

HOW TO GET ASSISTIVE TECHNOLOGY FROM ACCESS PLUS MEDICAL ASSISTANCE

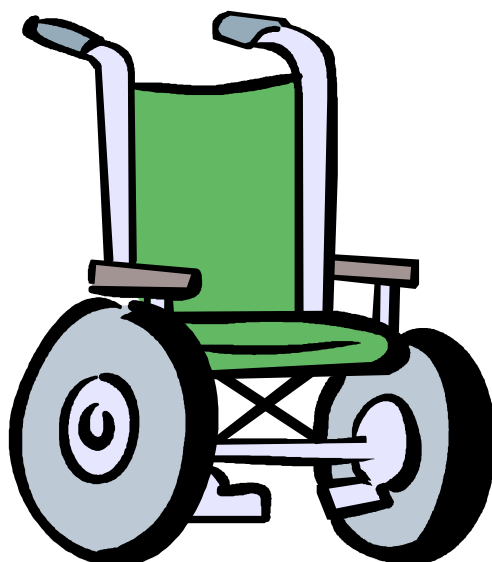


Figure 1: Manual wheelchair.

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I. INTRODUCTION

Medical Assistance (Medicaid) is a public health insurance program for adults and children, including individuals with disabilities, who meet income and other eligibility rules. In Pennsylvania, Medical Assistance physical health benefits are delivered through ACCESS Plus (primary care case management), managed care health plans (HealthChoices and voluntary managed care), and ACCESS (fee for service). This publication explains how to get assistive technology through ACCESS Plus, including the prior authorization process.

Assistive technology includes both devices and services that help a person with a disability to live more independently. Examples of devices are manual wheelchairs, motorized wheelchairs, augmentative communication devices, standers, hearing aids, canes, walkers, and other durable medical equipment, prosthetics, orthotics, and medical supplies. Examples of services are an evaluation, maintenance, repairs, and training on the use of a device. Many – but not all – forms of assistive technology are covered by Medical Assistance, including ACCESS Plus.

IMPORTANT: This publication is for general informational purposes only. This publication is not intended, nor should be construed, to create an attorney-client relationship between the Disability Rights Network of Pennsylvania (DRN) and any person. Nothing in this publication should be considered to be legal advice.

PLEASE NOTE: For information in alternative formats or a language other than English, contact DRN at 800-692-7443, Ext. 400, TDD: 877-375-7139, or drnpa-hbg@drnpa.org.

II. CONTACT YOUR PRIMARY CARE PHYSICIAN TO FIND OUT WHAT IS NEEDED

If you have ACCESS Plus, you were assigned or chose a Primary Care Physician.

Your Primary Care Physician's job is to be your first contact when you have any health care issues. If you need assistive technology devices or services, including maintenance or repair to a device that you have, contact your Primary Care Physician.

It is important to discuss your needs with your Primary Care Physician and to know what documentation is required to seek assistive technology coverage through ACCESS Plus. Devices and services must be medically necessary, and certain documentation must be provided to the Department of Public Welfare, which administers the Medical Assistance Program in Pennsylvania. For information and assistance, you or your doctor can contact the ACCESS Plus Recipient and Provider Hot Line at 800-543-7633 (voice or TTY).

If you also have private health insurance, it is important that your doctor contact your private health insurance plan for its rules regarding assistive technology coverage.

Medical Assistance coverage is secondary to private health insurance coverage.

Your doctor should determine whether the device or service is on the Medical Assistance fee schedule.¹ The Medical Assistance fee schedule is an extensive list of items that will be covered if medically necessary, but not all assistive technology is on this list. Under Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), however, children on Medical Assistance under age 21 are not limited to coverage of items on the Medical Assistance fee schedule but are entitled to medically necessary services, including assistive technology, that are covered under the federal Medicaid statute. Also, if you are age 21 or older, your doctor can request a program exception asking the Department of Public Welfare to pay for a medically necessary device or service that is not on the fee schedule or to exceed the limit of a particular item on the fee schedule.

