Medicaid Coverage of Durable Medical Equipment (DME)

Skilled Nursing Facility (SNF), Nursing Facility (NF) and Community Transition (CT)

March 20, 2024

MDHHS
Michigan Department of Health & Human Services

Disclaimer

The following presentation is accurate as of the date reflected on the title slide in accordance with Medicaid policy. To obtain updates and more detailed policy information please review the Michigan Medicaid Provider Manual and Policy bulletins.

DME-SNF/NF-Community Transition (CT)

Agenda:

- Coverage of Durable Medical Equipment in the NF
  - What is the NF per diem (what is included/not included?)
  - Power wheelchairs & Manual wheelchairs w/custom seating
    - Determining a need
    - The process
- DME when transitioning to the community
- Resources
- Q&A

Nursing Facility Per Diem

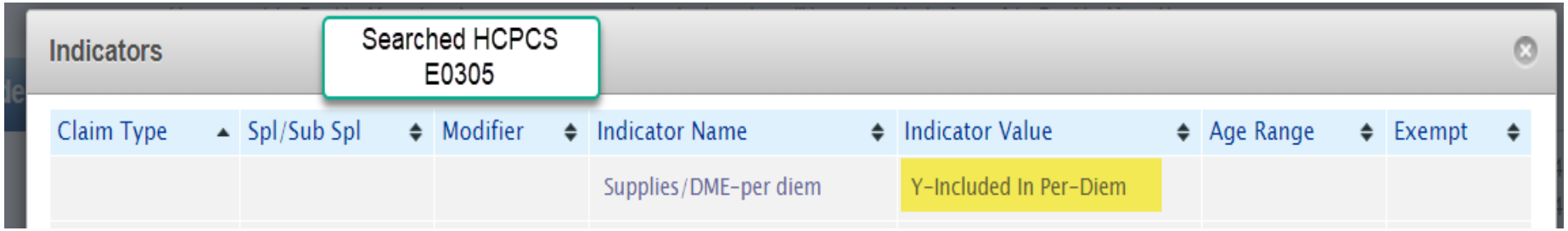
Standard DME/medical supplies that are included in the NF rate and cannot be separately billed by the DME provider.

Included in per diem (not an exhaustive list):	**Not** included in per diem (not an exhaustive list):
• Hospital Beds • Enteral Formulas • Standard Manual wheelchairs • Surgical dressings/bandages (some exceptions) • Diabetic test strips Repairs (including labor) to per diem equipment are included in the NF per diem rate.	• Parenteral nutrition/supplies • Power wheelchairs • Manual wheelchairs with custom seating • Prosthetic limbs • Speech generating devices

Nursing Facility Per Diem

Refer to:

- The Nursing Facility Chapter of the Provider Manual
- Medical Supplier database page scroll down to NF Per Diem list
- Providers can access the Medicaid Code Rate & Reference tool in CHAMPS:



DME-SNF/NF-Community Transition

Power Wheelchairs & Manual Wheelchairs with custom seating for nursing facility residents

Power Wheelchair & Manual Wheelchairs with Custom Seating

Resident **potential** need is identified by:

- Resident
- Family member
- SNF/NF staff
- At SNF/NF Care Conference
- Other (LTC Ombudsman, Community Transition Navigator, etc.)

Power Wheelchair & Manual Wheelchair with Custom Seating: Process

Evaluation

Care Conference

Doctor sees patient, writes order

PT &/or OT Evaluates

PT/OT & resident work with DME & trial Equipment to find the appropriate wheelchair

PT/OT completes MSA-1656 &/addendum A gathers MDS, Plan of Care, nursing notes, Dr. order

Send to DME

DME submits PA, MSA-1656 & documentation to MDHHS

8/18/15

PWC & MWC with Custom Seating

Who performs the MSA-1656 evaluation?

- Occupational Therapist; or
- Physical Therapist; or
- Physiatrist; or
- Rehabilitation RN who has at least 2 years experience in rehabilitation seating.

A physical therapy assistant or occupational therapy assistant **may not** evaluate for, complete or sign the MSA-1656 and addendum A.

