\otimes Medica.

Durable Medical Equipment (DME)

Presenter: Deborah Santana, LGSW

August 9, 2023

Durable Medical Equipment (DME)

















Agenda

- What is DME
- HCPCS
- What is covered and where can I find it
- Medica Find a Doc
- Medica Prior Authorizations
- DME in Facilities/Hospice
- Add-ons and Upgrades
- CBSM Waiver Language
- Resources

Learning Objective: Locate DHS DME policy and supply guide. Understand Medica resources (PA process, CC Hub, Find a Doc). HCPCS (limited T2029 usage)

Durable Medical Equipment (DME)

Definition: Any equipment that supports members in need because of certain medical conditions and/or illnesses so they can maintain their highest level of functioning. DME consists of items which: are primarily and customarily used to serve a medical purpose; are not useful to a person in the absence of illness, disability, or injury; are ordered or prescribed by a physician, are reusable, can stand repeated use, and are appropriate for use in the home

<u>**Products:**</u> Medica DUAL Solution[®] (Minnesota Senior Health Options, or MSHO), Medica Choice CareSM (Minnesota Senior Care Plus, or MSC+), Medica AccessAbility Solution[®] (Special Needs Basic Care, or SNBC), AccessAbility Solution Enhanced[®] (SNBC Integrated, or ISNBC)

Healthcare Common Procedure Coding Systems (HCPCS)

We are not medical billers or coders. You are not expected to know how DME providers should bill, etc.. Whenever DME providers have billing questions, always refer them to Medica Provider Services (1-800-458-5512)

T2029 and E1399... Both of these codes are "Miscellaneous" and are ONLY used when the equipment has no other HCPCS Code.

The MHCP Manual states: "Do not use miscellaneous codes when a more appropriate code is available"

- Example of when to use T2029... Grab bars have no HCPC so T2029 is appropriate to use when using EW.
- Example of when not to use T2029... Walkers have HCPCS so there is no reason to use T2029 for a walker.
- Another example, DME's using T2029 for Nutritional Supplements. The DME provider should be told that this item has HCPCS so no need to use T2029.

EW REMINDER: All T2029 items over \$30 require an RRF (wipes, grab bars, handheld showers, lift char furniture, reachers)

What DME is covered

DME coverage occurs from the member's benefit set and/or waiver. When discussing waiver coverage we will focus only Elderly Waiver (no other waivers will be discussed)

The Medica benefit set is based on the MN Dept Human Services (DHS) Medical Assistance (MA) program. Medica follows the DHS Minnesota Health Care Programs (MHCP) provider manual.

• DHS Medical Supply Coverage Guidelink:

Medical Supply Coverage Guide (mn.gov)

• DHS MN Health Care Programs (MHCP) Manual Equipment and Supplies link:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleas ed&dDocName=id_008993

What DME is NOT covered

Per the MHCP Manual:

The following categories of equipment and supplies are never covered by MHCP:

- Items of convenience
- Items that are useful for individuals who don't have an illness or injury
- Environmental or home modifications
- Lack of scientific evidence
- Not the standard of treatment for an illness or injury

The following list of items are not typically covered because they meet on of the criteria under Typically Noncovered Services: Air conditioners, Bathroom scales, Bathtub wall rails, Beds - oscillating and lounge beds, bed baths and lifters, bed boards, tables and other bed accessories, Blood glucose analyzer - reflectance colorimeter, Car seats, standard use, Cervical roll or pillow, Clothing, Control units and battery device adapters, Dehumidifiers - room or central, Diathermy machines, Disposable wipes - including Attends wash cloths, Disposable ice packs and disposable heat wraps, Elevators and stair lifts that are affixed to the home, Enuresis or bed-wetting alarms, Environmental products (for example, air filters, purifiers, conditioners, hypoallergenic bedding and linens), Exercise equipment, Food blenders, Grab bars that are affixed to the home, Heat and massage foam cushion pads, Home security systems, Household equipment and supplies such as ramps, switches, tableware and feeding instruments, Humidifiers - room type or central, Hygiene supplies and equipment, including hand-held shower units and shower trays, and dental care supplies and equipment, Instructional materials (for example, pamphlets and books), Isolation gowns, surgical gowns and masks, Magnifying glasses, Massage devices, Medical alert bracelets and response systems, Medical supplies defined as drugs, Medication boxes or medication dispensing equipment, Menses products (for example, sanitary pads), Motorized lifts for a vehicle, Orthopedic mattresses, Personal computers and printers, tape recorders or video recorders, Pulse tachometers, Ramps that are affixed to the home Reachers and grabbers, Reading glasses, Saline or other solutions for the care of contact lenses, Table foods, Telephones, telephone alert systems, telephone arms or answering machines, Tennis or gym shoes, Thermometer covers, Toothbrushes and toothettes, Toys, Washable or reusable incontinence undergarments, Waterbeds, White canes for the blind