Your doctor should also determine whether prior authorization or a program exception is required. Prior authorization or a program exception means that your doctor cannot simply prescribe the item to get Medical Assistance coverage but that the Department of Public Welfare must first approve the item, including items on the Medical Assistance fee schedule. For children and adults, prior authorization is required for assistive technology that costs more than \$600 or if the Department of Public Welfare otherwise requires prior authorization. If you are age 21 or older, your doctor must seek a program exception for a medically necessary device or service that is not on the fee schedule or to exceed the limit of a particular item on the fee schedule.

¹ The Medical Assistance fee schedule can be found at:
<http://services.dpw.state.pa.us/olddpw/OutpatientFeeSchedule.aspx>.

If prior authorization, or a program exception, is *not* required, you usually will only need a prescription from your doctor. Such items may generally include standard, low-cost durable medical equipment that is on the Medical Assistance fee schedule. Be sure to check with your doctor and the ACCESS Plus Recipient and Provider Hot Line (800-543-7633 – voice or TTY) to ensure that all you need is a prescription. If so, you can take the doctor’s prescription to a pharmacy or medical supplier that participates in ACCESS Plus. The provider can supply the item and bill Medical Assistance, after billing any other health insurance that you may have.²

If prior authorization or a program exception *is* required, the following sections will help you through the process. You can also contact the Intense Medical Case Management Unit at 866-588-9819, Option #1, and then Option #1 again, to ask for a case manager to help you through the prior authorization or program exception process.

III. WORK WITH YOUR DOCTOR TO SUBMIT NEEDED INFORMATION FOR PRIOR AUTHORIZATION OR A PROGRAM EXCEPTION

If prior authorization or a program exception is required, your doctor will need to submit the following documentation to the Department of Public Welfare:

- Evaluation report
- Doctor’s prescription
- Outpatient Services Authorization Request form (MA 97 form)
- Letter(s) of Medical Necessity

² Remember first to contact any other health insurance plan that you may have because Medical Assistance coverage is secondary to other health insurance coverage.

For complex or custom devices, it may also be helpful to work with a provider of the assistive technology from the beginning of the process. Providers often have staff that knows how to prepare a prior authorization or program exception request. Staff may also help you to get the needed paperwork from your doctor and others. Generally, you must get assistive technology from a provider that participates in ACCESS Plus. Your doctor may be able to help you find a provider. You can also contact your case manager at the local County Assistance Office for help finding a provider.

Evaluation Report: Your Primary Care Physician may first want to send you to a specialist for an evaluation to help decide on the assistive technology that will meet your needs. An evaluation is useful and necessary for many types of complex or custom assistive technology, such as an augmentative communication device or custom motorized wheelchair. You will need a prescription for an evaluation and a referral from your Primary Care Physician to visit a specialist. The specialist can be a physical therapist, occupational therapist, physiatrist, audiologist, speech-language pathologist, ophthalmologist, or other licensed medical professional. Generally, the specialist must participate in ACCESS Plus. Your Primary Care Physician or specialist doctor can write a prescription for assistive technology based on the specialist's evaluation report.

If you need a motorized wheelchair, you must have an evaluation at an accredited rehabilitation facility.³ You will need a doctor's prescription for the evaluation. The rehabilitation facility's evaluator will need to complete the checklist called

³ The following websites list accredited rehabilitation facilities: www.jointcommission.org and www.carf.org. Generally, the facility must participate in ACCESS Plus.

“Considerations for Motorized Wheelchair Prescriptions,” which is found in Medical Assistance Bulletin 01-87-08. This checklist must be submitted to the Department of Public Welfare. Clarification of “unable to ambulate” can be found in Medical Assistance Bulletin 01-01-02. Medical Assistance bulletins may be found online at: <http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx>.

Doctor’s Prescription: To get durable medical equipment or other assistive technology, you will need a prescription from a doctor who participates in Medical Assistance. The doctor will also need to write a prescription for maintenance or repairs to a device that you already have. The prescription should be specific and describe any accessories or adaptations that are needed.

Outpatient Services Authorization Request Form (MA 97 Form): The prescribing doctor must fill out and sign the Outpatient Services Authorization Request form, or MA 97 form. Both the prior authorization and the program exception processes use the MA 97 form. The MA 97 form and instructions can be found at: www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_002561.pdf.

