

**Durable Medical Equipment for  
Children with Special Health Care  
Needs**

## **A Training Presentation for Families**

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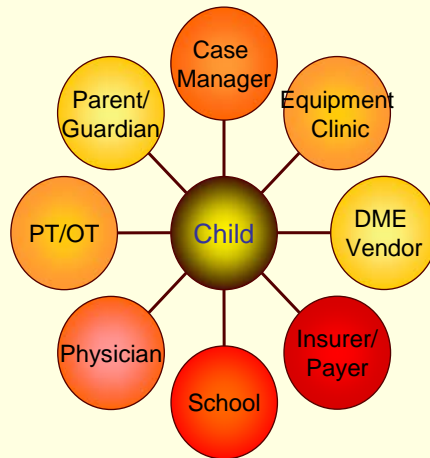
1

## **Today's Training for Participants:**

- Know what is, and is not, DME
- Understand process for acquiring DME and who is involved
- Know important questions to ask along the way and how to probe for further information
- Know strategies for collecting information and how to document what you've collected.

2

## Who are the Key Players?



3

## BACKGROUND: MassHealth

- “**MassHealth**” is the Medicaid program in Massachusetts.
- MassHealth programs are administered by a state agency, **the Executive Office of Health and Human Services (EOHHS)**
- **Division of Medical Assistance (DMA)**

4

## *MassHealth Eligibility Rules*

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Two sets of rules:

- **"Traditional Medicaid"** (65+ and/or living in institution)
- **"Medicaid Reform"**: Standard, CommonHealth, Family Assistance, Basic, Essential, Limited.

MassHealth also determines eligibility for  
**Uncompensated Care Pool (Free Care)**  
**Commonwealth Care Program**

5

## MassHealth ADDITIONAL PROGRAMS

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- **Medicare Savings** (Medicare premiums, Medicare cost sharing);
- **Healthy Start** (prenatal care)
- **Children's Medical Security Plan** (primary and preventive care for children);

6

## MassHealth ELIGIBILITY FOR ADULTS WITH DISABILITIES

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MH **Standard**-842,002 enrolled (81%)

! Same disability test as SSI/SSDI

! Income below 133% FPL  
(\$1201/month for one).

No asset limit for those under 65 living in the community

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## MassHealth ELIGIBILITY FOR ADULTS WITH DISABILITIES

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MassHealth **CommonHealth**-17,641 (2%)

- Same disability test as SSI/SSDI
- Ineligible for MassHealth Standard
- No asset test for those under age 65 living in the community.
- Must either work an average of 40 hrs per month OR meet a one-time deductible
- Premium based on income & family size starting at 150% of poverty (starts at \$7/\$12)

8

## MassHealth ELIGIBILITY FOR CHILDREN WITH DISABILITIES

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- Disabled youth under age 18 whose parental income is too high for SSI eligibility or for MassHealth Standard (150% federal poverty guidelines) are eligible for MassHealth CommonHealth for Disabled Children.
- Parents purchase MassHealth Coverage by paying a premium based on income and family size.

9

## *Why Do I Need to Know the MassHealth Rules?*

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### **Greatest challenges in acquiring DME:**

Burden on family to prove need  
Incomplete information  
“Status” challenge

### Impact of a denial for DME:

Health status of child;  
Family health and well-being;  
Financial impact

10

## WHAT IS DURABLE MEDICAL EQUIPMENT (DME) ?

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DME includes products that:

1. “are fabricated primarily and customarily to fulfill medical purpose”;
2. “are generally not useful in the absence of illness or injury”;
3. “can withstand repeated use over an extended period”; and
4. “are appropriate for home use”.

130 CMR § 409.402

11

### *DME Examples*

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- Seating and Mobility Equipment (wheelchairs)
- Communication devices
- Hospital Beds
- Transfer Devices
- Lifts
- Personal Emergency Response System (PERS)
  - Bathing aids
  - Toileting aids
  - Walkers
  - Suction machines
  - Standers
  - Pulse oximeter
- Feeding Pumps

12

## Accessory Equipment

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“Products that are fabricated primarily and customarily to modify or enhance the usefulness or functional capability of another piece of equipment and that are generally not useful in the absence of that other piece of equipment.”

130 CMR § 409.402.

13

## Customized Equipment

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DME that is adapted to meet the specific needs of a particular patient and that is sufficiently modified to preclude the use of such equipment by subsequent patients.

