

March 2, 2009

Montana Healthcare Programs Notice

Durable Medical Equipment

Screening Criteria for Equipment (Mobility Devices, Shower Chairs, Bathing Systems, Standers)

Home Assessment Requirements:

The following criteria must be met if applicable to the equipment requested:

- An onsite home evaluation to determine that the equipment can be used in the home. The home must be able to accommodate the equipment.
- The onsite home evaluation must be completed by the vendor or their qualified representative. Home evaluations done by family members are not acceptable. Measurements (home diagram), if done, may be included with the home evaluation report.

Warranty Requirements:

The following criteria must be met if applicable to the equipment requested:

During warranty

- Assurance from the vendor that they will assume full responsibility for any warranty repairs and services on the equipment, and
- Assurance from the vendor that the service can be done locally, at or near the individual's place of residence, and be completed within a reasonable period of time.

Outside of warranty

- Assurance from the vendor that they will coordinate or facilitate adjustments and repairs beyond the warranty, and
- Assurance from the vendor that the service can be done locally, at or near the individual's place of residence, and be completed within a reasonable period of time.

Contact Information

For claims questions or additional information, contact Fran O'Hara, DME Program Officer, at (406) 444-5296 or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHhelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>