On the MA 97 form, if Box 1, Prior Authorization, is checked, the Department of Public Welfare will review your doctor’s prior authorization request to see whether it is complete and whether your doctor has shown that what you are requesting is medically necessary. If a program exception is being requested, the prescribing doctor may check Box 2, 1150 Waiver (Program Exception), on the MA 97 form. The Department

of Public Welfare will then decide whether the device or service is medically necessary and whether the requirements for a program exception are met.

Letter of Medical Necessity: Your doctor and specialist evaluator should submit Letters of Medical Necessity. Medical Assistance will only pay for assistive technology devices and services that are medically necessary, and so a Letter of Medical Necessity explains why the assistive technology device or service being prescribed is medically necessary for you.

A device or service is medically necessary if it is 1) compensable under the Medical Assistance Program, 2) necessary to the proper treatment or management of an illness, injury, or disability, and 3) prescribed, provided, or ordered by an appropriate licensed practitioner in accordance with accepted standards of practice.⁴ A device or service is necessary to the proper treatment or management of an illness, injury, or disability if it 1) will, or is reasonably expected to, prevent the onset of an illness, condition or disability, 2) will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability, **or** 3) will assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for Medical Assistance recipients of the same age.⁵

⁴ This definition is found in Pennsylvania regulation 55 Pa. Code § 1101.21.

⁵ This definition is found in Pennsylvania regulation 55 Pa. Code § 1101.21a.

Therefore, the prescribing doctor and the specialist who evaluated you should submit Letters of Medical Necessity that specifically explain why the assistive technology is medically necessary for you. A suggested template for a Letter of Medical Necessity is attached to this publication. The Letter of Medical Necessity should explain in detail how the assistive technology is “necessary to the proper treatment or management of an illness, injury or disability” by meeting at least one of the three standards listed in the previous paragraph. Also, it is important to emphasize in the letter why any less expensive alternatives will not meet your needs. For example, if a motorized wheelchair is prescribed, the letter must explain why you cannot use a manual wheelchair to meet all of your mobility needs. If accessories or adaptations are prescribed, the letter should discuss the reasons specific to you why each accessory or adaptation is medically necessary. A copy of the evaluation report should be attached to the letter.

Information about the actual cost of the device, accessories, and adaptations can be important to include with the Letter of Medical Necessity. This information could include invoices, quotes, catalogs, and other information about cost. Information on actual costs should be included when your doctor is seeking a program exception for the Department of Public Welfare to pay a higher fee for the assistive technology than is authorized by the Medical Assistance fee schedule.

Finally, the prior authorization or program exception request should be mailed *certified mail-return receipt requested*. Ask your doctor or assistive technology provider for the

date that the request was mailed and the date that it was received by the Department of Public Welfare. It is also important for you to have a copy of all paperwork submitted.

IV. WAIT 21 DAYS FOR A RESPONSE REGARDING PRIOR AUTHORIZATION

If prior authorization is requested, you must be notified of a decision in writing within 21 days after the Department of Public Welfare receives your prior authorization request, or the request is automatically approved.⁶ This timeframe does not apply to a program exception request. The Department of Public Welfare can ask for more information during this time period. It is very important for your doctor, specialist evaluator, or assistive technology provider to respond to requests for more information in time for a decision to be made within the 21 days. If the Department of Public Welfare does not make a decision or request more information, or if you do not know why the prior authorization request is being delayed, contact your doctor or assistive technology provider. Also, the Medical Assistance Prior Authorization Hot Line is 800-558-4477.

V. IF APPROVED, WORK WITH THE PROVIDER TO GET THE ASSISTIVE TECHNOLOGY

When the Department of Public Welfare gives prior authorization or a program exception for the assistive technology, congratulations! You, your doctor, and the assistive technology provider must get a written approval notice. The assistive technology provider should supply you with the device or service and bill Medical Assistance, after first billing any other health insurance that you may have. If your assistive technology provider will not supply the item at the fee stated in the notice, then

⁶ This rule is found in Pennsylvania regulation 55 Pa. Code § 1101.67(b).

the Department of Public Welfare must find another provider. If a program exception is approved, the Department of Public Welfare may need to negotiate a fee with the provider. In any case, you should be promptly provided with the device or service.

