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| **IMPORTANT INFORMATION** |
| Per Elderly Waiver policy, EW is the payer of last resort, and therefore Care Coordinators must follow the below process **before** authorizing DME items under EW - T2029. Correct order of payer is as follows:* Medicare – Medical benefit
* Medical Assistance or Medicaid – Medical benefit
* MSHO Supplemental Benefits
* Elderly Waiver
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| Care Coordinators are **not** allowed to authorize a piece of equipment under EW - T2029 due to a request from a DME provider for any reason outside of a valid denial **or** if item is never covered under the medical benefit (Medicare or MA).Reasons CCs are **not** allowed to authorize under T2029 can include but may not be limited to:* Request for higher reimbursement than the medical benefit will pay.
* Payment guarantee
* The use of miscellaneous or non-specific HCPCS codes (A9270, E1399, etc)
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| Most disposable medical equipment and supplies cannot be authorized under EW – T2029. Examples of disposable medical equipment and supplies include but is not limited to:* bandages
* infusion supplies
* dialysis disposables

Items falling under this category may be covered under the medical benefit and require a doctor’s order. If DME provider experiences issues with dispensing and/or billing for disposable medical equipment and supplies:* Verify with DME provider if a doctor’s order is needed and if they have one on file.
* If an order exists, discuss with DME provider what is being requested verses the instructions noted in order. Because DME provider must follow the instructions included in the doctor’s order, the way an order is written can create issues with dispensing and billing. Care Coordinator may need to clarify and assist in obtaining an updated order.

\*Reminder on Rentals: Rental for DME when Medicare is primary is capped at 13 months or up to the purchase price of the item, whichever comes first. Rentals for Medical Assistance (MA) is capped at 10 months or up to the purchase price of the item, whichever comes first. See the MHCP manual for complete details. |

**T2029 PAYER DETERMINATION WORKFLOW**

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|  | **STEPS** | **NOTES** |
| [ ]  | **Step 1:**Discussion on if a doctor’s order is needed. Collaborate with DME provider to determine if DME provider is managing that. * **Obtain HCPCS code from DME provider.**

If no doctor’s order is required, note this and skip to **Step 2**. |       |
| [ ]  | **Step 2:**If yes, a doctor’s order is required, follow-up with member and/or PCP, if needed, to assist in obtaining needed documentation.* If PCP does not support the requested item, follow Blue Plus’s DTR process.

**If item is not supported by doctor and CC sent the DTR, Go to Step 10.** |       |
| [ ]  | **Step 3:**Could the item be covered under the member’s medical benefit? Research item and/or HCPCS code utilizing the following resources:* [Medical Supply Coverage Guide](https://mn.gov/dhs/assets/medical-supply-coverage-guide_tcm1053-293319.pdf) (Medicaid)
* The *Covered Services* section of [MHCP Provider Manual’s](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008993#cs) Equipment and Supplies. (Medicaid)

**Go to Step 4.** |       |
| [ ]  | **Step 4:**If the DME item is normally covered under the member’s medical benefit, inform DME provider to obtain and bill the item under the medical benefit.**If the item is approved, obtained, and paid for under medical benefit, go to Step 10.** |       |
| [ ]  | **Step 5:**If the specific requested item is **not** covered under medical benefit, but an alternative item (such as a similar positioning cushion) would be covered under the medical benefit, consult w/member and PCP to determine if substitution is appropriate. Document this conversation.**Return to Step 1 for the agreed-upon alternative item. Otherwise move to Step 6 if no alternative.** |       |
| [ ]  | **Step 6:**If the item is never covered under medical benefit or item is denied under the member’s medical benefit, is the member enrolled in BP MSHO? If yes, review [MSHO Supp Benefits](https://carecoordination.bluecrossmn.com/msho/secureblue-msho-supplemental-benefits/) $750 Safety Benefit and determine if requested item can be covered under this benefit.**If authorizing under the MSHO Safety Benefit, move to step 10.****To review for coverage under EW, move to Step 7.** |       |
| **If DME provider issues a denial or valid denial reason, item isn’t covered under medical benefit, and MSHO Supplement Safety Benefit does not apply, coverage under EW T2029 can now be considered.****\* IF ITEM COSTS MORE THAN $800.00, refer to section titled EXCEPTIONS.** |
| [ ]  | **Step 7:**Review the following resources to help you determine whether item meets EW – T2029 requirements. * [CBSM Provider Manual Elderly Waiver - Specialized equipment and supplies](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_002197).
* EW T2029 Guide for Care Coordinators.

<https://carecoordination.bluecrossmn.com/care-coordination/>If the item doesn’t meet the eligibility criteria for coverage under EW T2029 (example: a blender or clothing item), follow DTR process. **If the item does not qualify under EW and you’ve completed the DTR process, go to Step 10.** |       |
| [ ]  | **Step 8:**If you determine item meets EW criteria, ensure member has room in budget before approving.**If there is no room in EW budget submit DTR and go to Step 10.****If item(s) meets EW criteria move to Step 9.** |       |
| [ ]   | **Step 9:**When final determination is made to cover the DME item under EW, enter a service agreement into Bridgeview using the T2029 code. * For additional assistance, refer to the [Bridgeview CC User Guide](https://carecoordination.bluecrossmn.com/bridgeview/).
* The Service Description field in Bridgeview must include the following information:
* A description of the item
* Reasons given by DME provider for why the item does not meet Medicare/Medical Assistance criteria.
* If case required review with Supervisor or PR Consultant (See Exceptions), include the details of this review and approval in the Service Description field.

**Go to Step 10.**  | [ ]   |
|  | **Step 10 End Process.** |  |

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| **EXCEPTIONS** |
| [ ]  | **Step 11 (OPTIONAL):**Review with Supervisor when:* Coverage discrepancies occur. Example: DME provider stating something isn’t covered under medical, but you feel it should be.
* Item costs greater than $800.00. Detailed quote is required.
* Item is not listed on the EW T2029 guide and CC is uncertain if it meets the EW Service Criteria as outlined in the MHCP and CBSM manuals.
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| **If further consultation is required after supervisor review, confirm the steps above have been completed. Complete this checklist including, if applicable detailed quotes, information below and email this document securely, along with any applicable supporting documents, to** **Partner.Relations@bluecrossmn.com****.** |

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| Member Name |       | Member # (8PMI#) |       |
| MSHO or MSC+ |  | Cost of item |       |
| HCPCS Code & Item Description:       |
| Additional Info: Justification for coverage, additional info |

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| **FOR PR CONSULTANT USE ONLY** |
| [ ]  APPROVED DATE NOTIFIED | [ ]  NOT APPROVED DATE NOTIFIED(CC Submits DTR) | [ ]  REQUESTED ADDITIONAL INFO DATE OF REQUEST |
| Additional PR Consultant comments |