

# HOW TO GET ASSISTIVE TECHNOLOGY FROM ACCESS PLUS (FEE-FOR-SERVICE MEDICAL ASSISTANCE)

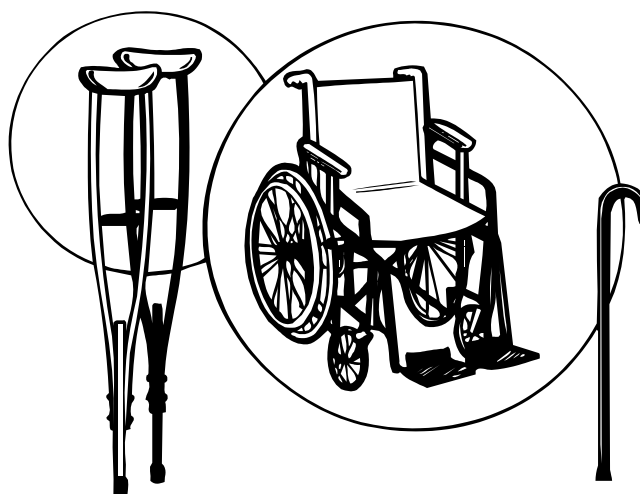


Figure 1: Crutches, a wheelchair, and a cane.

Prepared by:

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## **HOW TO GET ASSISTIVE TECHNOLOGY FROM ACCESS PLUS (FEE-FOR-SERVICE MEDICAL ASSISTANCE)**

### **INTRODUCTION**

Medical Assistance (Medicaid) is health insurance for persons who meet income and other eligibility rules. The Department of Public Welfare is responsible for the Medical Assistance Program in Pennsylvania. Medical Assistance is delivered in a number of different ways. The ACCESS Plus program is used in the 42 counties where HealthChoices, the Department of Public Welfare's mandatory managed care program, does not operate.

Assistive technology is devices or services that help a person with a disability to live more independently. Some examples of devices are manual wheelchairs, motorized wheelchairs, augmentative communication devices, standers, hearing aids, prosthetics, orthotics, canes, walkers, and other durable medical equipment or medical supplies. Some examples of services are evaluation, maintenance and repairs, and training.

This brochure gives step-by-step instructions on how to get expensive or complex assistive technology through ACCESS Plus. (For simple assistive technology, such as a cane or commode chair, you usually only need a prescription from your Primary Care Physician. You can then take the prescription to a pharmacy or supplier that participates in Medical Assistance.)

**PLEASE NOTE: THIS INFORMATION IS NOT INTENDED TO BE LEGAL ADVICE  
APPLICABLE TO SPECIFIC FACTUAL SITUATIONS.**

**STEP 1: CONTACT YOUR PRIMARY CARE PHYSICIAN**

If you have Medical Assistance and live in one of the following counties, and are not enrolled in a voluntary Medical Assistance managed care plan (one you chose for yourself), you are part of ACCESS Plus:

<b><u>Northwest Region</u></b>	<b><u>North Central Region</u></b>	<b><u>South Central Region</u></b>	<b><u>Northeast Region</u></b>
Clarion Crawford Elk Erie Forest Jefferson McKean Mercer Venango Warren	Cameron Centre Clearfield Clinton Lycoming Potter Snyder Tioga Union	Bedford Blair Cambria Franklin Fulton Huntingdon Juniata Mifflin Somerset	Bradford Carbon Columbia Lackawanna Luzerne Monroe Montour Northumberland Pike Schuylkill Sullivan Susquehanna Wayne Wyoming

If you are part of 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 a repair to a device that you have, you should contact your Primary Care Physician. To get durable medical equipment or other assistive technology, you will need a prescription from your Primary Care Physician. Your Primary Care Physician will also need to write a prescription for maintenance or repairs to a device that you already have. Your Primary Care Physician may first want to send you to a specialist for help deciding the best device or service to meet your needs. You need a referral from your Primary Care Physician to visit a specialist.

For simple assistive technology, such as a cane, walker, commode chair, or crutches, you usually do not need to visit a specialist but only need a prescription from your Primary Care Physician. To get the assistive technology, you can then take the prescription to a pharmacy, medical supply company, or durable medical equipment company participating in Medical Assistance. The pharmacy or company should bill Medical Assistance after billing any other health insurance that you may have.

NOTE: You can contact the Medical Assistance Recipient Hot Line at 800-433-1324 (voice) or the ACCESS Plus Hot Line at 800-543-7633 (voice) or 800-654-5984 (TTY) for help. If you identify yourself as someone with special needs, a case manager should be assigned to you to help you through the process.

## **STEP 2: GET AN EVALUATION FROM A SPECIALIST**

If you need complex assistive technology devices or services, it is useful and necessary to visit a specialist who can help you and your Primary Care Physician to decide what device or service will work best for you. Remember, you need 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. Your Primary Care Physician or specialist doctor can write a prescription for assistive technology based on the specialist's evaluation.