Medica Care Coordination (CC) Hub

Care Coordination | Medica

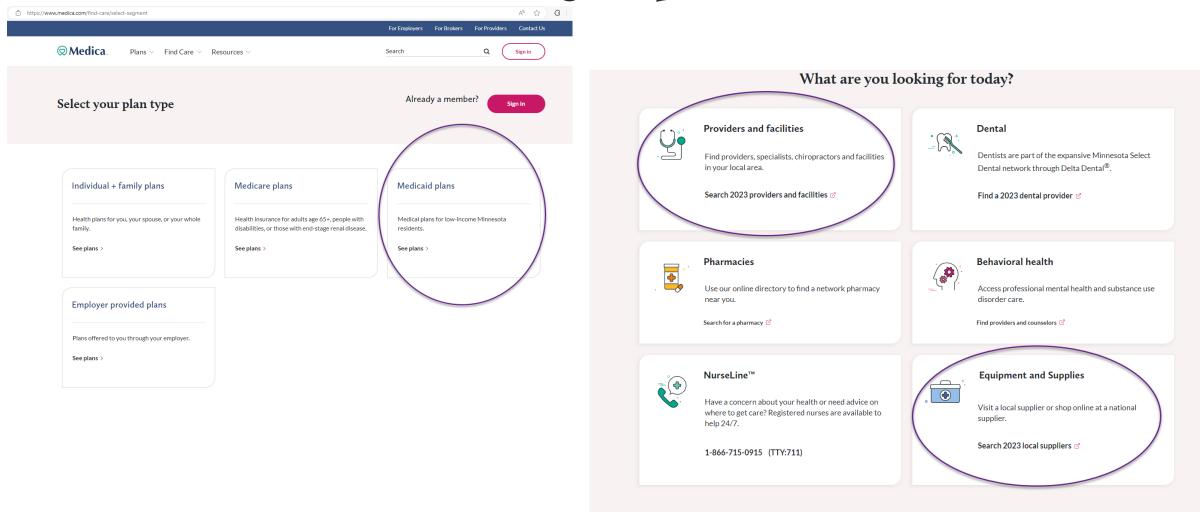
Care Coordination Resources: Pick a Care Coordinated product and then go to Guidelines section. Open the Benefit and Clinical Guidelines link

There are a four Benefit Guidelines that relate to specific DME items:

- Durable Medical Equipment
- Gloves
- Incontinence Products
- Nutritional Products

These guidelines are meant to simplify the DHS Manual and provide direction on how to access DME items.

Searching for providers



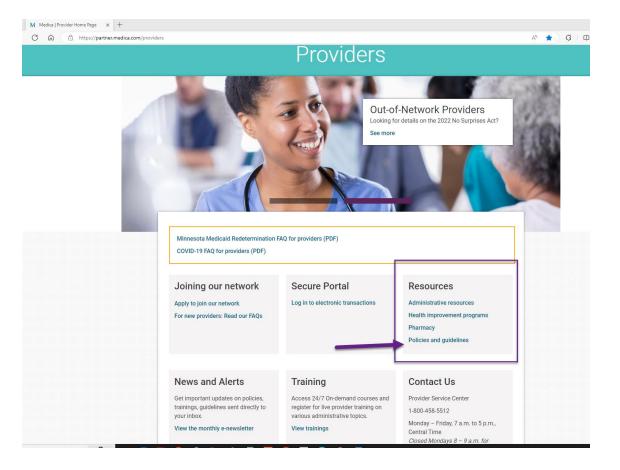
Medica Prior Authorization (PA)

Medica PA info can be found on the Medica website in the "Providers" section

Medica | Provider Home Page Go to "Resources" and and click on "Policies and guidelines"

Medica does not require Prior Authorizations the same way Fee for Service does. If there is no PA policy on the following websites then Medica does not require a PA

Providers are aware of this website



Medica Prior Authorization (PA)

Medica PA info can be found on the Medica website in the "Providers" section

Prior Auth policies and forms can be found under the UM Policies and Authorization link

https://partner.medica.com/providers/policies-and-guidelines				Aي
	Providers			
	« Return to Provider home			
	Policies and Guidelines			
	Clinical Guidelines	Coverage Policies	Drug Management Policies	
	Reimbursement Policies	UM Policies and Prior Authorization	Updates to Medical Policies	

Prior Authorization Forms

Medica | UM Policies for Providers

If there is no PA policy or form for the DME item/service requested, then there is no PA policy.