VI. IF DENIED, FILE A TIMELY APPEAL

The Department of Public Welfare may disagree with your doctor and deny prior approval or a program exception for the prescribed assistive technology. If so, the Department of Public Welfare must timely send you, your doctor, and the assistive technology provider a written notice explaining why your doctor's request was denied, including why an alternative device, if any, was approved.

The notice from the Department of Public Welfare will inform you of your right to appeal and ask for a fair hearing. Your written appeal should state that you disagree with the denial, including any approval of a different device, and are asking for a fair hearing. Your written appeal to the Department of Public Welfare must be postmarked within 30 days of the date on the denial notice, but it is a good idea to make sure that your appeal is *received* within the 30 days. If prior authorization or a program exception is denied for continuation of benefits, you must appeal in writing within 10 days of the date of the denial notice for benefits to continue pending the appeal. Send your appeal *certified mail-return receipt requested*, and keep a copy as well as the signed return receipt.

After you make your timely appeal requesting a fair hearing, you will have a hearing with a neutral hearing officer. You will be able to present evidence at the hearing. If you are not successful in the fair hearing, you can make further appeals.

It may also help for your doctor to contact Medical Assistance's doctor for a doctor-to-doctor consultation. You, your doctor, and your specialist evaluator can also submit more documentation to the Department of Public Welfare while you pursue your appeal.

More information on appeals can be found in our publication "How to Appeal a Medical Assistance Denial of Assistive Technology" at www.drnpa.org/publications.

VII. CONTACT INFORMATION

If you need more information or need help, please contact the intake unit of the Disability Rights Network of Pennsylvania (DRN) at 800-692-7443 (voice) or 877-375-7139 (TDD). Our email address is: intake@drnpa.org. The mission of the Disability Rights Network of Pennsylvania (DRN) is to advance, protect, and advocate for the human, civil, and legal rights of Pennsylvanians with disabilities. Due to our limited resources, DRN cannot provide individual services to every person with advocacy and legal issues. DRN prioritizes cases that have the potential to result in widespread, systemic changes to benefit persons with disabilities. While we cannot provide assistance to everyone, we do seek to provide every individual with information and referral options.

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Attachment (2 pages): Sample Template for Letter of Medical Necessity

- Identify yourself and your credentials, with particular emphasis on experience with the diagnosis(es)/condition(s) of your patient, the Medical Assistance recipient.
- Describe your relationship with your patient, including the length of time that you have treated him/her and any evaluations or testing performed, including dates.
- State the assistive technology device or service that you are prescribing.
- Describe your patient's diagnosis(es) and the effects of the diagnosis(es), including his/her functional capacity limitations/needs caused by the diagnosis(es).
- Cite the Medical Assistance medical necessity definition and specifically explain why the assistive technology prescribed is medically necessary for your patient to address the functional capacity limitations/needs described above. Citing all relevant medical evidence, explain in detail how the assistive technology is necessary for the proper treatment or management of your patient's illness, injury, or disability by meeting one or more of the medical necessity criteria (prevent illness, condition, or disability; reduce/ameliorate effects; and/or achieve or maintain maximum functional capacity). Carefully describe the device or service prescribed. Attach any information you may have on it and cite relevant medical research and journal articles, especially if unusual. If Medical Assistance has specific rules for coverage of the prescribed device, explain how these rules are met. Provide details to justify each feature or adaptation of any prescribed device.
- Give information about and credentials of any other medical professional(s) (occupational therapist, physical therapist, speech-language pathologist, audiologist, etc.) you consulted in making the determination of what assistive technology is medically necessary. State that you have reviewed and concur with any evaluation report(s) by the other medical professional(s). Attach a copy of the report(s) to your letter.
- Describe any relevant family, support, or environmental information, including limitations or disabilities of family members or support persons. Describe any other relevant information, such as history of good compliance, lack of transportation, language issues, etc.
- Describe any less expensive alternatives that were tried or considered and why they are not appropriate and not adequate, and do not meet your patient's medical needs.

- Describe how the service being prescribed will avoid more expensive alternatives (least costly alternative).
- If there is a Medical Assistance prior authorization denial, including suggested alternatives, explain in detail why the reasons given in the denial notice are not correct. Explain in detail why at the current time the device or service being prescribed is more appropriate than the suggested alternatives.
- State your prescription again and explain the risks or consequences to your patient if the assistive technology device or service is not provided.