LIFT CHAIR AUTHORIZATION PROCESS

Blue Plus Government Markets - Partner Relations Team

Date recorded: October 2023

OBJECTIVES

Viewers will learn about:

- Lift Mechanism (Medicare/Medicaid)
- Chair portion (Coverage under Elderly Waiver)
- Lift Mechanism not covered under Medicare/Medicaid (Coverage of both under Elderly Waiver)
- Exceptions—Chair portion greater than $1400
- Entering Service Agreements

LIFT CHAIR RESOURCES

- MSHO/MSC+ Community Care Coordination Guidelines, section *Authorization Process for Lift Chairs* describes our process
  Care Coordination Page of Care Coordination Website

- DHS Medical Supply Coverage Guide—lift mechanism coverage criteria
  Medical Supply Coverage Guide (mn.gov)

- MHCP Provider Manual—Elderly Waiver—EW coverage criteria
  MHCP Provider Manual--Elderly Waiver

- Bridgeview Care Coordination User Guide
  Bridgeview Page of Care Coordination Website

LIFT CHAIR REQUIREMENTS

BlueCross BlueShield Minnesota

Lift Mechanism

Coverage criteria from the DHS Medical Supply Coverage Guide

> Covered for members who are unable to rise from an armchair but who are able to walk. Refer to manual.

If DME provider determines the member meets this criteria for coverage of the lift mechanism portion of the chair, the DME provider must:

- Submits the claim to the member's medical benefit.

NOTE: If the cost of the lift mechanism is greater than $400, the DME provider must request PA from our Utilization Management team.

- If approved, notification will be sent to the member and DME provider
- Care Coordinators can view the authorization in Member 360

LIFT CHAIR REQUIREMENTS

Lift Mechanism not covered under Medicare/Medicaid)

DME provider has denied or determines the member does **NOT** meet Medicare/Medicaid criteria for the lift mechanism portion of the chair.

- If denied, UM will send a denial letter and appeal rights to member and the DME provider.
- If DME Provider determines that member does not meet Medicare/Medicaid criteria, they must provide the Care Coordinator with the rationale.
- Care Coordinator can review for coverage of both parts under EW.

LIFT CHAIR REQUIREMENTS

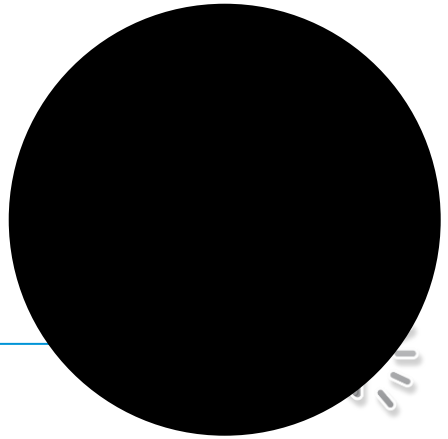
BlueCross BlueShield Minnesota

Chair portion (lift mechanism covered under the Medical benefit)

Once it has been determined that the lift mechanism is covered under the medical benefit, the Care Coordinator can authorize the chair portion.

Maximum cost is $1400.

Enter the authorization in Bridgeview for the cost of the chair portion only using the T2029 code.



LIFT CHAIR REQUIREMENTS

BlueCross BlueShield Minnesota

Authorizing **BOTH** Lift Mechanism and Chair portion

If lift mechanism is NOT being paid by Medicare/Medicaid benefit, CC can authorize both the lift mechanism and chair portion.

Service Agreement entry:

- must enter two separate service agreements in Bridgeview. One for the lift mechanism and one for the chair portion.

- Service Description for the **lift** must include a note as to reason it is not covered under the medical benefit.

  Example: EW member does not qualify for coverage under Medicare/MA as member is unable to ambulate once standing.

CHAIR PORTION GREATER THAN $1400

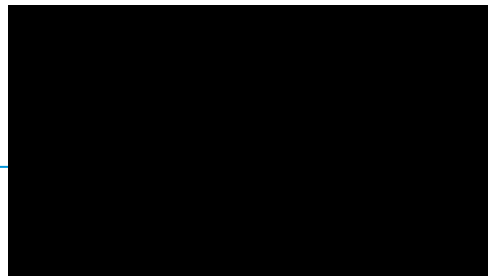
A chair portion exceeding $1400 always requires review and approval.

If the CC believes the chair portion exceeding $1400 is medically necessary, they must :

Consult with their supervisor or Partner Relations Consultant.

- If approved, note in the Service Description that the Supervisor/PR Consultant reviewed and approved.

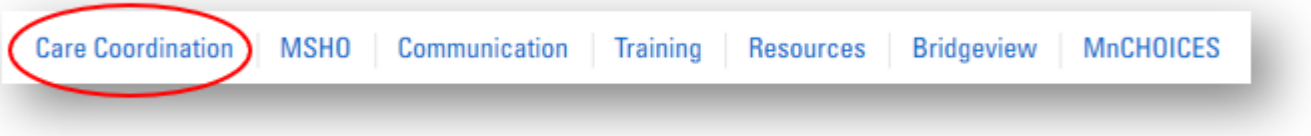
- If not approved, follow the DTR process.



DENIAL

If CC does not approve of the lift chair under Elderly Waiver, then follow the DTR process outlined in *DTRs—Coordination of Potential Denials, Terminations, and Reduction of Services* section of the Care Coordination guidelines and submit a Request for DTR.

DTR Form:



THANK YOU.

Any questions?

Contact your Partner Relations Consultant or email Partner.Relations@bluecrossmn.com.