

Elderly Waiver Services Specialized Supplies and Equipment (T2029) Eligibility Coverage Guide

Check the MHCP Supply and Equipment Coverage Guide (link below) for information related to coverage under MA. All items indicating "YES" under Medicare and/or Medicaid Eligible must be submitted under the medical benefit and denied prior to consideration for coverage under the Elderly Waiver. If the item can potentially be covered under Medicare/MA, DO NOT enter a service agreement in ICR until you have received confirmation of a denial under Medicare/MA.

See the Care Coordination Guidelines for complete details

Care Coordinator Instructions:

Use this grid as a resource to help determine the appropriate payer. Consult with your supervisor and/or Partner Relations Consultant as needed.

EW Eligible Column Key:

YES: item/supply may be covered under EW and submitted as "Request for Review" in ICR (medical/remedial benefit and fits within member's EW budget). Note: Single items over \$500 will be reviewed by Utilization Management.

NO: Never covered under EW. Do not authorize in ICR under EW. Submit for DTR if member is requesting item.

CONSULT: Item MAY be covered under EW if medical/remedial need and item not covered by Medicare/MA. Review MHCP manual and consult with supervisor and/or Partner Relations Consultant. Upon determination of EW coverage. Select "Request for Review" in ICR. Note: Single items over \$500 will be reviewed by Utilization Management.

If the EW item is over \$500 (for a single item) you must complete an authorization in ICR including a description of the item and rationale for the cost. If there is supporting clinical documentation, attach documentation to the request in the Clinical Details tab. Select Request for Review. UM will review the authorization and supporting documentation to see if item will be approved under EW. You will be notified of the status in the New Messages tab of CareCompass.

****Note on Rentals:** rental for DME under MA or EW is covered up to 13 months or up to the purchase price of the DME, whichever comes first. See the MHCP manual for complete details.

Category Description	Example Items Billed	Medicare and/or Medicaid Eligible	Elderly Waiver Eligible: <i>Must have direct and remedial benefit to member to qualify (see Key above)</i>	Notes
AIR TREATMENT	Air Conditioner	NO	YES*	*No Request for Review needed if the member has one of the following diagnoses: Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma, Chronic Kidney Disease receiving dialysis, limited mobility secondary to muscular abnormality/obesity and the cost of the unit is \$800 or less. Request for Review is required if the member does not have any of the above diagnoses <i>regardless</i> of the cost of the unit. Request for Review is required for all units greater than \$800. Central Air is not covered.
	Air Conditioner Filter	NO	CONSULT	
	Air Conditioner Maintenance	NO	YES*	*Maintenance allowed under EW if cost of maintenance/repair is less than the cost of replacement. Maintenance/repair must be on member's personal air conditioning unit (not covered for Central Air).
	Air Purifier	NO	YES	
	Air Purifier Filter	NO	CONSULT	

	Air Purifier Maintenance	NO	YES*	*Maintenance allowed under EW if cost of maintenance/repair is less than the cost of replacement.
	Humidifier	NO	YES	
	Dehumidifier	NO	NO	
BATHROOM	Bath/Shower Bench or Chair	YES	YES. Only if Medicare/Medicaid denies.	
	Commode	YES	YES. Only if Medicare/Medicaid denies.	
	Grab bars	NO	YES	
	Hand Held Shower sets	NO	YES	
	Handheld Shower	NO	YES	
	Raised toilet seat	YES	YES. Only if Medicaid denies.	
	Toilet safety frame/Toilet seat risers	NO	YES	
	Bed Pan	YES.	YES. Only if Medicaid denies.	
	Urinal	YES	YES. Only if Medicaid denies.	
	Rubber Bath Mats	NO	YES	
CUSHIONS / PILLOWS / WEDGES	Bed Cushion, Foam	NO	YES	
	CPAP Pillow	NO	YES	
	Donut or Keyhole Cushions	YES	YES. Only if Medicare/Medicaid denies.	Medicaid pays for cushions/pillows/wedges for positioning needs.
	Gel Foam Cushion	YES	YES	
	Memory Foam Cushion	YES	YES. Only if Medicare/Medicaid denies.	Group 1 products are covered by Medicare/Medicaid.
	Pressure Cushion	YES	YES. Only if Medicare/Medicaid denies.	
	Toilet Seat Cushions	NO	YES	
	Wedge Pillow	YES	YES. Only if Medicare/Medicaid denies.	Medicaid pays for cushions/pillows/wedges for positioning needs.
INCONTINENCE SUPPLIES	Pads / Disposable Briefs	YES	YES. Only if Medicare/Medicaid denies or exceeds the quantity limit.	No EOB is required if the requested amount is for what exceeds the monthly MA limit, refer to MHCP Guidelines for Incontinence Supplies.

