Coverage of DME for People Residing in Intermediate Care or Skilled Nursing Facilities





Highmark

- If highly customized DME they will cover immediately
- If basic DME, client must have been in facility over 100 days

Aetna/Advantra/Health America/Care Link

· No Coverage in SNF or ICF

Gateway Assured

- DME will only be covered after 100 days of residency
- Ask for date of admission or if Part B under Gateway Assured is paying for their stay at SNF

UPMC for Life Plans

- If highly customized DME they will cover immediately
- Basic DME will only be covered after 100 days of residency

UPMC for You Plans

• If highly customized DME was ordered while the client was in a Rehab Facility prior to going to SNF, and the intention is for them to transfer home, we are OK to provide (Applies to both Custom Manual and Power wheelchair bases)

Medical Assistance FFS

- If highly customized DME, Medical Assistance will cover under the Exceptional DME
 Waiver Program. Clients must be seen at an Accredited Rehab Facility for the evaluation. The Facility must be willing to submit for the authorization under their MA Provider Number, issue purchase order to Blackburn's, and then bill Medical Assistance for
 reimbursement. Call for full details on Coverage Criteria
- Basic DME not covered

Medicare, Gateway, and United HealthCare/MA Replacement Plans will not cover DME when client resides in ICF or SNF.



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