

AUTHORIZATION OF EW SPECIALIZED EQUIPMENT & SUPPLIES DURABLE MEDICAL EQUIPMENT PAYOR DETERMINATION

Blue Plus Government Markets—Partner Relations Team

Date Recorded: Updated October 2024

OBJECTIVES

Viewers will learn about:

- Background: DHS Resources/Definitions of Specialized Supplies and Equipment
- Tips for coverage of Durable Medical Equipment (DME)
- Blue Plus processes for authorization of Extended Supplies and Equipment using the T2029 code for members under Elderly Waiver
- Determining correct DME Payor if applicable and other considerations.
- Blue Plus and DHS/Medicare Authorization Resources
- Authorization entry—entering service agreement and service description requirements
- Exceptions processes
- DTR (Denial, Termination, Reduction)

SPECIALIZED EQUIPMENT & SUPPLIES

DHS Definition: “Devices, controls or medical appliances or supplies specified in the person’s support plan.”

This service under EW allows an individual to increase his/her ability to

- Communicate with others
- Perceive, control or interact with his/her environment
- Perform activities of daily living (ADLs)

[DHS Specialized equipment and supplies from CBSM Waiver Programs](#)



T2029 NON-COVERED ITEMS

Specialized equipment & supplies does not cover:

- Experimental treatments
- Items covered under 3rd party payer liability or that require co-insurance or deductibles.
- Foods (including organic or special diet needs), organ extracts and OTC food supplemental products.
- Items that do not provide direct medical or remedial benefit to the person.
- Prescription and over-the-counter medications, compounds and solutions, and related fees (including premiums and co-payments).
- Items sold as used equipment to a second member of the same family.
- Adaptive aide or equipment, orthotic device or other medical equipment not ordered by a licensed health professional to treat a diagnosed medical condition



TIPS FOR COVERAGE OF DME

- Elderly Waiver is always the payor of last resort.
 - Review requirements for MSHO supplemental benefits as they may vary
- CCs should not authorize an item under EW if it is normally covered under the medical benefit.
- Care Coordinators are not allowed to authorize a piece of equipment under EW due to a request from DME provider for any reason other than if the item is never covered or item is denied under the medical benefit
- The item must be the most cost-effective option

TIPS FOR COVERAGE OF DME

Reasons not allowed include requests from DME providers for these reasons:

1. Miscellaneous HCPCS codes (A9270, E1399, etc.)
2. Receive higher reimbursement for items normally covered under Medical Assistance if authorized under EW.

| | | | | |
|-------|----------------------------|------------------------|--|---|
| A9270 | Noncovered item or service | Miscellaneous Supplies | | Not covered by definition. For members for whom MHCP is not the first payer, do not bill A9270 to first payer and then change HCPCS when billing MHCP. Coding on remittance advice from primary payers must match coding on claim to MHCP |
|-------|----------------------------|------------------------|--|---|

TIPS FOR COVERAGE OF DME

What should CCs do if the DME provider gives you a “miscellaneous” code.
Case Examples here:

[Equipment and Supplies \(state.mn.us\)](https://state.mn.us)

Miscellaneous Codes

Use the most specific HCPCS code for the item being dispensed. Do not use miscellaneous codes for the sole purpose of trying to receive higher reimbursement.

MHCP-acceptable miscellaneous HCPCS codes (when no other appropriate code is available)



TIPS FOR COVERAGE OF DME

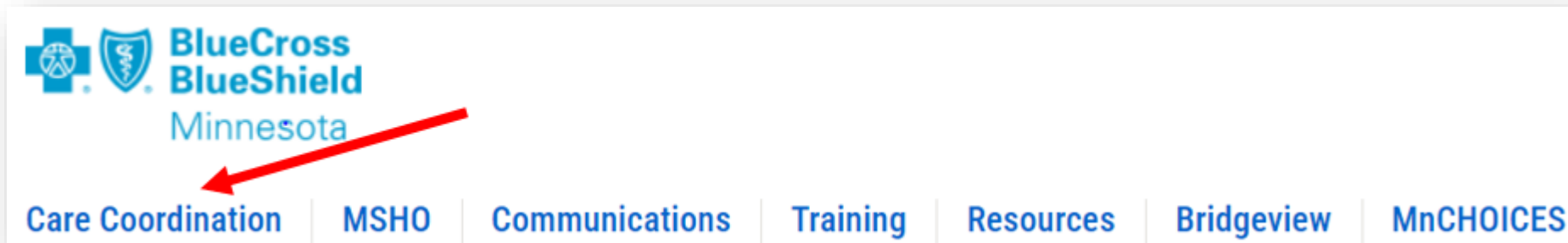
Requests to enter a Service Agreement to guarantee payment is **not** allowed.