Prior Authorization forms are reviewed by Medica Utilization Management

All PA forms should go to the following place:

• FAX: 952-992-3556

or

Email: <u>caremanagement@medica.com</u>

If PA forms are sent to any other email address or fax # there is a good chance the request will be delayed

If you receive a PA form from a provider it is most likely an error and the item is covered. That said, you will need to follow up with the provider and member to better understand the request. For Nutritional Supplements see the Benefit Guideline on the Medica CC Hub.

DME in facilities

Members in facilities/institutions (SNF, TCU, ICF) receive DME supplies as needed and is part of the facility/institutions daily rate.

Skilled Nursing Facility (SNF)

Nearly all durable medical equipment and supplies are covered in the per diem for longterm care, with the exclusion of customized wheelchairs for members who cannot use a standard wheelchair.

Intermediate Care Facilities for individuals with developmental disabilities (ICF/DD) Includes most durable medical equipment and supplies within its per diem. Wheelchair rentals and purchases are not included in the per diem.

<u>Hospice</u>

All durable medical equipment and supplies related to a hospice diagnosis are covered by the hospice benefit. If a member requires durable medical equipment and supplies for an unrelated diagnosis it will be paid by Medica separately.

**Assisted Living and Customized Living is not a "facility"*

Add-ons and Upgrades

An add-on is a noncovered item that can be added to a piece of covered equipment.

An upgrade is a piece of equipment with extra, more desirable features that substitutes for a less costly piece of equipment.

Medica will not pay for repairs or maintenance to noncovered add-ons or upgraded equipment. ***If a Waiver paid for the add-on or upgrade then the Waiver can be accessed to pay for the repair to the add-on or upgrade

If member paid for the add-on or upgrade there is no coverage from the member's benefit set or Waiver to pay for the repairs.

Things to know

- An MSC+ and/or an SNBC member may have standalone Medicare that Medica doesn't manage. Medicare is primary (pays first) and Medica will then coordinate benefits when necessary. This is done behind the scenes. When Medicare is primary then Medicare rules are followed first.
- Waiver items
- Must meet an assessed need and must be in the Care Plan
- Are not for comfort or convivence
 - Furniture never covered by benefit set... and the furniture should be what meets need, not "upgrades"
- Expectation is for CCs to follow up with DME provider after referral is made to ensure member receives item, or as appropriate, provide direction to the member/family to contact the CC if it is not received within the timeline expected.

DHS CBSM Waiver Language

CBSM - Waiver and Alternative Care (AC) programs overview (state.mn.us)

Services under all waiver/AC programs must:

- Be authorized by the lead agency and included in the person's support plan before services are delivered
- Be for the direct benefit of the person, with the exception of services that provide relief or training for caregivers if the person chooses and benefits from that support (e.g., respite, homemaker, chore services).
- Be the most cost-effective option to meet the person's needs.
- Ensure the person's health, safety and well-being.
- Help the person avoid institutionalization.
- Help the person function with greater independence in the community.
- Meet the person's assessed areas of need.
- Be the person's choice to meet their needs.

Non-covered services: Services under all waiver/AC programs are not covered if they:

- Are for recreational or diversionary purposes.
- Are for comfort or convenience.
- Duplicate other services available.
- Are available through another funding source (e.g., Medicare, MA state plan services, long-term care insurance).
- Substitute for informal supports that appropriately meet the person's needs.

On-line Resources

Medica:

- Care Coordination Hub: <u>Care Coordination | Medica</u>
- Find a Doc: Medicaid | Medica
- Utilization Mgmt and Prior Authorization: Medica | UM Policies for Providers
- CC Support line: <u>medicaccsupport@medica.com</u>
- Medica Coverage Policies: <u>Medica | Coverage Policies for Providers</u>

MN Dept of Human Services (DHS):

- Medical Supply Coverage Guide: <u>Medical Supply Coverage Guide (mn.gov)</u>
- MHCP Manual Equipment and Supplies: <u>Equipment and Supplies (state.mn.us)</u>
- DHS Policy Quest: DHS | Policy Quest (state.mn.us)
- MN-ITS: <u>MNITS Login Page (state.mn.us)</u>
- MN DHS Community-Based Services Manual (CBSM): <u>CBSM Elderly Waiver (EW) (state.mn.us)</u>



THANK YOU