- Custom Fabricated (made from measurements and/or patterns only)
- Custom Fitted

14

## What is NOT DME?

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***Products that are not reusable and are disposable***

Examples:

- Diapers,
- Enternal formula
- Syringes
- Medications

15

## Will MassHealth Pay for DME?

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**Yes – But...**

- You must show that the DME is **medically necessary** for you, AND
- In most cases, MassHealth has to approve the purchase ahead of time. This process is called **PRIOR APPROVAL.**

16

## What Services Require Prior Approval?

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### Physician

- Dental
- Vision Care
- Therapy (physical, occupational, speech/language)
- Private Duty Nursing
- Personal Care Attendant (PCA)
- DME (oxygen and respiratory, PERS, wheelchairs and beds)

17

## How to Determine if PA is Required?

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Only certain types of services within a category may require PA.

*DME provider manuals and associated lists of service codes and service descriptions, provider bulletins, and instructions* from MH.

Provider regulations on [www.mass.gov/MassHealth](http://www.mass.gov/MassHealth)

18

## The step-by-step process

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- ✓ Need for DME identified
- ✓ Evaluation performed
- ✓ DME tried, if possible and/or necessary
- ✓ Letter of medical necessity written
- ✓ Prescription written
- ✓ DME vendor prices and specifies equipment
- ✓ DME vendor collects all info and submits to insurance for Prior Authorization (PA)
- ✓ Insurance acts on PA
- ✓ Result: Approval, Deferral or Denial

19

## When Deferred:

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- More information needed by payer
- Explanation from DME vendor and the therapist generated and submitted to insurer
- Approval or denial granted

20

## When Denied:

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- Decision can be appealed, in writing, within **30 days**
- In preparing written appeal:
  - Find out reason for denial
  - Build a strong case, emphasizing how DME can avoid more costly interventions
  - Clarify any information with therapist/doctor
  - Be meticulous
  - Be polite
  - Keep a cool head

21

## When MassHealth Will Pay for DME?

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DME must be both **necessary and reasonable** for the treatment of your medical condition.

130 CMR § 409.406 (C)

22

## MassHealth “Medical Necessity” Standard

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- I. Service must be reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct or cure a condition that endangers life, causes pain or malfunction, threatens to cause or aggravate or results in illness or infirmity; **AND**
- II. There is no other medical service or site of service, comparable in effect, available, and suitable for the recipient, that is more conservative or less costly to the MassHealth agency.

23

## “Medical Necessity”

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Items must

- ! reasonably be expected to make a meaningful contribution to the treatment of your illness or injury;
- not serve the same purpose as items you already use;
- not be substantially more costly than medically appropriate, feasible alternative pieces of equipment.

24

## Writing a great Letter of Medical Necessity

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- Child's info- Name, DOB, diagnosis, living situation, school situation
- What equipment presently used, at home and at school
- Child's functional status
- What is being requested
- Why is it being requested
- Why the specific model is being requested
- Why a less expensive model wouldn't work
- What was tried
- Where will it be used
- Has it been trialed
- Approx life of equipment
- Justify options

25

## Non-Reimbursable Services

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MassHealth does NOT pay for

- DME that is **experimental** in nature (unless the provider has obtained prior authorization);
- **Non-medical equipment**, i.e., equipment that is not primarily and customarily used for medical purposes even if it has a medically related use.

MassHealth does NOT pay for accessory equipment unless the item for which the equipment is an accessory is reimbursable.

If the item for which the accessory is required was not purchased by MassHealth, it may request a physician's prescription to justify the need for the item.

26

## Repairs of Equipment

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- MassHealth does not pay for the **repair** of any equipment unless such equipment is reimbursable by MassHealth.
- MH does not pay for **routine** periodic testing, cleaning, regulating, and checking of equipment.
- BUT, MH will pay for extensive maintenance that, based on the manufacturer's recommendations, must be performed by authorized technicians (reimbursable as a **"repair service."**)

27

## How to find the right equipment...

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- Talk to your child's therapist
- Research equipment- talk to other parents, look in catalogs, search the internet, be on the look out.
- If you can, try it out .
- Be an educated consumer....ask questions.

28

## How to Request a PA?

- Step I. Obtain a prescription from your doctor.

The rental/purchase of DME is reimbursable ONLY after the provider has obtained a written prescription signed by a licensed physician or a nurse practitioner.

The prescription must be dated within 90 days of the requested date of service, or within 90 days of the date the prior-authorization request is received by MassHealth if prior authorization is required, whichever is longer.

29

## Prescription

The prescription must contain:

! your name/address;

- Specific identification of the prescribed item;
- Medical necessity criteria for the use of the item (including the diagnosis and disabling condition);
- The estimated length of time that the item will be used by you;

Where you will customarily use the item;

- The prescriber's address & telephone #; and
- The date on which the prescription was signed by the prescriber.

30

## Prescription

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The prescription must be written on

- ! the prescriber's prescription pad, or
- the prescriber's letterhead stationery,
- or a DME Regional Carrier (DMERC) certificate of medical necessity.