- Waiting for determination from other payor sources but want guarantee
- Refuse to order an item until they have a guarantee



AUTHORIZATION RESOURCES

Care Coordination website



EW T2029 SPECIALIZED SUPPLIES & EQUIPMENT

- ▶ [EW T2029 DME Payor Determination Guidelines and Checklist 1-8-2024 \(DOCX\)](#)
- ▶ [T2029 Guide for Care Coordinators 4-18-2024 \(XLSX\)](#)

FIRST STEP—DOCTOR'S ORDER

Prior to authorizing an item for coverage under T2029, the Care Coordinator must:
Connect with DME provider to determine if there is a need for a doctor's order.

If a doctor's order is required but no doctor's order has been established, follow up and assist, as needed, to obtain an order

Submit DTR if doctor does not support the item requested

If no doctor order needed, then move on to the next step.



STEP 2—DETERMINING PROPER PAYOR

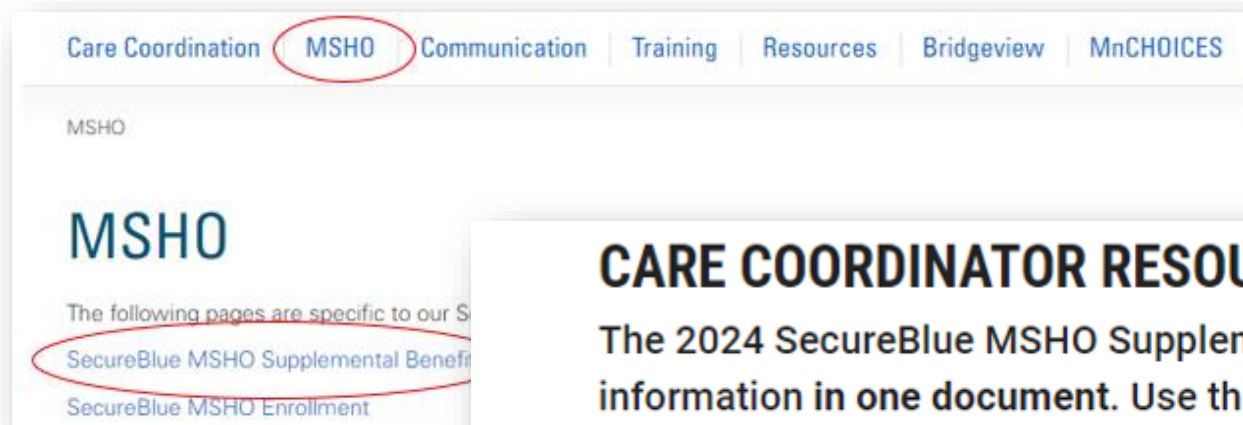
Discuss with DME provider whether the item is covered under Medicare or Medicaid. If unclear do the following:

- Ask DME provider for the Healthcare Common Procedure Coding System (HCPCS) code.
- Search for the item and/or HCPCS code [Medical Supply Coverage Guide](#) to confirm if item or similar item is covered under the Medicaid benefit. And/Or
- Review additional resource [MHCP Provider Manual - Equip & Supplies](#) for coverage of Supplies and Equipment under Medicaid benefit. And/Or
- Review [CMS National Coverage Determination \(NCD\) for DME](#) for Medicare coverage determination.
- If necessary, determine if there is an alternative item available under the medical benefit by discussing with the member and primary care team.
- If it is determined to be covered under the Medical Benefit, this is the end of your review. Enter item on the care plan.



STEP 3—OTHER CONSIDERATIONS

Could this item be covered under the MSHO \$750 Safety Benefit?



CARE COORDINATOR RESOURCES

The 2024 SecureBlue MSHO Supplemental Benefit Catalog document includes all supplemental benefit information in one document. Use this document to find all benefit links, referral forms and resources.

- ▶ [2024 SecureBlue MSHO Supplemental Benefits Catalog 9.20.24 \(PDF\)](#)
- ▶ [Care-Coordination-Supplemental-Benefits-QA-3-27-24_updated 8-21-24 \(XLSX\)](#)

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|--|
| <u>Members living in the Community only</u> |
| <u>\$750 In-Home Safety Benefit</u> |

STEP 4—REVIEW FOR COVERAGE UNDER EW

Review CBSM Specialized equipment and supplies for DHS criteria.

