pre-select from the Office Management/Code Lookup. These codes are required for all DME/Prosthetic Device transactions.

## To Submit a DME Transaction

1. Select "Outpatient" from the New Request drop down list tab.

2. Complete the required information for the patient, diagnosis code, requesting provider, contact name, contact info, servicing provider, service, service units, start date, end date and procedure code.

3. Complete the contact name and contact information and any additional optional field.

4. Click on "Submit." The response will be returned to you directly and display the status.

5. To print a copy or the response for your records, use the "Print" link.

## To Search for DME/Prosthetic Device Transactions

1. In Patient Management, select the member from the patient list.

2. Click on the "Authorizations & Notifications" link to access the Search Requests screen that displays a list of the member's referrals, authorizations & notifications.

3. Click on the "View" link to access the detail of an existing record.

4. If no record exists for the service in question, click on "New Request" to enter a new referral.

## Helpful Hints

1. Indicates required field.

2. To advance from field to field, use the TAB key instead of using your mouse.

3. To move the cursor back a field, use the **SHIFT + TAB** keys together.

4. On DME/Prosthetic Device submissions, submit only one procedure code per request. Additional procedure(s) codes require separate submission(s).

## Troubleshooting Problems

1. If you receive an error message and need to correct data in one or more fields, click the back arrow to correct the mistake(s) and resubmit the request.

2. If you receive the message, "Your request has not been returned from the server. You will receive a communiqué shortly," click on the "Back" button to resubmit the request.

3. If you have not used HPHConnect for 15 minutes, you will need to log in again before you can create a new outpatient transaction.

## Submission

**Patient**
Search by name or ID. As you type the patient's name, a list of options will auto populate.

**Diagnosis**
Search Diagnosis by code or by name. You may enter up to 12 search terms. Be sure to include the decimal point if the ICD-10 code requires one. If you do not know the correct codes, you can search for the Harvard Pilgrim (see above).

**Requesting Provider**
Any Harvard Pilgrim contracted:
- PCP
- Specialist
- DME Vendor
- Facility
- Visiting Nurse Association (VNA)

**Contact Name and Contact Info**
Enter contact name, contact phone, fax or email. (These fields have a character limit of 60 and restricted characters <>, and #)

**Servicing Provider**
Two of the following (requesting provider can be the servicing provider):
- PCP
- Specialist
- DME Vendor
- Facility
- Visiting Nurse Association (VNA)

**Service**
Select from the drop-down menu:
- DME
- Prosthetic Device

**Location**
Select from the drop down.

**Service Units**
Enter the number of units requested.

**Start and End Dates**
Enter the time frame for the service, up to a maximum of 364 days.

**Procedure Code**
Required for Durable Medical Equipment and Prosthetic Devices

**Release of Information**
- Signed Statement/Claims

**Remarks (optional)**
Enter text only; do not use punctuation marks, symbols, or other special characters.

**Clinical Documentation**
Clinical notes/reports can be attached if you have them (optional). File size cannot exceed 45 MB.

Click on "Submit" to **send the request.**

### Outpatient Submission

**Patient**
*Search Current Patients

Select a patient

**Diagnosis**
*Search and select a diagnosis

**Requesting Provider**
*Requesting Provider      *Contact Name      *Contact Info      Phone

**Servicing Providers**
*Servicing Providers      Contact Name      Contact Info      Phone

**Service Details**
*Service      Location
Select...      Select...
*Service Units      *Start Date      *End Date
Days      03/14/2023      06/12/2023

**Requested Procedures**
Procedure Code

**Additional Information**
Release of Information      Remarks
Signed statement/claims ×
Characters remaining: 225 / 225

**Clinical Documentation**
+ ADD ATTACHMENT

SUBMIT      LOAD      SAVE