



December 24, 2012

Montana Health Care Programs Notice

Durable Medical Equipment (DME) and Skilled Nursing Facility

Home Oxygen Therapy for Clients Residing in Skilled Nursing Facility

This notice clarifies Montana Medicaid Durable Medical Equipment program policy regarding home oxygen therapy for clients residing in skilled nursing facilities.

In accordance with the Administrative Rules of Montana (ARM) 37.86.1802, Montana Medicaid has adopted Medicare coverage criteria for Medicare covered durable medical equipment as outlined in the Region D Supplier Manual, local coverage determinations (LCDs), and national coverage determinations (NCDs). For prosthetic devices, durable medical equipment, and medical supplies not covered by Medicare, coverage will be determined by the Department.

The Department will follow criteria set forth in the LCD for Oxygen and Oxygen Equipment (L11457) for clients residing in a skilled nursing facility. The only exception is that the Department will allow oximetry tests ordered by a physician and performed by qualified nursing personnel at the skilled nursing facility as an acceptable blood gas study. In order to be reimbursed for this service, DME providers shall follow all other criteria set forth in LCD (L11457), available on the Noridian® website at <https://www.noridianmedicare.com/dme/coverage/lcd.html>.

The Department will back date this coverage policy 365 days from the date of this notice to comply with the Department's timely filing rules. If you have questions regarding this notice, contact Donna Liedle at (406) 444-5951.

Contact Information

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.