

BED·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Division of Developmental Disabilities

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Basis of Funding:

Medical supplies are funded through the NOW and COMP Waiver Programs ONLY following a determination that the item is NOT otherwise covered under private insurance, Medicare, or State Plan "traditional" Medicaid.

Durable Medical Equipment and Supplies are funded through State Plan Medicaid following policy found at:

https://www.mmis.georgia.gov/portal/PubAccess. Provider%20Information/Provider%20Manuals/tabld/54/Default.aspx

Steps for Requesting Medical Supplies for NOW/COMP Waiver Participants

Funding Specialized Medical Supplies

Determine all possible fund sources

List all needed supplies with key information

Obtain physician's orders for all items

Identify a Medicaidenrolled vendor

Request Waiver funds for any non-covered items, that meet waiver SMS policy

List all needed supplies not covered by primary fund source. Contact DME vendors to request items and submit request for covered items

Determine all possible funds sources.

- Does the person have private heath insurance as indicated in the GAMMIS system as third party payor?
- Does the person have Medicare
- *Does the person have active Medicaid?

Note: The MMIS web portal is the most current source of all medical coverage *Active Medicaid, regardless of category, indicates that the equipment or supplies must be accessed first through traditional "State Plan Medicaid."

List all needed medical supplies

INCLUDE:

- 1 Name,
- Quantity required,
- Reason for the need, and
- Specific brand required, if determined medically necessary

Request a physician order for the items needed

NOTE:

Often the development of the list of items with reason for the need will begin with the physician's office.

Request funding for items through Private insurance, Medicare, or Medicaid:

Determine the vendor/company used currently and contact the vendor for coverage of each of the items based on all current funding sources other than the NOW/COMP Waiver.

If using a NOW/COMP provider for delivery of specialized medical supplies, contact the CLS, SMS or CRA provider to determine whether the source (DME vendor) is enrolled in the Georgia Medicaid Program.

Finding a Medicaid-Enrolled DME Vendor

- If the provider is not enrolled, a Medicaid-enrolled DME vendor needs to be located.
 - Use the DCH "Find a Provider" option to locate an enrolled provider. https://www.mmis.georgia.gov/portal/PubAccess.Member%20Information/Find%20a%20Provider/tabld/49/Default.aspx.
 - Note: Enrolled DME providers are found under provider type "Medical Services" and specialties "Durable Medical Equipment Supp".
 - Tip: When searching by geography, select a 100-mile radius since DME vendors ship supplies statewide.

Request funding for items through Medicaid, Medicare or Private Insurance:

- Contact the DME vendor to determine which of the items listed are covered under State Plan Medicaid or another fund source and follow the DME vendor instructions for submitting the physician order and any other information to support medical necessity.
- Notify the field office of items not covered through other fund source(s) to request waiver funds for the remaining medically necessary items.

Requesting NOW/COMP Waiver Funds for SMS

If the SMS items are not covered through the any other fund source, the services being requested through NOW/COMP must be supported by documentation of the waiver as payer of last resort as evidenced by:

- Documented phone calls to DME vendors to determine coverage through other healthcare funding sources.
- Documented review of the DME policy manual found at: https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/54/Default.aspx
- Documentation that service coverage has been exhausted in the other potential healthcare funding sources including State Plan Medicaid.
- Documented review of the NOW/COMP Waiver Policy for SMS (covered vs. non-covered services).
- The need for the services is documented through clinical evaluation.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)



EPSDT

Children under age 21 receive special consideration under EPSDT relative to medical supplies and equipment. Please note that the DME policy manual describes coverage for children under age 21 when coverage is specific to that age group.

Note: Pediatric DME vendors will request that the ordering physician request any non-covered, but medically necessary items via a special request form which they send and manage.