	Gloves, unsterile	YES, not for routine incontinence care	YES. Only if Medicare/Medicaid denies.	Allowed for personal or caregiver use only if they will enable the member to increase their ability to independently perform ADL's. Not for professional use.
	Incontinence Alarms	NO	CONSULT	
	Disposable Bed pads/chux	NO	YES	
	Bed Sensors	NO	YES	
	Personal Hygienic Wipes	NO	YES	Allowed for personal or caregiver use only if they will enable the member to increase their ability to independently perform ADL's. Not for professional use. Not covered in customized living if toileting is an ADL dependency and included in plan of care.
	Underwear	NO	NO	Clothing item
	Washable Reusable incontinence supplies	NO	CONSULT	
LIFT CHAIRS & LIFT CHAIR REPAIRS	Chair portion only	NO	YES	See care coordination guidelines.
	Lift mechanism	YES	YES. Only if Medicare denies.	See care coordination guidelines.
	Repairs	YES	YES. Only if the repairs are not eligible under Medicare/Medicaid.	
	Heavy Duty Lift (Bariatric); multiple motors	YES	YES. Only if Medicare/Medicaid denies.	See care coordination guidelines.
MEDICAL SUPPLIES	ACE Wraps	NO	NO	
	Alcohol Wipes	YES	NO	
	Aquaguard Bandage	NO	NO	
	Bandages, Adhesive	NO	NO	
	Blood Glucose Monitors	YES	NO	The patient must be diabetic or have a certain diagnosis that requires regular monitoring of blood glucose levels. One monitor is allowed per calendar year. Providers can submit a prior authorization request to Blue Plus for excess quantities.
	Blood Pressure Cuff/Device	YES	NO	
	Catheters	YES	NO	
	INR Coumadin monitoring device	YES	NO	
	INR protime strips	YES	NO	
	Medicine Packs	NO	YES	
	Medicine Dispenser Replacement Cups/Lids	NO	YES	
	One Touch Ultra Strips (Diabetes monitoring)	YES	NO	Medicaid covered; follow formulary requirements.
	Ostomy supplies	YES	NO	Medicaid covered; follow formulary requirements.
	Pac or Porta Cath Needle	YES	NO	
	Protime Curvettes	YES	NO	used for INR monitoring

	Skin Prep Barrier (Protective Wipes)	YES	NO	Medicaid covered if medically necessary.
	Swabsticks (i.e., Povidine or chloraprep one-step)	YES	NO	
	Splints (i.e., wrist/hand)	YES	NO	Medicaid covered if medically necessary.
	Tape (for medical purpose)	YES	NO	Medicare covered if medically necessary.
	Gauze Sponges	YES	NO	
	Wound Care Supplies	YES	YES. Only if Medicare/Medicaid denies or exceeds the quantity limit per MHCP guidelines.	*Some creams/ointments/sprays may be covered under the medical or pharmacy benefit. Check www.myprime.com, contact Member Service or call the member's Part D provider if on MSC+.
	Wound Care Gloves	YES	NO	
MISCELLANEOUS ITEMS	Alarm (Chair)	NO	YES	
	Alarm (Wander Guard)	NO	YES	
	Baby Monitor	No	YES	
	Bath Wipes	NO	CONSULT	Convenience item.
	Bed Cane	NO	YES	
	Bed Rails	YES	YES	Medicaid covered for hospital beds.
	Bed Rental (hospital bed)	YES	YES. Only if Medicare/Medicaid denies.	**See note on Rental above
	Bibs/Clothing Protector	NO	YES	Allowed for members who are able to feed themselves, washable only. Disposables not covered.
	Blanket Support Frame	NO	YES	
	Blender	NO	NO	Household Equipment.
	Carbon Monoxide tester	NO	NO	
	Cigarette Kit/Cartridges, Smokeless Electronic	NO	NO	
	Clock, Large Number	NO	CONSULT	Resource:MN State Services for the Blind https://mn.gov/deed/ssb/
	Combs, long-handled only	NO	YES	
	Diabetic socks	NO	NO	Clothing item
	Distilled Water	NO	NO	
	Exercise Bike (floor/tabletop for arms/legs)	NO	NO	Exercise Equipment
	Exercise Pulleys	NO	YES	
	Exercise Weights	NO	NO	
	Feet Scrubber	NO	NO	
	Furniture Risers	NO	YES	
	Hand/Foot Warmers	NO	NO	
	Heating Pads / Ice Packs	YES	NO	
	Jobst Adhesive	NO	CONSULT	