The provider must keep the physician's prescription on file for a minimum of 4 years following the date of service.

31

## How to Request a PA?

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- Step 2 Find a medical equipment supplier (**eligible provider**) able to get the equipment you need.

“Any person, partnership, corporation, or other entity authorized by EOHHS to engage in the business of furnishing DME, medical/surgical supplies, or customized equipment.”

32

## How to Request a PA?

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### ■ Step 3

The medical supplier

- Evaluates you to determine what equipment you need
- Gives a price for the item
- Gathers your prescription and other information about the equipment.

33

## How to Request a PA?

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### ■ Step 4.

Once the supplier gets all the information, the supplier will request a PA from MH.

- PA requests must be submitted with all the necessary attachments included. Providers can send PA requests to MH online via a Web-based Automated Prior Authorization System (APAS).
- PA requests may be mailed to  
**MassHealth Prior Authorization Unit**  
600 Washington Street  
Boston, MA 02111.

34

## How to Request a PA?

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- Step 5

MH evaluates the request, makes a decision and provides notice to both you and to the provider.

A MassHealth consultant reviews PA and

1. Determines whether the item is medically necessary to treat or improve a medical condition, and
2. Whether the item is the least costly alternative (are there less expensive ways to treat the condition).

35

## MH Evaluation

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MH may, “*at its discretion*, require an evaluation by a registered physical therapist or another health-care professional who has expertise in equipment provision, to determine whether the requested item will meet stated medical and functional needs, given your physical condition & the physical environment in which the item will be used.”

130 CMR § 409.408 (B)

36

## How Long Will It Take to Evaluate A PA Request?

- **Within 15 days** after the date of receipt of the PA request. MassHealth will confirm the date of receipt and the date of the decision upon *written* request. 130 CMR § 409.408 (G)
- **Medical Emergency** - where the 15-day period would risk the recipient's health, a PA request may be made by telephone to the Prior Authorization Unit. If granted, a PA number will be given by telephone, & a written follow-up will be sent upon receipt of the required documentation from the provider.

37

## DME: Myth or Fact?...

*Here are some things you might hear along the way*

- “You don't need to know that”
- “The process takes about three months”
- “You must be missing part of the picture”
- “Who gave you this number? I am not allowed to talk to parents”
- “You are seeking this item for convenience”
- “You will never win that appeal”
- “ We don't pay for Cadillac's”

38

## How Will I Know?

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- If MassHealth denies your PA request, it will send a written notice to the medical supplier who made the request.
- MassHealth **MUST** send you a written denial notice and a form for filing an appeal. The denial notice should give the reasons for the denial.

39

## Sites where delays can happen

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- Medical provider: Letter of Medical Necessity
- Medical provider: prescription
- DME vendor

40

## Reasons that delays occur

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- Poor communication
- Misunderstandings

41

## What to DO?

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If 21 days without response from MH has elapsed since the PA was submitted, providers who sent their PA request on paper may call to check on the status of the PA: 617-451-7017 or 1-800-862-8341. To check on the status sent to MCB call at 1-800-392-6450 or 617-727-5550. Providers who submitted PA via APAS can go online to determine the status.

42

## How to Appeal?

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- You have **30 days** to appeal.  
The 30 day period starts on the date you *receive* the denial notice (MH assumes that you receive the denial notice **3 days** from the date on the notice).
- Completed, signed appeal form must be *received* at the MH Board of Hearings (BOH) within 30 days.  
130 CMR § 610.015 (B)

43

## Appeal

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- Appeal on time (within the 30 day appeal window). If you are late, start with a new PA request.
- Many PA requests are denied because of the insufficient medical support.
- Many people win their cases on appeal.

44

## Will My Service Stop During the Appeal?

**AID PENDING APPEAL** is available if you have been receiving services that MassHealth decides to deny or reduce. Note that aid pending does not generally apply to DME, but it is important to be aware of the concept.

130 CMR § 610.036

- To receive Aid Pending Appeal MassHealth must **RECEIVE** your appeal form **within 10 days** from the date on the notice.
- You must write on the appeal form that you want to receive Aid Pending Appeal.

45

## Where to Send/Fax My Appeal?

### **Division of Medical Assistance**

#### **Board of Hearings**

2 Boylston Street

Boston, MA 02116

Fax number (617) 210-5820

Phone number (617) 210-5800

1-800-655-0338

46

## What If I Did Not Receive a Notice of Denial?

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- If you do not receive notice of denial, you can still appeal. If your medical supplier informs you that your prior approval request was denied, you must contact the BOH and ask for an appeal form.
- If MassHealth does not act on a prior approval request or fails to send an appropriate notice, you have **120 days** to appeal (from the date of the PA request or PA denial)

47

## Practice Tip

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- Your provider will be informed of the MH PA decision – probably electronically - before you will. You will be sent a written notice later.
- You can contact your provider to find out whether MH has made a decision and whether it's an approval or a denial.

