

**MORATORIUM OF ENROLLMENT OF  
DURABLE MEDICAL EQUIPMENT PROVIDERS LOCATED OUTSIDE OF  
CALIFORNIA AND IN LOS ANGELES, ORANGE, RIVERSIDE, AND  
SAN BERNARDINO COUNTIES  
September 2017**

In accordance with Section 14043.55 of the California Welfare and Institutions Code, I, Jennifer Kent, Director of the Department of Health Care Services, Health and Human Services Agency, State of California, will implement for 180 days a moratorium, (1) on the enrollment of Durable Medical Equipment (DME) providers in the Medi-Cal Program, located outside of California and in the California counties of Los Angeles, Orange, Riverside, and San Bernardino and (2) on the change or expansion of categories of service by a DME provider, located outside of California and in the California counties of Los Angeles, Orange, Riverside, and San Bernardino allowed to enroll in the Medi-Cal Program after October 12, 1999.

Upon my approval of this moratorium, this moratorium will replace the DME moratorium dated March 5, 2017. This moratorium will expire on February 28, 2018.

This moratorium does not apply to:

- 1) DME applicants who for the purpose of the Medi-Cal Program choose to be enrolled for medically necessary lactation aids. DME providers of lactation aids shall be reimbursed for items mentioned in the Medi-Cal Provider Manual for Lactation Management Aids [found in *Durable Medical Equipment (DME): Bill for DME (dura bil dme)*].

- 2) DME applicants who for the purpose of the Medi-Cal Program choose to be enrolled as Customized Wheelchair DME (CWDME) providers and/or Oxygen and Respiratory Equipment DME (OREDME) providers.
  - a) CWDME providers shall sell, service, and/or repair customized wheelchairs as medically necessary for Medi-Cal beneficiaries. An enrolled CWDME provider shall be reimbursed for items authorized in the Medi-Cal Provider Manual for wheelchairs, modifications and accessories.
  - b) OREDME providers shall sell, service, and/or repair Oxygen and Respiratory Equipment. An enrolled provider shall be reimbursed for items authorized in the Medi-Cal Provider Manual, under the Oxygen and Respiratory Equipment Group and deemed medically necessary for Medi-Cal beneficiaries.
- 3) Current Medi-Cal enrolled DME providers seeking to add a new business location in the same county, so long as the DME provider enrolled in the program after October 12, 1999 and is not adding new business activities, categories of service or billing codes other than those approved for enrollment at its existing location;
- 4) Applicants who will be enrolled solely for reimbursement of Medicare cost sharing amounts;
- 5) An application that is submitted because an existing Medi-Cal enrolled DME provider, which is part of a group of affiliated corporations (as defined by Cal. Corporations Code, Section 150), is transferring its assets to an affiliated corporation that is a part of the same group of affiliated corporations;

- 6) An application that is submitted because an existing Medi-Cal enrolled DME provider, who is an individual operating as an unincorporated sole proprietorship, has incorporated that sole proprietorship, with all of the existing issued shares of the new corporation being owned by that individual who is also the president of the new corporation;
- 7) An application that is submitted because there has been a cumulative change of 50 percent or more in the person(s) with an ownership or control interest in an existing Medi-Cal enrolled DME provider provided that the change only consists of a reorganization or consolidation among existing person(s) previously identified in the last complete application package that was approved for enrollment as having an ownership interest in the provider totaling 5 percent or greater;
- 8) Applications submitted pursuant to California Code of Regulations, Title 22, Section 51000.55 or Section 51006, Subparts (a)(1), (a)(2), (a)(3) or (a)(5);
- 9) Applications submitted pursuant to California Code of Regulations, Title 22, Section 51000.30(b)(3) provided that there is no change in the person(s) previously identified in the last complete application package that was approved for enrollment as having a control or ownership interest in the provider totaling 5 percent or greater;
- 10) Applications submitted pursuant to California Code of Regulations, Title 22, Section 51000.30(a) only because an existing Medi-Cal enrolled DME provider has changed its location provided that its previous business was located in one of the following counties: Los Angeles, Orange, Riverside, or San Bernardino

and is not adding new business activities, categories of service or billing codes other than those approved for enrollment;

- 11) Applicants that are the only person or entity in the United States that provides specific product or service that is a Medi-Cal covered benefit; or,
- 12) DME applicants who, for the purpose of the Medi-Cal program, choose to enroll to provide only the services and/or replacement parts for a Medi-Cal covered device for an enrolled Medi-Cal beneficiary, when those services and/or parts are not available from an enrolled Medi-Cal provider on the date of application.

This moratorium is necessary to safeguard public funds and to maintain the fiscal integrity of the Medi-Cal Program.

**ORIGINAL SIGNED BY JENNIFER KENT**

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Jennifer Kent  
Director  
Department of Health Care Services  
Health and Human Services Agency  
State of California

**AUG 29 2017**

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Date