



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

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SUBJECT
Co-pay/Deductibles on Exceptional Durable Medical Equipment (DME)

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By Michael Nardone, Acting Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

To provide information to nursing facilities (NF) regarding how to obtain co-pay/deductible payments from the Department of Public Welfare (Department) for Exceptional Durable Medical Equipment (DME) paid for by private insurances.

SCOPE:

This bulletin applies to all county, general, hospital-based, and special rehabilitation NF 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 enrolled in the MA Program. The NF 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), Chapter 1187 (relating to nursing facility services).

BACKGROUND:

On November 1, 1999, the MA Program began accepting requests for Exceptional DME Grants from NF enrolled in the MA Program. An Exceptional DME Grant authorizes additional payment(s) to MA NF to ensure that MA residents who require extraordinary and expensive DME receive necessary care and treatment in accordance with their individual care plans. In order for an item of DME to qualify as "Exceptional DME" it must satisfy the conditions: of §1187.61 and §1187.2.

Recently, private insurances have begun to partially pay for some DME for MA NF residents. The residents are then responsible for payment of the balance or co-pay for the DME. The MA Program will compensate the co-pay for these residents as long as they meet all of the Departments requirements for the Exceptional DME Grant payment.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

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

PROCEDURE:

- To obtain co-pay/deductibles from the Department for Exceptional DME partially paid by other insurances, the nursing facility must follow the same procedures as they would if MA was the primary payer (in accordance with the MA Bulletin 01-02-08, "Exceptional Durable Medical Equipment (DME), effective November 1, 1999). This includes the resident being evaluated by an accredited rehabilitation facility such as Joint Committee on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF).
- The nursing facility is required to submit a copy of the Explanation of Benefits (EOB) from the primary payer.
- The request must be submitted within 365 days of the date on the EOB.
- The Department will pay up to the MA Program Fee Schedule price minus the primary insurance(s) payment.
- The Department will still enter into an agreement with the nursing facility. If at any time, the resident is transferred to the community or to another facility, the DME will be transferred with the resident. If the resident expires while in the nursing facility, the DME remains as property of the nursing facility.

No changes have been made to the Department's billing process. Once the NF has received a notice of decision, they may bill the Department accordingly.

Nursing facilities should direct questions regarding co-pay/deductible on exceptional DME to 1-877-299-2918.