

PROVIDER BULLETIN

No. 13-34

Date: May 15, 2013

TO: Medicaid Durable Medical Equipment, Nursing Facility, and Intermediate Care Facility for the Developmentally Disabled (ICF/DD) Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Kim Beedle, Program Specialist and Sue Clark, Medicaid Reviewer

RE: Durable Medical Equipment in Nursing and Intermediate Care Facilities

Please share this information with management, sales, dispensing and billing staff.

The Department of Health and Human Services (DHHS), Division of Medicaid & Long-Term Care, is implementing corrections to be in compliance with 42 CFR 440.70. This regulation does not allow the provision of home health services to residents of nursing facilities and intermediate care facilities (ICF). However, the federal definition of the home health benefit for Medicaid is not limited to traditional in-home nursing, and also includes medical supplies, equipment, and appliances suitable for use in the home.

This provider bulletin is to update providers that the corrective change will be implemented **August 1, 2013**.

Training and additional provider bulletins will be forthcoming. DHHS will coordinate with your respective associations to provide training and answer frequently asked questions, so that all interested parties receive information.

As a reminder:

- 1) Implemented changes will result in the payment for durable medical equipment presently paid to DME providers being paid to the nursing facility or ICF/DD provider.
- 2) DHHS will not prior authorize durable medical equipment for residents of nursing facilities and intermediate care facilities. All providers are obligated to be familiar with Medicaid regulations and coverage requirements for the services provided. The regulations for durable medical equipment and supplies may be reviewed at:
http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-07.pdf

3) Air fluidized beds, non-standard wheelchairs and wheelchair components, and negative pressure wound therapy (wound VAC) will be reimbursed separately to the facility according to the maximum allowable rate on the durable medical equipment and supplies fee schedule found at 471-000-507: <http://dhhs.ne.gov/Documents/471-000-507.pdf>

4) DHHS will apply a per diem amount equal to the Medicaid day-weighted average calculated for nursing facilities and intermediate care facilities at \$.90 and \$.28 respectively. The per diem add on will no longer be applied when the facility's rate reflects the full cost of providing the medical equipment.

5) Orthotics and prosthetics are not considered to be durable medical equipment. These products are not included in the corrective changes being implemented. These will continue to be reimbursed to current providers, and will not be required to be provided by nursing facilities and ICFs.

Please email questions to dhhs.dme@nebraska.gov.