48

## How Will I Know When My Hearing is Scheduled?

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- MassHealth will send you a written notice of the date, time, and location of your hearing at least **10 days** before the hearing.
- Hearings take place in Boston, Springfield, and Taunton.
- You can have the hearing by telephone.

49

## Who Can Help Me?

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- A lawyer
- An advocate
- A Medical Provider
- A friend
- You have the right to have a witness at the hearing (in person or by phone), e.g. your doctor, physical therapist, or other provider.

50

## Practice Tip

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- Your medical provider may want to help with the appeal but be unable to attend the hearing. Instead, your medical provider can prepare a detailed letter or a sworn statement about your need for the DME.
- Your medical provider can also participate in the hearing by telephone from her office.

51

## How to Prepare for a Fair Hearing?

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- Look at the reasons for the denial in your notice.
- Review the hearing file (the “prior approval file”).
- Submit additional evidence-ask your doctor to document your need for the item by providing more info.
- ! Ask other witnesses to testify as to why you need the equipment.
- ! Provide more information about the requested equipment.

52

## Practice Tips

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- If you don't get a medical provider letter prior to the hearing,  
or
- If something you did not prepare for comes up at the hearing, you can ask the hearing officer for time after the hearing to obtain and submit additional evidence.

53

## What Happens at the Hearing?

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- The Hearing Officer conducts the Hearing.
- The Hearing Officer
  - Reviews all the evidence
  - Records all the testimony
  - Makes a decision.

54

## What Happens After the Hearing?

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- The Hearing Officer will send you a decision within **90 days** of the date you asked for the hearing (the period may be longer if you asked for a postponement or an additional time after the hearing to provide more evidence).

130 CMR § 610.015 (D) (3)

55

## Written Decision

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The Written Decision must state:

- Whether the appeal was allowed or denied;
- Reasons for the decision;
- The right to appeal the decision to the Superior Court within **30 days** from the receipt of the decision.

56

## IF I AM APPROVED DO I HAVE TO RETURN MY DME?

- When you no longer need DME purchased for you by MH, you or your estate must promptly notify the provider. The provider must recover such equipment to determine if it is redeemable.

Recovery of DME is mandatory for the first **three years** after the purchase, but optional thereafter.

57

## How to Appeal the Decision of the Hearing Officer?

You may

- Request a judicial review in the Superior Court within **30 calendar days** from the receipt of the fair hearing decision. 130 CMR § 610.092
- Request a rehearing with the Director of the Office of Medicaid within **14 calendar days** of the date of the hearing decision.
- File a new PA request

58

## General Practice Tips

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- **BE ORGANIZED! Keep a folder, notebook, etc.**
- Use a bigger specialty clinic
- Document every conversation, interaction
- Get to know the players; build relationships
- Give info to therapist for Letter of Medical Necessity
- Read Letter of Medical Necessity before it is submitted
- Stay on top of details
- Know insurance coverage levels and limits

59

## General Practice Tips

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- Time DME requests with the first of the new year.
- Keep track of where the DME is in the process
- Ask for dates of when things were sent out
- If the response is “ we sent it to the doctor and are waiting” ask if they have called to follow up or is there anything you can do to facilitate the process.

60

## Other Sources of Funding

- **Finding used equipment:**
- Pass It On (George @ 508-477-6966)
- NEAT  
[http://neatmarketplace.org/Lev3\\_BuyUsedEquip.htm](http://neatmarketplace.org/Lev3_BuyUsedEquip.htm)
- Craigs list: <http://boston.craigslist.org/>
- Join Mass Family Voices List serve  
<http://massfamilyvoices.org/>
- Join a support group or advisory board, GET CONNECTED, MFOFC <http://www.mfofc.org/>, Mass Consortium for Children with Special Healthcare Needs  
<http://www.neserve.org/maconsortium/index.html>
- Mass Family TIES <http://www.massfamilyties.org/>

61

## Other Resources for Funding

- Disabled Children's Relief fund <http://www.dcrf.com/>
- Wheels to Walk Foundation  
<http://www.wheeltowalk.com/>
- United Health Care <http://www.uhccf.org/2.html>
- First Hand Foundation  
<http://www.cerner.com/firsthand/>
- Knights of Columbus  
<http://massachusettsstatekofc.org/>
- Catastrophic Illness in Children Relief Fund  
<http://www.mass.gov/cicrf/>
- [www.AdaptiveMall.com](http://www.AdaptiveMall.com) (website)

62

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63