



# MEDICAL EQUIPMENT DISTRIBUTION SERVICES

Effective March 8, 2021

In response to the Department of Health Care Services (DHCS) Medi-Cal Rx carve-out, Partnership HealthPlan of California (Partnership) expand its Medical Equipment Distribution Services program to provide additional access to certain medical devices for Partnership members when requested by their provider. The program is also now available to all eligible contracted providers within our 14 counties.

**Please note:** *The state will continue to cover non-carved out devices such as Standard Blood Glucose Monitors (many models covered), Peak Flow Meters, Spacers for Metered Dose Inhalers, etc. Prescribers can continue to order these devices from their patients' pharmacy.*

Contracted clinical providers can submit requests directly to Partnership for eligible members at no cost, per the guidelines listed below, and by submitting a completed medical equipment request form. Upon receiving the request form from a provider, Partnership will send the device directly to the member via routine delivery (ie: 2-3 days).

Clinical providers requesting the device must educate members on the proper use and setup of the device. This includes any need to set up remote patient monitoring options.

**Important note:** For homeless members or members without a steady place of residence, clinical providers can have the device/s sent to their clinic/office for distribution to the member. Additionally, select devices are available for urgent delivery.

Providers can submit the medical equipment request form, see link below, securely to [request@partnershiphp.org](mailto:request@partnershiphp.org) or by secure fax to (707) 420-7855. For any questions, please contact [request@partnershiphp.org](mailto:request@partnershiphp.org).

- [Medical Equipment Distribution Services Request Form](#)

## MEDICAL EQUIPMENT REQUEST GUIDELINES

<p><b>Pulse Oximeter</b> <i>(Age 3 and older)</i></p>	<ul style="list-style-type: none"> <li><b>COVID:</b> Home Treatment; Confirmed or Suspected to Follow For Decompensation (<b><i>Urgent Overnight Delivery Available</i></b>)</li> <li>Chronic Lung Or Heart conditions to avoid office visits, Patient is on Home Oxygen Therapy/ Home Mechanical Ventilation, Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis, Asthma, Congestive Health Failure (CHF), Pulmonary Hypertension, Recurrent Pulmonary Embolism, Auto-Immune Lung Disease, Interstitial Lung Disease</li> <li>Other – reason to be noted on request form</li> </ul>
<p><b>Blood Pressure Monitor</b> <i>(Age 6 and older)</i></p>	<ul style="list-style-type: none"> <li><b>COVID:</b> Home Treatment, confirmed or suspected to follow for decompensation</li> <li>Chronic heart conditions to avoid office visits, Hypertension, includes pregnancy induced hypertension, Preeclampsia/History of Eclampsia, Diabetes Mellitus (any type), Coronary Artery Disease/Peripheral Vascular Disease, History of Stroke, Atrial Fibrillation, Congestive Health Failure (CHF), End Stage Renal Disease (ESRD), Pregnancy (for duration of COVID emergency)</li> <li>Other – reason to be noted on request form</li> </ul> <p><b>Important Note:</b> This device comes with a standard size medium cuff (Arm circumference 22-42 cm). Large, XL and small sized cuffs are available upon request. Please indicate the cuff size needed on the request form. Talking blood pressure monitors are available for low vision members.</p>

## MEDICAL EQUIPMENT REQUEST GUIDELINES

<p><b>Digital Thermometer</b> (No age restriction)</p>	<ul style="list-style-type: none"> <li>• <b>COVID:</b> Home Treatment, confirmed or suspected to follow for decompensation</li> <li>• Elevated risk of contracting or spreading COVID, At risk for severe COVID (co-morbidity or over 65), Occupational exposure to general public or individuals living in congregate living environment, Oncology patients on chemotherapy, Immunocompromised, Infection - need to monitor for fever, member unable to afford or find thermometer</li> <li>• Other – reason to be noted on request form</li> </ul>
<p><b>Digital Scale</b> (Max weight 330 lbs, no age restriction)</p>	<ul style="list-style-type: none"> <li>• <b>COVID:</b> Home Treatment</li> <li>• Obesity (BMI greater than or equal to 30), Congestive Health Failure (CHF), Chronic Kidney Disease</li> <li>• Other – reason to be noted on request form</li> </ul> <p><b>Important Note:</b> Talking scales for low vision members are available. Please indicate when a talking scale is needed on the request form.</p>
<p><b>Smart Baby Scale</b> (Children under 2 years old, Infants under 40 pounds)</p>	<p><b>Important Note:</b> This device is Not accurate enough for quantifying breastfeeding volume but can be used for monitoring weight changes (daily or weekly). Should not be requested for monitoring volumes of individual feeds.</p> <ul style="list-style-type: none"> <li>• <b>COVID:</b> Home Treatment</li> <li>• Underweight infant, Failure to thrive, Unexplained (Abnormal) weight loss, Low Birth Weight, Risk of poor weight gain</li> <li>• Other – reason to be noted on request form</li> </ul>

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<p><b>Nebulizer</b> (No age restriction)</p>	<ul style="list-style-type: none"> <li>• <b>COVID:</b> Home Treatment</li> <li>• Asthma, Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis, Bronchopulmonary Dysplasia, Bronchiectasis,</li> <li>• Other – reason to be noted on request form</li> </ul> <p><b>Important Note:</b> Some replacement parts are available for this device. Indicate the part needed on the request form. Covered parts include tubing, masks, caps, chambers, baffles, filters. Portable nebulizers (battery powered) are available for members who are unhoused or without access to electricity.</p>
<p><b>Warm Steam Vaporizer</b> (No age restriction)</p>	<ul style="list-style-type: none"> <li>• <b>COVID:</b> Home Treatment</li> <li>• Nasal congestion due to upper respiratory infection, Sinusitis</li> <li>• Other – reason to be noted on request form</li> </ul>
<p><b>Cool Mist Humidifier</b> (Age 12 and under)</p>	<ul style="list-style-type: none"> <li>• <b>COVID:</b> Home Treatment</li> <li>• Croup, Pharyngitis</li> <li>• Other – reason to be noted on request form</li> </ul>
<p><b>Safer Lock Medication Lock Box</b> (No age restriction)</p>	<ul style="list-style-type: none"> <li>• Chronic Pain Syndrome</li> <li>• Neoplasm-related pain (acute)(chronic)</li> <li>• Dorsalgia, Unspecified</li> <li>• Other – reason to be noted on request form</li> </ul>
<p><b>Enuresis Alarm</b> (Age 14 and under)</p>	<ul style="list-style-type: none"> <li>• Urinary Incontinence</li> <li>• Enuresis</li> <li>• Other – please note on form</li> </ul>