[CBSM Specialized Equipment & Supplies](#)

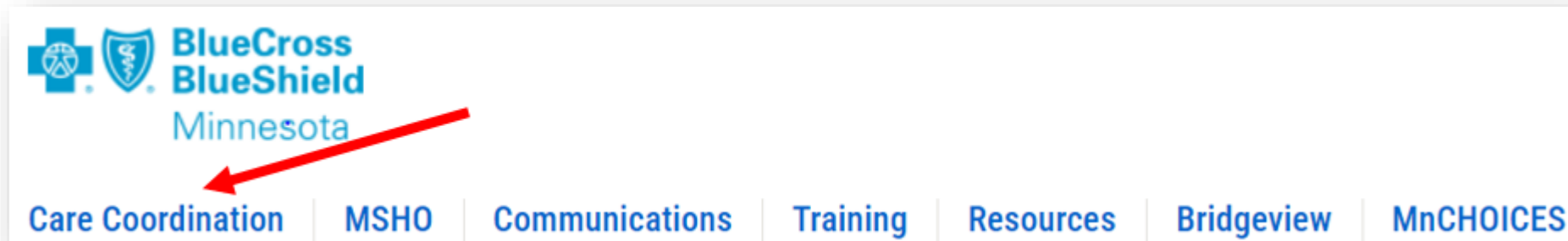
Review DHS's [MHCP Provider Manual - EW](#) to determine if item meets EW eligibility criteria.

Review DHS-3945 Long-Term Services and Supports Service Rate Limits [DHS eDocs](#) to ensure item fits within member's assessed case mix cap.

Review EW T2029 guide for Care Coordinators under the Care Coordination of the Care Coordination website.

REVIEW FOR COVERAGE UNDER EW (CONTINUED)

T2029 Guide for Care Coordinators



BlueCross
BlueShield
Minnesota

Care Coordination | MSHO | Communications | Training | Resources | Bridgeview | MnCHOICES

A red arrow points from the 'Care Coordination' link to the 'T2029 Guide for Care Coordinators 4-18-2024 (XLSX)' link in the dropdown menu below.

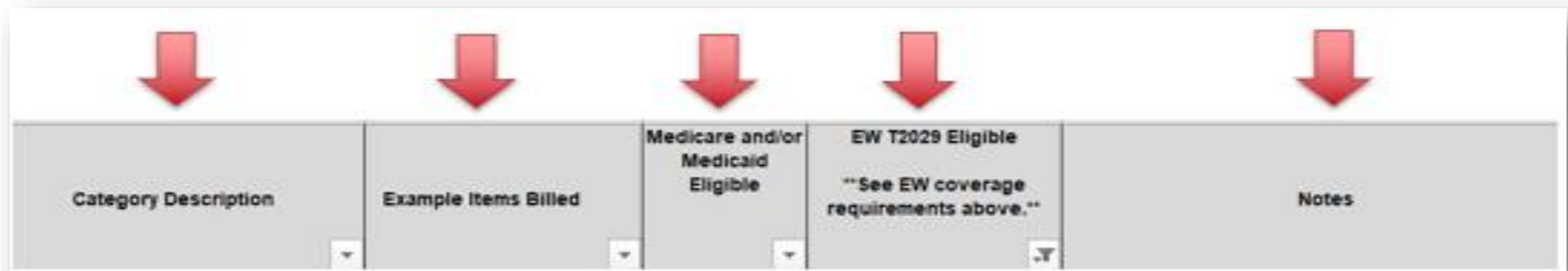
EW T2029 SPECIALIZED SUPPLIES & EQUIPMENT

- ▶ [EW T2029 DME Payor Determination Guidelines and Checklist 1-8-2024 \(DOCX\)](#)
 - ▶ [T2029 Guide for Care Coordinators 4-18-2024 \(XLSX\)](#)
- A red arrow points from the second link to the 'T2029 Guide for Care Coordinators 4-18-2024 (XLSX)' link.