### ***Special Motorized Wheelchair Rules***

If you need a motorized wheelchair, you must have an evaluation at an accredited rehabilitation facility.<sup>1</sup> You will need a doctor's prescription for the evaluation. The rehabilitation facility's evaluator will need to complete the checklist called "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-Office of Medical Assistance Programs along with those items listed in Step 4 below. Medical Assistance bulletins may be found online at:

<http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx>.

### **STEP 3: FIND A PROVIDER TO SUPPLY THE DEVICE OR SERVICE**

Generally, you must go to an assistive technology provider that participates in Medical Assistance. For complex devices, such as an augmentative communication device or motorized wheelchair, it is helpful to work with a provider of the assistive technology from the beginning. Assistive technology providers often have staff that knows how to prepare a prior authorization or program exception request (explained in Step 4 below). Staff may also help you to get the needed paperwork from your Primary Care Physician and specialist. Because you will need a prescription from your Primary Care Physician or specialist doctor, you should keep him or her informed of any assistive technology provider that you choose. Your Primary Care Physician or specialist should be able to help you find an assistive technology provider that participates in Medical Assistance.

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<sup>1</sup> The following websites list accredited facilities: <http://www.jointcommission.org/> and <http://www.carf.org/>. The facility must also participate in Medical Assistance.

You can also contact your case manager at the local County Assistance Office for help finding a provider.

#### **STEP 4: GET THE FOLLOWING DOCUMENTS PREPARED BY YOUR DOCTOR**

##### **▶ Prescription**

The assistive technology provider that you choose will need the written prescription from your Primary Care Physician or specialist doctor. The prescription should be specific and describe any accessories or adaptations that are needed.

For assistive technology devices or repairs that cost more than \$600, the prescribing doctor must also get prior approval from the Department of Public Welfare before Medical Assistance will pay for the assistive technology. This process is called either prior authorization or program exception. You will also need the following items:

##### **▶ Medical Assistance Form MA 97 Authorization Request**

The prescribing doctor must fill out and sign the Medical Assistance Form MA 97 (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:

<http://www.dpw.state.pa.us/omap/provinf/maforms/omapmaforms.asp>.

On the MA 97 form, if Box 1 (Prior Authorization) is checked, the Department of Public Welfare-Office of Medical Assistance Programs 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 the Department of Public Welfare approves the assistive technology, it will be approved at the rate listed on the Department of Public Welfare's Medical Assistance fee schedule.<sup>2</sup>

Sometimes, the assistive technology device or service is not on the Medical Assistance fee schedule or is paid at a Medical Assistance rate that is not acceptable to the assistive technology provider. If so, the prescribing doctor may check Box 2 (1150 Waiver - Program Exception) on the MA 97 form. The Department of Public Welfare-Office of Medical Assistance Programs will then decide whether the device or service is medically necessary and whether the requirements for a program exception are met. The Department of Public Welfare-Office of Medical Assistance Programs may contact the assistive technology provider directly to negotiate a rate.

► **Letter of Medical Necessity**

Medical Assistance will only pay for assistive technology devices and services that are medically necessary. Devices and services are medically necessary if they meet the following three standards: "(i) Compensable under the Medical Assistance Program. (ii) Necessary to the proper treatment or management of an illness, injury or disability. (iii) Prescribed, provided or ordered by an appropriate licensed practitioner in accordance with accepted standards of practice."<sup>3</sup>

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<sup>2</sup> The Medical Assistance fee schedule may be found online at: <http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/Schedules/003675750.aspx>

<sup>3</sup> This is found in Pennsylvania regulation 55 Pa. Code § 1101.21.

A device or service is “necessary to the proper treatment or management of an illness, injury or disability” if it meets one of the following standards: “(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. (3) Will assist the recipient to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the recipient and those functional capacities that are appropriate for recipients of the same age.”<sup>4</sup>

Therefore, the prescribing doctor and the specialist who evaluated you should write Letters of Medical Necessity that specifically explain why the assistive technology is medically necessary for you. A suggested outline for the letter is attached to this brochure. 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 points 7 and 8 of the letter whether there were more expensive alternatives that were rejected and why any less expensive alternatives will not meet your needs. For example, if a power 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 of them is medically necessary. A copy of the evaluation report should be attached.

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<sup>4</sup> This is found in Pennsylvania regulation 55 Pa. Code § 1101.21a.

► **Invoices, Quotes, Catalogs, and Other Information about Cost**

Information about the actual cost of the device, accessories, and adaptations are important to include with the prior authorization or program exception request.

Information on actual costs should always be included when you are seeking a program exception (Box 2 of the MA 97 form) for the Department of Public Welfare-Office of Medical Assistance Programs to pay a higher rate for the assistive technology.

