

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS

CITATION
42 CFR
440.120

Medical and Remedial
Care and Services
Item 12c

Prosthetic Devices are provided with limitations as follows:

Prior authorization is required before payment can be issued. Providers shall submit requests for approval of all purchases of items to the Prior Authorization Unit (PAU) by whom authorization is made.

Prosthetic supplies and equipment are not rented or purchased for an individual in a hospital; upon discharge, if the discharge plan includes the items, they are provided by Medicaid in the outpatient setting.

For Medicaid beneficiaries enrolled in Medicare Part B and for whom these items are covered by Medicare, no prior authorization is required. Medicare is billed prior to Medicaid. EXCEPT: For dual eligibles (Medicare/Medicaid beneficiaries), a few items which are not covered by Medicare may be covered by Medicaid if prior authorization is obtained.

If the item is not covered by Medicare, the request will be processed as if it were being processed for non-Medicare beneficiaries.

Requests

The purchase of supplies and the rental, purchase or repair of prosthetic equipment and appliances shall be considered when:

- o the item is medically necessary because it is needed by a beneficiary who has a serious impairment to:
 - enhance well-being;
 - prevent further impairment; or
 - increase self-care or reduce care provided by others;

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STATE <u>LOUISIANA</u>	
DATE REC'D <u>9-30-05</u>	
DATE APP'V'D <u>12-19-05</u>	
DATE EFF <u>7-1-05</u>	
HCFA 179 <u>05-15</u>	

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- the item is not available through another agency at no cost (i.e. Vocational Rehabilitation);
- the item is covered by Medicaid;
- no equally effective and less costly course of treatment is available or suitable; and
- the item is primarily medical in nature and is not a convenience item.

Requirements for Approval

A request for purchase will be considered for approval when the request includes:

- medical information from a physician, including:
 - a written prescription from a licensed physician;
 - the diagnosis related to the request;
 - the length of time that these items will be needed; and
 - other medical information to support the need for the requested item.
- a statement as to whether the beneficiary's age and circumstances indicate that he can adapt to or be trained to use the item effectively;
- a medical care plan which includes a training program for any appliance which requires skill and knowledge to use;
- any other pertinent information, such as measurements to assure correct size of appliance; and
- a written price quotation including any cost for an initial adjustment, freight charges, delivery and/or set up of the item.

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Purchase vs. Rental

If equipment is needed temporarily, it may be more cost effective for Medicaid to pay for rental of the item. Consideration is given to the length of time the equipment is needed and the total rental for that period of time and the purchase price of the item. Equipment is purchased, not rented, if the total cost of rental exceeds the purchase price.

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