

<b>Key Websites</b>	
<b>Web Address</b>	<b>Information Available</b>
<b>Virtual Human Services Pavilion (VHSP)</b> vhsdp.dphhs.mt.gov	<b>Select <i>Human Services</i> for the following information:</b> <ul style="list-style-type: none"> <li>• <b>Medicaid:</b> Medicaid Eligibility &amp; Payment System (MEPS). Eligibility and claims history information.</li> <li>• <b>Senior and Long Term Care:</b> Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning.</li> <li>• <b>DPHHS:</b> Latest news and events, Mental Health Services Plan information, program information, office locations, divisions, resources, legal information, and links to other state and federal websites.</li> </ul>
<b>Provider Information Website</b> www.mtmedicaid.org or www.dphhs.mt.gov/hpsd/medicaid/medicaid2	<ul style="list-style-type: none"> <li>• Medicaid news</li> <li>• Provider manuals</li> <li>• Notices and manual replacement pages</li> <li>• Fee schedules</li> <li>• Remittance advice notices</li> <li>• Forms</li> <li>• Provider enrollment</li> <li>• Frequently asked questions (FAQs)</li> <li>• Upcoming events</li> <li>• HIPAA Update</li> <li>• Newsletters</li> <li>• Key contacts</li> <li>• Links to other websites and more</li> </ul>
<b>Client Information Website</b> www.dphhs.mt.gov/hpsd/medicaid/medrecip/medrecip.htm	<ul style="list-style-type: none"> <li>• Medicaid program information</li> <li>• Client newsletters</li> <li>• Who to call if you have questions</li> <li>• Client Notices &amp; Information</li> </ul>
<b>ACS EDI Gateway</b> www.acs-gcro.com/Medicaid_Account/Montana/montana.htm	ACS EDI Gateway is Montana's HIPAA clearinghouse. Visit this website for more information on: <ul style="list-style-type: none"> <li>• Provider Services</li> <li>• EDI Support</li> <li>• Enrollment</li> <li>• Manuals</li> <li>• Software</li> <li>• Companion Guides</li> </ul>
<b>Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC)</b> http://www.palmettogba.com/index.html	SADMERC information is available under <i>Other Partners</i> . This website assists manufacturers and suppliers with DMEPOS billing and coding information.
<b>CIGNA Medicare DMERC Region D</b> http://www.cignamedicare.com/dmerc/index.html	Equipment Regional Carriers (DMERCs) website. DMERC processes Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) for Medicare.

<b>Key Websites (continued)</b>
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Web Address	Information Available
<b>ARM Rules</b> <a href="http://www.dphhs.mt.gov/legal_section/administrative_rules_montana/arm_title_37/arm_title_37.htm">http://www.dphhs.mt.gov/legal_section/administrative_rules_montana/arm_title_37/arm_title_37.htm</a>	Administrative Rules of Montana
<b>Washington Publishing Company</b> <a href="http://www.wpc-edi.com">www.wpc-edi.com</a>	<ul style="list-style-type: none"> <li>• EDI implementation guides</li> <li>• HIPAA implementation guides and other tools</li> <li>• EDI education</li> </ul>
<b>CHIP Website</b> <a href="http://www.chip.mt.gov">www.chip.mt.gov</a>	<ul style="list-style-type: none"> <li>• Information on the Children's Health Insurance Plan (CHIP)</li> </ul>

has been providing the item. The supplier providing the item in the twelfth month of the rental period is responsible for transferring ownership to the client.

***Change in equipment.*** If rental equipment is changed to different but similar equipment, the change will result in the start of a new 12-month period or new 120% of purchase price limit only when all of the following are met:

- The change in equipment is medically necessary as a result of a substantial change in the client's medical condition.
- A new certification of medical necessity for the new equipment is completed and signed by a physician.

***Non-covered services (ARM 37.86.1802)***

The following are items and/or categories of items that are not covered through the DMEPOS program. All coverage decisions are based on federal and state mandates for program funding by the U.S. Department of Health and Human Services, including the Medicare Program or the Department's designated review organization.

- Adaptive items for daily living
- Environmental control items
- Building modifications
- Automobile modifications
- Convenience/comfort items
- Disposable incontinence wipes
- Sexual aids or devices
- Personal care items
- Personal computers
- Alarms/alert items
- Institutional items
- Exercise/therapeutic items
- Educational items
- Scales
- Items/services provided to a client in a nursing facility setting (see the *Nursing Facility Services* manual for details)

***Verifying coverage***

The easiest way to verify coverage for a specific service is to check the Department's fee schedule for your provider type. In addition to being listed on the fee schedule, all services provided must also meet the coverage criteria listed in the *Provider Requirements* chapter of the *General Information For Provid-*



Use the current fee schedule for your provider type to verify coverage for specific services.

ers manual and in this chapter. Use the current fee schedule in conjunction with the more detailed coding descriptions listed in the current CPT-4 and HCPCS Level II coding books. Take care to use the fee schedule and coding books that pertain to the date of service.

Current fee schedules are available on the *Provider Information* website, disk, or hardcopy. For disk or hard copy, contact Provider Relations (see *Key Contacts*).

## Coverage of Specific Services

The following are specific criteria for certain items/services which are either in addition to Medicare requirements or are services Medicare does not cover.

### ***Apnea Monitors***

The rental of an apnea monitor will be covered initially for a six-month period from the date of the physician's order. Apnea monitors are covered under at least one of the following conditions:

- A sibling has died from SIDS
- Infant has symptomatic apnea
- Observation of apparent life-threatening events (ALTE)
- Infant is on oxygen
- Symptomatic apnea due to neurological impairment

For coverage after the initial six-month period, additional months coverage must be prior authorized by the Department and the following conditions must exist and be documented by the physician:

- Infant continues to have significant alarms (log must be kept on file)
- Unresolved symptomatic apnea

### ***Diapers, under pads, liners/shields***

Diapers, under pads, liners and shields are covered for individuals who have a medical need for the items based on their diagnosis. These items are not covered for clients under three years of age or clients in long term care (nursing facility) settings.

Disposable diapers are limited to 180 diapers per month. Disposable under pads, liners/shields are limited to 240 per month. Reusable diapers, under pads, liners/shields are limited to 36 units each per year.

### ***Electric breast pump***

The use of an electric breast pump is considered medically appropriate if at least one of the following criteria is met:

- Client has a pre-term infant of 37 weeks or less gestation

No more than one month's medical supplies may be provided to a client at one time.