REVIEW FOR COVERAGE UNDER EW (CONTINUED)

T2029 Guide for Care Coordinators*

- Category Description
- Example Items Billed
- Medicare and/or Medicaid Eligible
- EW T2029 Eligible
- Notes



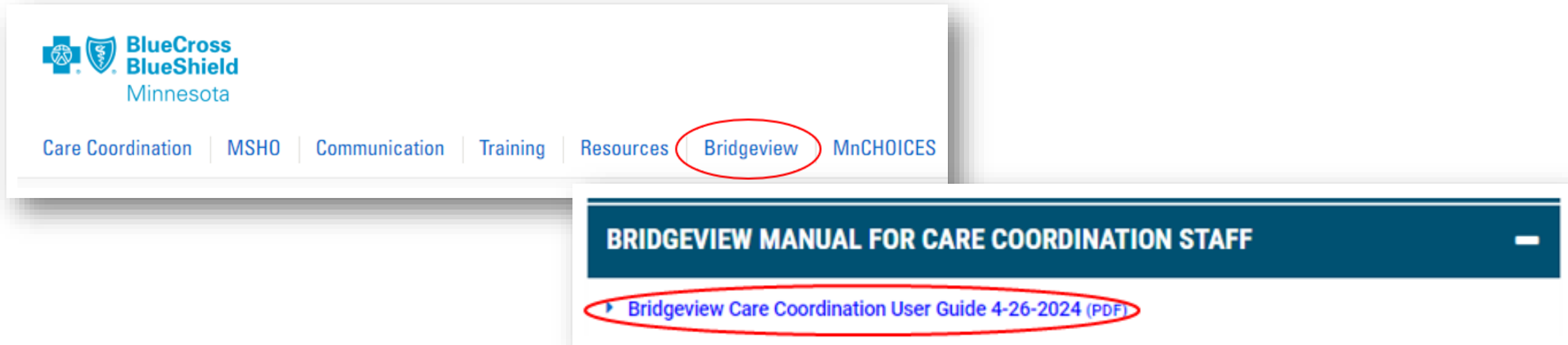
| Category Description | Example Items Billed | Medicare and/or Medicaid Eligible | EW T2029 Eligible **See EW coverage requirements above.** | Notes |
|----------------------|----------------------|-----------------------------------|--|-------|
|----------------------|----------------------|-----------------------------------|--|-------|

* The list of items is not all encompassing.



STEP 5—SERVICE AGREEMENT ENTRY INTO BRIDGEVIEW

Follow the instructions located in the Bridgeview Care Coordination User Guide.



BlueCross
BlueShield
Minnesota

Care Coordination | MSHO | Communication | Training | Resources | **Bridgeview** | MnCHOICES

BRIDGEVIEW MANUAL FOR CARE COORDINATION STAFF

[Bridgeview Care Coordination User Guide 4-26-2024 \(PDF\)](#)

NOTE: Service Description field must include:

- A description of the item
- If applicable, reason the item did not meet Medicare/Medicaid criteria
- If applicable, document if an exception was approved by Supervisor/PR staff.

If the above is not done, BV will pend the SA & send it back to CC to correct 

EXAMPLE OF A T2029 SERVICE AGREEMENT

- Care Coordinator Info
- Assessments Due
- Member Selection
- Enrollment History
- Dates & PCA
- Facility Stays
- LTCC & Case Mix
- Service Agreements
- Blue Ride
- M360
- Logout

Member

Member ID: [REDACTED] Date of Birth: [REDACTED] Name: [REDACTED]

ADP ID: [REDACTED]

Service Agreements Add

Provider NPI/UMPI Number: [REDACTED] CORNER MEDICAL LLC Cancel Save

From Date: 07/01/2022 To Date: 07/31/2022

Service Type: Elderly waiver

Authorized Services: T2029 Specialized Supplies and Equipment: Per. v.

| CaseMix Code: L | From Date: 10/01/2021 | | | To Date: 09/30/2022 | | | Cap Amount: 2847 | | | | | |
|-----------------|-----------------------|--------|--------|---------------------|--------|--------|------------------|--------|--------|--------|--------|--------|
| Case Mix Cap: | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 | Apr 22 | May 22 | Jun 22 | Jul 22 | Aug 22 | Sep 22 |
| | 776 | 776 | 776 | 776 | 776 | 776 | 776 | 776 | 776 | 776 | 776 | 776 |

Category: BATHROOM

Sub-category: -- Select --

Service Description:

- Select --
- GRAB BARS
- HAND HELD SHOWER SETS
- TOILET SEAT, RAISED WITH ARMS & CLAMP
- TOILET SAFETY FRAME
- RUBBER BATH MATS
- TUB - CLAMP-ON, BI LEVEL
- OTHER

Total Units Authorized: _____

Rate Per Unit: _____

Total Authorized Amount: _____

Frequency: -- Select --

Displays options under Category: Bathroom

Note: Amount already authorized under LTCC/CM date span

After selecting a subcategory add in service description the detailed information of item you added.