**STEP 5: MAIL THE PACKET CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

The prescribing doctor or assistive technology provider should mail the prior authorization or program exception paperwork discussed in Step 4 (and Step 2 if a motorized wheelchair) to the Department of Public Welfare-Office of Medical Assistance Programs. It is important for you to have a copy of all paperwork that is submitted. In addition, the request should be mailed *certified mail-return receipt requested*. Ask your doctor or assistive technology provider to let you know the exact date that the request was mailed and the exact date that it was received by the Department of Public Welfare.

**STEP 6: WAIT APPROXIMATELY 21 DAYS FOR A RESPONSE**

If prior authorization was requested, and if you have not gotten a response from the Department of Public Welfare-Office of Medical Assistance Programs within 21 days after it received your prior authorization request, the request should be automatically approved.<sup>5</sup> If this does not happen, or if you cannot find out what is holding up your

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<sup>5</sup> This is found in Pennsylvania regulation 55 Pa. Code § 1101.67(b).

prior authorization request, please contact us for help (Step 9). Also, if you need help regarding a request for a program exception, please contact us (Step 9).

### **STEP 7: IF APPROVED, WORK WITH THE PROVIDER TO GET THE ASSISTIVE TECHNOLOGY**

When the Department of Public Welfare-Office of Medical Assistance Programs 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 the Office of Medical Assistance Programs. Or, if your assistive technology provider will not supply the device or service at the rate stated in the notice, then the Department of Public Welfare must find an assistive technology provider who can and will. In either case, you should be promptly provided with the device or service. Go to Step 9 below on how to get help if you need it.

### **STEP 8: IF DENIED, FILE A TIMELY APPEAL**

If the Department of Public Welfare-Office of Medical Assistance Programs disagrees with your doctor and does not give prior approval or a program exception for the assistive technology, the Department of Public Welfare should timely send you, your doctor, and the assistive technology provider a written notice explaining why your doctor's request was denied. Sometimes, the Department of Public Welfare will approve an alternative device, usually a less expensive one.

The notice from the Department of Public Welfare-Office of Medical Assistance Programs will inform you of your right to appeal and ask for a fair hearing. Your appeal should state that you disagree with the denial and are asking for a fair hearing. You can appeal even if a different device was approved. Your appeal must be received by the Department of Public Welfare within 30 days of the date on the denial notice. Send your appeal *certified mail-return receipt requested*, and keep a copy of the appeal as well as the signed return receipt. After you make your appeal, if timely, you will get a fair hearing in front of a neutral hearing officer. If you are denied, it may also help for your doctor to contact Medical Assistance's doctor for a peer-to-peer consultation. You can also submit more information and documentation to Medical Assistance as you make your appeal. For more information on the appeals process, go to Step 9 below.

### **STEP 9: GET HELP IF YOU NEED IT**

If you need help, please contact the Disability Rights Network of Pennsylvania (DRN) at 800-692-7443 (voice) or 877-375-7139 (TTY). Our email address is: [drnpa-hbg@drnpa.org](mailto:drnpa-hbg@drnpa.org).

The mission of the Disability Rights Network of Pennsylvania is to advance, protect, and advocate for the human, civil, and legal rights of Pennsylvanians with disabilities.

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**Attachment: Outline for Letter of Medical Necessity for Assistive Technology  
Prepared by the Disability Rights Network of Pennsylvania**

1. Identify yourself and your credentials, with particular emphasis on experience with the diagnosis(es)/condition(s) of your patient, the Medicaid recipient.
2. State the assistive technology equipment or service that you are prescribing.
3. Describe your relationship with your patient, including the length of time that you have treated him/her and any evaluations or testing performed.
4. 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).
5. Cite the Medicaid medical necessity definition and specifically explain why the assistive technology equipment or service 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 equipment or service 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 assistive technology equipment or service prescribed. Attach any information you may have on it and cite relevant medical research and journal articles, especially if unusual. If Medicaid has specific rules for coverage of the prescribed assistive technology equipment, explain how these rules are met.
6. Give information about and credentials of any other medical professional(s) you consulted in making the determination of what assistive technology is medically necessary (occupational therapist, physical therapist, speech language pathologist, audiologist, etc.). 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.
7. 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 compliance, lack of transportation, language issues, etc.
8. Describe any less expensive alternatives that were tried or considered and why they are not appropriate, not adequate, and do not meet medical necessity.
9. Describe any more expensive alternatives with a statement that at the current time, it

is more appropriate to start with the less expensive alternative being prescribed.

10. If there is a Medicaid prior authorization denial and/or suggested alternatives, directly address the reasons given in the denial and explain why they are not correct. Explain in detail why at the current time the assistive technology equipment or service being prescribed is more appropriate than the suggested alternatives.
11. State your prescription again and explain the risks or consequences to your patient if the assistive technology equipment or service is not provided.