	Magnifiers, handheld, around-the-neck, eyeglass	NO	YES	
	Mattress	NO	NO	
	Mattress, hospital bed	YES	CONSULT	This will be covered for a beneficiary owned hospital bed.
	Monitoring Technology	NO	YES	Follow DHS policy and procedure regarding Monitoring Technology and consent requirements
	Nail Clippers (finger/toe)	NO	NO	
	Odor (air) treatment	NO	NO	
	Phone, large number	NO	CONSULT	Household appliance; personal magnifier can be used with phone. Resource: Telephone Equipment Distribution program http://mn.gov/dhs/ted-program , MN State Services for the Blind https://mn.gov/deed/ssb/
	Pill box	NO	YES	
	Pocket Talker	YES	YES, only if Medicare/Medicaid denied	
	Reacher, Duro Matic	NO	YES	
	Security Pole	NO	YES	Must be properly installed. Review for coverage under Environmental Accessibility Adaptation if it entails changes to the physical structure and becomes a permanent part of the participant's home and is not easily removed.
	Sharps container	YES	NO	Medicare/Medicaid eligible <u>if injections related to sharps are self administered.</u>
	Shoes, orthotic	YES	YES	MEDICARE: therapeutic shoes may be covered if the patient is being treated for diabetes mellitus and the patient has certain qualifying conditions. MHCP will cover custom-made orthopedic shoes, modifications and inserts when the shoes is an integral part of a leg brace, or for recipients with certain medical conditions. EW: CC may approve orthotic shoes with an MD order if not covered by Medicare/MHCP.
	Shoes, regular/walking	NO	NO	Personal clothing item.
	Shoe Horn	NO	YES	If medically necessary.
	Shopping cart	NO	YES	
	Sock Aid/Medi Butler	NO	YES	sock or compression stocking aid
	Step Stool with Rail	NO	YES	
	Lap, over bed/chair table	NO	YES	Furniture not covered under waiver. Over bed/chair table must be to increase independence or related to an assessed need.
	TED Hose (graded compression stockings)	YES	YES	EW coverage only if need for additional pairs not covered under MA
	TENS Unit	YES	NO	Per MCHP Manual
	TENS Unit Accessories: Adhesive Adhesive Remover Batteries Conductive paste/gel Electrodes	YES	NO	Per MCHP Manual, replacement lead wires are covered up to a maximum of twice per year.
	Thermometer, talking or ear	NO	NO	
	Toothettes	NO	NO	Personal care item.
	Transfer Belts	YES	NO	Transfer belts are covered under Medicaid without authorization as long as Medicaid requirements are followed.
	Transfer Bench, sliding	YES	NO	Medicaid covers.

	Transfer Pivot Disk	NO	YES	
	Transfer Sliding Board	YES	YES	
	Utensils, Adaptive Equipment	NO	YES	
	Boost	YES	YES	See MHCP Guidelines for complete coverage criteria under MA. Oral Nutrition may be covered under MA for the following: Recipients with Feeding Tubes, Recipients with Allergies, Recipients Who Cannot Properly Absorb Solid Food or Nutrients, Recipients with Non-Healing Wounds. If the DME/Care Coordinator determines the nutritional supplies does not meet MA criteria, the Care Coordinator can authorize under EW.
	Boost Breeze	YES	YES	
	Ensure	YES	YES	
	Ensure Clear	YES	YES	
	Glucerna	YES	YES	
	Prostat	YES	YES	
	Nepro Nutrition, carb steady bottle (dialysis patients)	YES	YES	
	Osmolite	YES	YES	
	Resource Breeze	YES	YES	
	Shakes/Protein Powders (for all weight types)	NO	NO	
	Thick-It, food/beverage thickening agents	Yes	YES Only if Medicare/Medicaid denies.	YES - Guidelines per Medicaid
PATIENT LIFTS	Bath Lifts	YES	YES. Only if Medicare/Medicaid denies.	All patient lifts are required to be reviewed for the Medicare/Medicaid benefit first.
	Hoyer Lift Rental	YES	YES. Only if Medicare/Medicaid denies.	All patient lifts are required to be reviewed for the Medicare/Medicaid benefit first.**See note on rentals above
	Hydraulic Stand up lifts	YES	YES. Only if Medicare/Medicaid denies.	All patient lifts are required to be reviewed for the Medicare/Medicaid benefit first.
	Sling for stand up lift	YES	YES. Only if Medicare/Medicaid denies.	
REPAIRS	Repairs needed for items purchased under EW/T2029	NO	YES	Allowed for repairs not covered by Medicare/MA or warranties for items previously purchased under EW or T2029.
	Maintenance Evaluation fee	NO	YES	An assessment to determine what repairs/maintenance would be required for a T2029 item. Included as part of the T2029 item repair or maintenance. Should be billed as part of the repair when a repair is being completed.
	Trip charge, repair	NO	NO	Trip charges billed by DME providers for equipment repairs are not covered.
SCALES, Weight Measurement	Talking or Digital Scales	NO-Medicaid	YES*	*EW will cover up to \$75, any type of scale for weight/health management. For scales over \$75, select Request for Review.
SKIN/HAIR CLEANSERS, CREAMS, OINTMENTS, POWDERS		NO*	NO	*Some creams/ointments may be covered under the medical or pharmacy benefit. Check www.myprime.com, contact Member Service or call the member's Part D provider if on MSC+.
WALKING DEVICES & ACCESSORIES	Canes	YES	YES. Only if Medicare/Medicaid denies.	White canes for the blind/vision impaired not covered (covered under other services)