PWC & MWC w/Custom Seating Prior Authorization Required Documentation

- Practitioner order (Physician, Nurse Practitioner, Physician Assistant or Clinical Nurse Specialist)
- PT/OT evaluates using MSA-1656 and Addendum A
  - Works with DME & beneficiary to trial and determine appropriate equipment
  - Signed by SNF/NF Administrator, DON or Physician (See Section 10 of the MSA-1656 form)
- DME gathers physician order, MSA-1656, Addendum A, and
    - Most recent Nursing facility Minimum Data Set (MDS) (entire document).
    - Most recent Plan of Care (entire document).
    - Past **two months** of nursing notes.
    - Any other documentation indicated in policy.

Section 10- MSA-1656

SECTION 10: MOBILITY ASSESSMENT - FOR BENEFICIARIES IN A NURSING FACILITY ONLY

This section is to be completed by the Nursing Facility Director of Nursing, Nursing Facility Administrator or ordering/referring physician.

Nursing Facility Name:		NPI:		Date of Admission:	
Mobility History:	☐ Uses nursing facility per diem chair	☐ Uses own personal chair			
Wheelchair Description: *(Currently used or owned)*	Brand:	Model No:	Serial No:		
	Components:				

Customized Wheelchair Documentation (Required documentation to accompany this form)

☐ Most Recent MDS ☐ Past Two Months of Nursing Notes ☐ Current Plan of Care that relates to the equipment ordered

Director of Nursing Signature Date

Print Name

Ordering Physician Signature Date

Print Name

PWC & MWC w/Custom Seating Prior Authorization Required Documentation

Documentation continued:

- DME submits documentation with prior authorization request.

NOTE: DME indicate person transitioning to community (if applicable) and anticipated discharge date on the MSA-1653 PA Request (box 29) or in Procedure Code Remarks section in the electronic CHAMPS PA request screen.

Prior Authorization Process

- Approval of a PA does not guarantee beneficiary eligibility or payment.

- MDHHS has 15 business days (assuming all required documentation has been submitted with the PA request) from the date of receipt to process PA request.

Prior Authorization Process

- The beneficiary or their authorized representative can contact Program Review for PA status: 800-622-0276.
- DME provider can check PA Status & confirm receipt in CHAMPS
- Beneficiary can access CHAMPS through the miHealth portal button to:
  - Look for a prior authorization to confirm it was received
  - Check the status (approval, return for additional information, denial)
  - View most recent letters sent to the beneficiary regarding the request
  - Will not be able to see the submitted documentation, the MSA forms or MDHHS comments.
- Beneficiary can call the Beneficiary Helpline on accessing the portal.

DME-SNF/NF-Community Transition

Transitioning from SNF/NF to Community

Transitioning from SNF/NF to Community

The Transition Navigator and/or MiChoice Waiver Agent coordinates with the SNF/NF and DME to:

- Identify beneficiary DME needs to live in community
- Start PA process (if applicable)*
- Coordinate discharge date

*NOTE: DME indicate person transitioning to community (if applicable) and anticipated discharge date on the MSA-1653 PA Request (box 29) or in Procedure Code Remarks section in the electronic CHAMPS PA request screen.

Transitioning from SNF/NF to Community

Avoid DME access issues:

DME cannot be delivered to the beneficiary's home until the date of discharge.

SNF/NF must report the date of discharge in the CHAMPS admission record. (Beneficiary Eligibility Chapter Section 12).

DME report facility date of discharge in the relevant dates section of the electronic ASC X12N 837 5010 professional claim (loop 2300 DTP segment) or the Community Health Automated Medicaid Processing System (CHAMPS) direct data entry claim.

Resources

www.michigan.gov/medicaidproviders

Policy, Letters & Forms:

- Medicaid Provider Manual to review policy
- Forms to locate the MSA 1656 and Addendum A

Billing & Reimbursement:

- Provider Specific Information, then Medical Supplier (scroll down to NF Per Diem List)

Provider Support:

1-800-292-2550 or providersupport@michigan.gov

Program Review Division (Providers inquiring about a PA):

1-800-622-0276

DME-SNF/NF-Community Transition

Questions?