



Guidance for Durable Medical Equipment (DME) Providers

Under the NC Medicaid Managed Care Behavioral Health and Intellectual/Developmental Disabilities Tailored Plans (Tailored Plans), Durable Medical Equipment (DME) is considered a physical health benefit. Starting July 1, 2024, providers must submit DME physical health claims and authorizations* through the process outlined below, rather than using NCTracks.

Verify Member Eligibility

Possession of a Partners Tailored Plan insurance card is not a guarantee of coverage. Providers should:

- Verify member eligibility using NCTracks.
- Note that the Medicaid ID number on the Partners card matches the member's Medicaid ID in NCTracks.

 Member ID Card Partners Tailored Plan 901 S. New Hope Rd. Gastonia, NC 28092 www.partnersbhm.org Name: Medicaid ID#: Date Issued: PCP Information: PCP Name: PCP Address: PCP Phone: This card is not a guarantee of eligibility, enrollment or payment	Important Contact Information/Información importante de contacto Member and Recipient Services/Servicio para miembros y destinatarios (7 a.m.-6 p.m. EST).....1-888-235-4673, TTY: 711 Partners MemberCONNECT..... www.partnersbhm.org 24-Hour Nurse Line/Línea de enfermería las 24 horas.....1-888-369-2452 24-Hour Behavioral Health Crisis Line/Línea de crisis de salud conductual las 24 horas.....1-833-353-2093 If you suspect a doctor, clinic, home health service or any other kind of medical provider is committing Medicaid fraud, report it. Call 919-881-2320. For a medical emergency, go to the nearest emergency room or call 911. Prescriber Services (7 a.m.-6 p.m. EST).....1-866-453-7196 Provider Services (7 a.m.-6 p.m. EST).....1-877-398-4145  Partners
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Partners Physical Health Submission Guidelines

Claim Submission	Authorization Submission
Portal: Access ProviderCONNECT for claim submission at: id.partnersbhm.org and select Availity™ for physical health claim submissions. EDI/Clearinghouse: Carolina Complete Health (CCH) utilizes the Availity as its clearinghouse. Providers with clearinghouse connections to Availity can submit claims via CCH's Medical Payer ID: 68069. Mail: P.O. Box 8002, Farmington, MO 63640-8002	Portal (Preferred): Access ProAuth within ProviderCONNECT to submit authorizations online. Phone: For outpatient requests, call 980-533-6198. Fax: For outpatient requests, fax 704-884-2613. Secure/Encrypted Email: Send manual authorization requests to PHManualAuthorizations@PartnersBHM.org. Use the Manual Authorization Request Form available online: Prior Authorization Submissions.

Provider Portal Resources and Training

Partners' ProviderCONNECT Portal Setup

- Each in-network provider must designate a Local Administrator to manage ProviderCONNECT access for their organization.
- Complete the ProviderCONNECT setup form: [Setup Survey](#).
- After submitting the form, you will receive an email with the next steps from Partners in 1-2 business days. For questions, contact CredentialingTeam@PartnersBHM.org.
- Training resources:
 - [ProviderCONNECT Local Administrator Instructions](#)
 - [Setting up Users in ProviderCONNECT](#)

Authorization Resources and Training

Prior authorization is required for specific services. Use the [Service Pre-Authorization Lookup Tool](#) to verify which services need authorization. Providers can submit authorization requests via ProviderCONNECT, fax or phone. A ProAuth demonstration and PowerPoint are available here: [ProviderCONNECT Trainings](#).

Temporary Authorization Flexibility: To reduce administrative burden during the Tailored Plan launch, Partners has established a No Prior Authorization period for medical services provided between July 1, 2024, and January 31, 2025. This exception does not apply to concurrent inpatient hospitalizations, which will still require review during this period.

- Review details in Partners' [Provider Alert: Extension of Tailored Plan Launch Flexibilities](#).
- Contact the Partners Physical Health UM Team: PHUMQuestions@PartnersBHM.org or 1-877-398-4145.

Medical Necessity Guidance

A face-to-face encounter (in person or via telehealth) between the referring physician and the member is required to initiate the equipment requests. The physician must document clinical findings from the visit in the member's medical record. [CMS guidance](#) requires a clinical correlation between the DME and the member's medical disability. Refer to the appropriate clinical coverage policies for further information.

Fee Schedule and Clinical Coverage Policies: Refer to the [Durable Medical Equipment Fee Schedules](#) for rates, and clinical coverage policies for information on benefit limits and billing.

Relevant CCP Policies:

- [Respiratory Equipment and Supplies, 5A-2](#) (PDF)
- [Physical Rehabilitation Equipment and Supplies, 5A-1](#) (PDF)
- [Nursing Equipment and Supplies, 5A-3](#) (PDF)
- [Orthotics and Prosthetics, 5B](#) (PDF)
- [All Clinical Coverage Policies](#)

Important Contact Information

- **Partners' Provider Services:** 1-877-398-4145
- **Partners' Member Services:** 1-888-235-4673