	Walker	YES	YES. Only if Medicare/Medicaid denies.	Walkers are covered under Medicare/Medicaid without authorization as long as Medicare or MHCP requirements are followed.
	Walker Skis/Glides	NO	YES	
	Walker Tips	NO	YES	
	Walker, 4-wheeled with brakes and a seat (Rollator)	YES	YES. Only if a denial is received from Medicare/Medicaid.	Denial EOB required from Medicare/Medicaid in order for EW to cover. When dispensing a new walker with hand brakes, bill Medicare first for the walker. Bill MHCP for hand brakes as a replacement for the standard glide-type brakes, because Medicare does not pay for hand brakes.
	Walker Bags (to carry items)	NO	YES	
	Walker Basket or Tray	NO	YES	
	Walker Repairs/Parts	YES	YES. Only if the walker repairs are not eligible under Medicare / Medicaid.	Bill Medicare first for replacement hand brakes for walkers if the brakes originally dispensed with the walker are in need of repair, so therefore, need to be replaced. When dispensing a new walker with hand brakes, bill Medicare first for the walker. Bill MHCP for hand brakes as a replacement for the standard glide-type brakes, because Medicare does not pay for hand brakes.
WHEELCHAIRS & SCOOTERS	Scooter & Wheelchair battery	NO	YES	
	Repairs - wheel chair & scooter	YES	YES. Only if the wheelchair repairs are not eligible under Medicare / Medicaid.	
	Wheel Chair	YES	YES. Only if a denial is received from Medicare/Medicaid.	All wheelchair and scooter requests MUST initially be submitted through the member's Medicare/Medicaid benefits.
	Wheel Chair Cushions	YES	YES. Only if the <u>wheelchair cushion is not eligible under Medicare/Medicaid.</u>	If the cushion was Medicare/Medicaid authorized, then Medicare/Medicaid will cover it.
	Scooter	YES	YES. Only if Medicare/MA denies.	Must go through the Medicare/Medicaid benefit first.
	Scooter Rental	YES	YES -see notes	All scooter rental requests MUST initially be submitted through the member's Medicare/Medicaid benefits. Scooter rental during repairs are covered under the original payer. EW will consider scooter rental coverage if Medicare/Medicaid denies with evidence of denial. **See note on rental above.
	Scooter Tire Repair	YES	YES. Only if the scooter is <u>not eligible</u> under Medicare/Medicaid.	If a tire repair is made to a Medicare/Medicaid authorized scooter, Medicare/Medicaid will cover the tire repair.
	Service Call, repair	NO	YES. Only if the wheelchair/scooter repair is not eligible under Medicare/Medicaid.	Allowed for repairs not covered by Medicare/MA or warranties for items previously purchased under EW or T2029.
	Trip charge, repair	NO	NO- never covered under EW	Trip charges billed by DME providers for equipment repairs are not covered.

TELE-HEALTH	Telemedicine (Two-way interactive video or store and forward technology)	YES if provided by a physician	NO	
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T2029 References

https://mn.gov/dhs/assets/medical-supply-coverage-guide_tcm1053-293319.pdf

DHS MHCP Manual: Equipment and Supplies Guidance: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008993#ncs

MHCP Enrolled Providers – Nursing Facilities Provider Manual: Equipment and Supplies: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=i

DHS MHCP Provider Manual: Elderly Waiver: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_056766#

DHS MHCP Billing Policy: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008924#

CMS- National Coverage Determination for DME :

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&IsPopup=y&bc=AAAAAAAAAgAAAA%3D%3D&>

A list of items subject to the face-to-face rule may be found in the DME List of Specified Covered Items (PDF):

https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME_List_of_Specified_Covered_Items_updated_March_26_2015.pdf