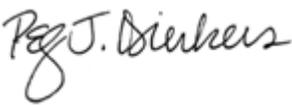


[Return to the Main Bulletins Page](#)

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Exceptional Durable Medical Equipment (DME)	BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs
NUMBER:	01-02-08, 05-02-01, 17-02-03, 19-02-03, 35-02-04, 36-02-04	
ISSUE DATE:	April 4, 2002	
EFFECTIVE DATE:	November 1, 1999	

PURPOSE:

To provide nursing facilities with information and procedural guidance on the following topics: (1) How to determine whether to submit a request for an Exceptional Durable Medical Equipment (DME) Grant; (2) How to prepare and submit an Exceptional DME Grant request; (3) The Department of Public Welfare's (Department) review process for an Exceptional DME Grant; and (4) How to invoice the Department for nursing facility services involving an Exceptional DME Grant.

SCOPE:

This bulletin applies to all county, general, hospital-based, and special rehabilitation nursing facilities that are enrolled in the Medical Assistance (MA) Program. It also serves as an informational release to physicians, medical suppliers, pharmacies, and managed care organizations (MCOs) enrolled in the MA Program. The nursing facilities are subject to the conditions and limitations described in the MA regulations Chapter 1101 (relating to the general provisions), Chapter 1123 (relating to medical supplies), Chapter 1150 (relating to MA Program payment policies), and Chapter 1187 (relating to nursing facility services).

BACKGROUND:

While the Department believes that its case-mix payment methodology provides fair and adequate reimbursement for nursing facility services, the Department recognizes that, in some situations, a nursing facility's obligation to provide appropriate and necessary services to an MA resident requires that the facility obtain certain DME (refer to definitions in Chapter 1187) that is unusual, expensive and otherwise extraordinary. On November 1, 1999, the MA Program began accepting requests for Exceptional DME Grants from nursing facilities enrolled in the MA Program. An Exceptional DME Grant authorizes additional payment(s) to MA nursing facilities to ensure that MA residents who require extraordinary and expensive medical equipment receive necessary care and treatment in accordance with their individual care plans. The exceptional DME that is approved for purchase or rental by the Department will be reimbursed on the basis of an individual exceptional payment grant executed by the Department and the facility of a specific resident and be made in addition to and separate from the case-mix per diem rate.

PROCEDURE:

In order for an item of DME to qualify as "Exceptional DME" it must satisfy two conditions: its acquisition cost (determined in accordance with §1187.61) must equal or exceed the minimum acquisition cost threshold set by the Department in its annual notice pertaining to exceptional DME, and it must be either "Specially Adapted DME" (as defined in §1187.2), or it must be a type of DME identified in the annual notice.

Section A: How to determine whether to submit a request for an Exceptional DME Grant.

A nursing facility should answer the following questions to determine whether to submit a request for an Exceptional DME Grant. If all questions are answered "yes" a request may be submitted.

1. Is the nursing facility an eligible provider? In order for a nursing facility to receive an Exceptional DME Grant, the facility must be enrolled in the MA Program as a provider of nursing facility services.
2. Is the resident an MA eligible recipient? An Exceptional DME Grant authorizes additional payments for nursing facility services involving exceptional DME needed by a specific MA eligible resident. The request will be denied if the resident is not MA eligible at the time the request is submitted. NOTE: In cases where the resident is receiving services through an MA MCO, the resident is considered MA eligible.

It is the responsibility of the nursing facility to verify the recipient's eligibility by accessing the Eligibility Verification System (EVS), not only for the date the Exceptional DME Grant is requested, but also for the dates the nursing facility services involving the exceptional DME will be provided. The EVS may be accessed by calling 800-766-5EVS (5387).

3. Is the DME medically necessary? In order to determine if the exceptional DME is medically necessary, the facility should refer to the definition of "medical necessity" found at §1101.21. An Exceptional DME Grant will only be considered if a physician has prescribed the exceptional DME.
4. Is the DME "Exceptional DME"? In order to determine whether an item of DME is exceptional, the facility should refer to the definition of exceptional DME contained in §1187.2, and to the latest annual *Designated Exceptional Durable Medical Equipment* notice published in the *Pennsylvania Bulletin*. The annual notice also is available on the Office of Medical Assistance (OMAP) website.
5. Have all third party resources been exhausted? The MA Program is the payor of last resort. It is the nursing facility's responsibility to utilize all third party resources prior to seeking payment for nursing facility services, including those services relating to exceptional DME.

Section B: How to prepare and submit an Exceptional DME Grant Request.

To receive an Exceptional DME Grant, the nursing facility must prepare and submit a written request on forms designated by the Department and completed in accordance with all applicable instructions. This section provides guidance on how a nursing facility should prepare and submit a request for an Exceptional DME Grant. The request must be accompanied by all necessary supporting documentation and submitted to the address provided in #6 below.

Responsibilities of the prescribing physician

The physician must:

1. Write a prescription for the requested DME. A copy of the prescription must be placed in the resident's chart. The Department considers this prescription to be a statement that, in the professional judgment of the physician, the specified item is medically necessary.
2. Sign the completed "Outpatient Service Authorization Request" (MA 97) form. [Item 40, Practitioner/Prescribing physician's signature, on the MA 97 is a MUST fill box.]