EXCEPTIONS

Care Coordinators should request a review from their supervisor for T2029 items for the following situations:

- Chair portion of the lift chair is over \$1400 (note: waiver does not pay for upgrades)
- Single item over \$800
- Items marked as “No” in the “Elderly Waiver Eligible” column of the T2029 Guide
- 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
- Coverage discrepancies.

If Supervisor approves be sure to document as such in the Service Description in the Service Agreement in Bridgeview.

EXCEPTIONS: AUTHORIZATION REQUIREMENTS FOR ITEMS GREATER THAN \$800



| | Cost Less than \$800 | Cost Greater than \$800 |
|---|--|---|
| Exception approval needed by Supervisor or PR Consultant? | No | Yes |
| Service Agreement Entry | Enter SA in Bridgeview | Enter SA in Bridgeview |
| Service Description Requirements | <ul style="list-style-type: none"> • Include a description of the item | <ul style="list-style-type: none"> • Include a description of the item • Document Supervisor or PR Consultant approval. |
| | <ul style="list-style-type: none"> • And, if applicable—per previous process if this item potentially can be covered by Medicare/Medicaid but CC had a denial from DME provider or member does not meet the Medicare/MA criteria, the Service Description must include that Supervisor or PR Consultant approved. | |
| Document on member's support plan | Yes | Yes |

WHEN TO CONSULT WITH PARTNER RELATIONS

After reviewing with Supervisor, if further review is necessary, reach out to your Partner Relations Consultant.

- Confirm the steps on the checklist have been completed and documented
- Send a secure e-mail to your assigned PR consultant or to

Partner.relations@bluecrossmn.com

Include:

- The completed checklist documenting your review.
- Applicable quotes for the item requested.
- Member information on the bottom of the form
- Additional information justifying the request for an exception

If not approved, follow the DTR Process.

WHEN TO CONSULT WITH PARTNER RELATIONS

Contact your PR consultant if you are routinely having difficulties with DME Providers who are asking you to cover items under EW for these reasons:

- Receive higher reimbursement if authorized under EW.
- Wanting a payment guarantee.
- Miscellaneous HCPCs codes (A9270; E1399, etc.)

Include:

DME Provider name

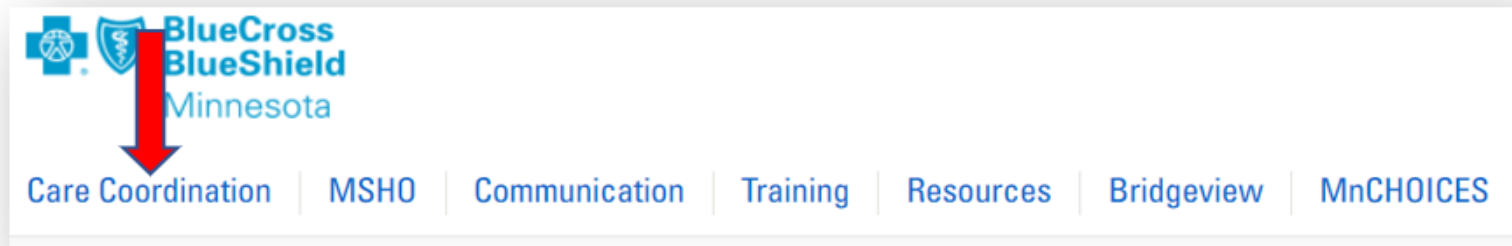
Name of Member and I.D.

HCPCs code or description of item if no code available.




DENIAL

If item is not approved under Elderly Waiver, follow the DTR process outlined in *DTRs—Coordination of Potential Denials, Terminations, and Reduction of Services* section of the Community Care Coordination Guidelines and submit a Request for DTR.



DENIALS, TERMINATIONS, REDUCTIONS - DTR

-  [Request-for-DTR-02-20-2024 \(DOCX\)](#)
- [Care Coordinator DTR Decision Guide 7-5-2023 \(PDF\)](#)
- [CDCS-DTR-Guide-03-14-2022 \(PDF\)](#)

