

Durable Medical Equipment & Medical Supplies

Montana Medicaid IHS/Tribal 638 Training
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DEPARTMENT OF
**PUBLIC HEALTH &
HUMAN SERVICES**

Durable Medical Equipment Coverage:

- Montana Medicaid covers medically necessary durable medical equipment that a member's practitioner prescribes for use in the home.
- Only a Medicaid enrolled provider can prescribe medical equipment for a member.
- All members with Medicaid coverage are eligible.



DME must meet the following criteria:

- Durable (long lasting)
- Used for a medical reason
- Not useful to someone who isn't sick or injured
- Used in the home
- Has an expected lifetime of at least 5 years.



Montana Medicaid covers, but isn't limited to, the following DME:

- Blood glucose monitors
- Canes
- Shower/commode chairs
- Crutches
- Manual Wheelchairs
- Slings
- Nebulizers
- Sleep apnea and Continuous Positive Airway Pressure (CPAP) devices and accessories
- Walkers
- Braces (knees/wrists)



Important Facts to Remember

- Montana Medicaid cannot be billed twice. The item can either be provided by the IHS/Tribal practitioner or a DME provider.
- If an item will be provided by a DME provider a script must contain the following information:
 - The diagnosis
 - The medical necessity
 - Quantity
 - length of need
- Prescriptions can be oral, faxed, or hard copy. If a prescription is taken verbally, the supplier must follow-up with a written prescription signed by the authorized prescriber.



Billable Revenue Codes

- 290 Durable Medical Equipment
 - Billed one time per member/per item.
- 270 Medical Supplies
 - This code indicates charges for supply items required for patient care. In order to be billable in an outpatient facility the listed questions on the next slide should be followed. The item must be identified as routine or nonroutine.*
Monthly diabetic supplies.**



When a new supply enters the out-patient facility, the following questions should be answered to determine whether a supply is routine or non-routine.

1. Is the item a personal care or personal convenience item? (e.g., powder or lotion)
2. Is the item ordinarily used for most patients? Is this a bulk supply item that is open for use to the general patient population?
3. Is this item considered to be durable medical equipment? (Examples are crutches, canes, walkers)
4. Is this item a food supplement or part of a dietary plan? (e.g., jevity, ensure)
5. Is this item a piece of equipment or reusable?

If the answer to ONE of the above questions is YES, the item is a routine supply and not separately billable. (Only one question has to be answered as Yes.) If the answer to ALL of the above questions is NO, continue with the following questions:

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6. Is the item medically necessary and furnished at the direction of a physician?
7. Is the item specifically used (identifiable) for an individual patient?
8. Is the item disposable and/or used only on one patient and then thrown away?

If the answer to questions 1, 2, 3, 4 and 5 is NO, and the answer to questions 6 through 8 is YES, then this item is not routine and is separately billable.

** Diabetic supplies can only be billed once a month as a group. Examples of billable diabetic supplies: blood glucose test or reagent strips for home blood glucose monitor, per 50 strips; Normal, low and high calibrator solution/chips; Spring-powered device for lancet, each; Lancets, per box of 100; replacement battery. These are not separately billed but rather billed once all together.

Reimbursement for DME and Medical Supplies

- DME and Medical Supplies are reimbursed at the current all-inclusive rate.
- Do not include a HCPCS or CPT code on the UB-04 form when billing revenue codes 270 or 290.
- Montana Medicaid recommends that if an item needs to be rented that a script is sent to a Medicaid enrolled DME provider.



Questions?