Responsibilities of the nursing facility

The nursing facility must:

1. Obtain the prescription(s) from the prescribing physician.
2. Retain a copy of the prescription for the resident's nursing facility record.
3. Complete and submit the MA 97 with appropriate signatures.
 - a. Check item 2, indicating that this is a request for a 1150 Waiver (Program Exception.)
 - b. Enter the pertinent information for the nursing facility in items 7 - 10.
 - c. List all alternative measures tried in item 32.
 - d. Check the long-term care box in item 33.
 - e. In item 34, clearly identify the patient as a nursing facility resident and describe in detail the resident's specific symptoms or abnormalities that the DME is intended to alleviate.
 - f. Attach the resident's current care plan and any other supporting documentation (resident's medical history, hospital discharge summary, diagnostic studies, evaluation, etc.) to the MA 97.
4. Complete the "Durable Medical Equipment (DME) Request for Nursing Facility Resident" (MA 97LTC) as follows:
 - a. Check each block as the documentation is attached to the MA 97.
 - b. Include the name and address of the recipient's authorized representative.
 - c. Complete the attestation section of the form with the resident's name, the name of the nursing facility and the facility's MAID number in the appropriate areas. Also include the date of admission to the nursing facility, and the date the patient became MA eligible with no other payer source available for this service.
 - d. The nursing facility administrator **must** sign and date the attestation section.
5. The nursing facility administrator compiles the information required in the following order:
 - a. MA 97 with prescription attached

- b. MA 97LTC
 - c. Appropriate medical documentation including: physician's notes, nursing notes, letter of medical necessity, therapy evaluations and reports related to the requested DME and related services and items, and all past medical history information describing all previous DME utilized by the resident applicable to the MA 97 request.
6. The nursing facility administrator submits the completed package to the following address:

Outpatient
PA/1150 Waiver Services
PO Box 8188
Harrisburg, PA 17105-8188

7. Additional steps for residents covered by MCOs. As explained in section A, the fact that a resident may be receiving medical services through a MCO does not affect the determination of whether to submit a request. In such a situation, when a request is being prepared, the facility should follow the procedure for submission of requests using the MA 97 form, and must submit its request to the Outpatient Waiver address listed in #6 above. In such an instance, the facility is responsible for obtaining the necessary documentation from the MCO, and forwarding the request to the Department. In addition, the facility is responsible for coordinating all requests for additional information with the MCO, and for providing a report on the status of the process to the MCO.

Section C: The Department's review process for an Exceptional DME Grant.

Review and disposition of requests

PLEASE NOTE: If the proper documentation is not submitted, it may result in a denial of the request.

The Department will determine if the specified DME is exceptional DME as defined at 55 Pa. Code 1187.2 (relating to definitions). The Department will review the request to determine if the specified DME is medically necessary. If the DME is determined not exceptional, the request will be denied and the nursing facility must purchase the item as standard equipment. If the DME is exceptional and not medically necessary, the request will be denied. If the DME is exceptional and medically necessary, the request will be approved and the Exceptional DME Grant will be sent to the nursing facility for the administrator's signature. Best efforts will be made to render a decision in 21 days.

Section D: How to invoice the Department for nursing facility services involving an Exceptional DME Grant.

Steps for Payment

1. The Department forwards the exceptional grant documentation to the nursing facility.
2. The nursing facility executes and returns the exceptional grant document that **must** be signed by the nursing facility administrator with the required attestation and the document, which indicates that the required DME is ordered and the DME will be delivered on a specified date.
3. The Department provides a pre-printed Medical Services/Supplies Invoice (MA 319) for each approved DME to the nursing facility if the Grant is approved for purchase. The Department provides multiple monthly pre-printed invoices if the Grant is approved for rental of the DME.
4. The nursing facility verifies the pre-printed information, completes all necessary items and submits the DPW copy of the pre-printed invoice/or the monthly pre-printed invoices to the Department for processing, while retaining the file copy. The nursing facility should submit the MA 319 to the following address:

Department of Public Welfare
Office of Medical Assistance Programs
P.O. Box 8297
Harrisburg, PA 17105-8297

Billing related to residents covered by MCOs. In the event that an Exceptional DME Grant is authorized, the nursing facility will be instructed on how to bill the Department for services through the Bureau of Long Term Care Programs while the resident is still covered by the MCO.

Telephone Inquiry Assistance

Providers, recipients, family members, advocates and ombudsmen may request further information by contacting the Division of Long Term Care Provider Services at (877) 299-2918.

PLEASE NOTE: You will receive an initial supply of each of the following forms:

Outpatient Services Authorization Request (MA 97)
Durable Medical Equipment (DME) Request for Nursing Facility Resident (MA 97LTC)

If you require additional forms, send your request directly to the MA forms contractor by using the Provider Order Form (MA 300X). Your order can also be submitted electronically by accessing the page entitled "Medical Assistance Forms" located at the Provider Information Section of the OMAP website, specifically at:

www.dpw.state.pa.us/omap/provinf/maforms/omapmaforms.asp

ATTACHMENTS

- A [OUTPATIENT SERVICE AUTHORIZATION REQUEST, MA 97](#)
- B [INSTRUCTIONS FOR COMPLETING THE MA 97](#)
- C [EXAMPLE OF A COMPLETED MA 97](#)
- D [DURABLE MEDICAL EQUIPMENT \(DME\) REQUEST FOR NURSING FACILITY RESIDENT, MA 97LTC](#)
- E [INSTRUCTIONS FOR COMPLETING THE MA 97LTC](#)
- F [EXAMPLE OF A COMPLETED MA 97LTC](#)
- G [MEDICAL SERVICES INVOICE, MA 319 PARTIALLY PRE-PRINTED](#)
- H [INSTRUCTIONS FOR COMPLETING THE PARTIALLY PRE-PRINTED MA 319](#)
- I [EXAMPLE OF A COMPLETED MA 319](#)
- J [EXAMPLE OF A PROGRAM EXCEPTION NOTICE](#)

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Long Term Care Programs
Division of Provider Services
P.O. Box 8025
Harrisburg, Pennsylvania 17105-8025
(877) 299-2918

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.

[Return to the Main Bulletins Page](#)