

Durable Medical Equipment (DME) for Nursing Facility (NF) Transition Program Tip Sheet

When does Long Term Care (LTC) versus Fee for Service (FFS) pay for an item?

LTC provides services for Medical Assistance (MA) recipients in Nursing Facilities. FFS provides services for MA recipients in the Community.

The LTC program pays for Specially Adapted Wheelchairs and Augmentative Communication Devices. FFS pays for Wheelchairs, Augmentative Communication Devices and other DME. If a recipient is transitioning from a NF to the Community, the NF discharge planning staff is responsible for completing the paperwork.

- LTC
 - MA Eligible
 - Residing in a LTC facility
 - No actual discharge date planned (refer to § 201.25 of the Department of Health Regulations)
- FFS
 - MA Eligible
 - Residing in a LTC facility
 - An actual discharge date planned (refer to § 201.25 of the Department of Health Regulations)

If there is no actual discharge date planned, the NF will be listed as the provider on the MA97. If there is an actual discharge date planned the DME Company will be listed as the provider on the MA97.

What needs to be submitted with a DME request?

- MA 97 – Outpatient Services Authorization form. If there is no discharge date the NF and the Physician would fill this out. If there is a discharge note the DME Provider and Physician would fill this out. **NOTE:** The directions are provided with the form.
- MA 97LTC – DME request for nursing facility resident (only if no discharge date established)
- Physician's prescription
- For a power wheelchair, clinical evaluation from a CARF or JCAHO certified rehab facility
- Required supporting documentation (Letter of Medical Necessity (LMN), Justification, Manufacturers Specification and/or DME Pricing)
- **NOTE:** MA97 and MA97LTC can be downloaded from the department's website. <http://www.dpw.state.pa.us/omap/provinf/maforms/omapmaforms.asp>

Where can I find additional information on the requesting of DME?

- Bulletin Number(s): 01-03-05, 05-03-02, 19-03-03. Information on Accredited Rehabilitation Facilities to be Used for Motorized Wheelchair Evaluation
- Bulletin Number(s): 01-02-08, 05-02-01, 17-02-03, 19-02-03, 35-02-04, 36-02-04. Exceptional Durable Medical Equipment (DME)
- Bulletin 01-01-02, 05-01-01, 17-01-01, 19-01-02, 49-01-02, 50-01-01 -Clarification of Coverage for Motorized Wheelchairs and Other Motorized Durable Medical Equipment(DME)
- Chapter 1150 - Program Payment Policies: 1150.63 relates specifically to waivers such as Program Exception (also referred to as the 1150 waiver). This regulation allows for coverage of medically necessary items/services which are not identified on the Fee Schedule or exceptions to limitations (quantity, age, or fee) assigned to items/services on the Fee Schedule
- Chapter 1123-Medical supplies - describes policy , definitions, scope and payment for DME and medical supplies
- **NOTE:** Medical Assistance Bulletins can be downloaded from the department's website. <http://www.dpw.state.pa.us/omap/provinf/mabull/omapbullmain.asp>

Where can I find a list of certified rehab facilities to do a clinical evaluation?

The NF and the Area Agency on Aging can work together on scheduling a clinical evaluation. The certified rehab facility will then bill MA for the evaluation. Once the evaluation is completed they have 60 days to submit the request for DME to the Department.

- CARF (Commission on Accreditation of Rehabilitation Facilities) – www.carf.org
- JCAHO (Joint Committee on Accreditation of Healthcare Organizations – www.jcaho.org

Who can I contact for more information on submitting a DME request?

IF NO DISCHARGE DATE ESTABLISHED:

LTC, Exceptional Payment Section
1-877-299-2918

IF DISCHARGE DATE ESTABLISHED:

FFS, Program Exceptions
1-800-932-0938