


UCare MSC+/MSHO

Care Coordination and Long-Term Services and Supports

Title: Elderly Waiver T2029 Equipment and Supplies Coverage Process

Purpose: To provide care coordination guidelines for UCare MSC+/MSHO community members submitting requests for Elderly Waiver specialized equipment and supplies.

Summary: UCare care coordinators are required to ensure that waiver funds are being utilized in an appropriate manner. Prior to the care coordinator (CC) authorizing Specialized Supplies and Equipment under Elderly Waiver (EW), the CC must determine that EW is the correct payor and the most cost-effective way to meet the member’s assessed need.

T2029 Not Allowed For:	
	<ul style="list-style-type: none"> Requests for higher reimbursement for the item Payment guarantee Miscellaneous Healthcare Common Procedure Coding System () codes (e.g.: A9270, E1399) DME provider declines to submit a claim under the member’s medical insurance benefit and asks the CC to submit under EW

Note: Denials under Medical Assistance (MA) do not automatically make all items eligible for T2029 under EW.

For coverage determination complete the following steps:

1. Care coordinators may contact the member’s preferred UCare contracted Durable Medical Equipment (DME) provider to determine if a physician’s order is needed.
 - a. If needed, request the order from the member’s prescribing physician.
 - i. If the physician does not support the item requested, within one business day of the denial, the care coordinator submits a Denial/Termination/Reduction (DTR) to UCare to ensure the member receives their appeal rights.
 - b. Skip this step if the item does not require a physician’s order.
2. Use the following resources to determine if the requested item is covered under the member’s medical benefit:
 - a. Locate the HCPCS code listed under Medicare or Medicaid. [Medical Supply Coverage Guide \(mn.gov\)](#)
 - b. Review [CMS National Coverage Determination \(NCD\)](#) for DME for Medicare coverage determination.
 - c. Review additional resource [MHCP Provider Manual](#) for coverage of supplies and equipment under Medicaid benefit. The MHCP Provider Manual also includes a list of non-covered Items under the medical benefit.
3. Determine if there is an alternative item available by discussing it with the member and/or primary care team.
4. If CC determines that the requested item can be covered by the member’s insurance, CC should advise the DME provider to bill the item under the medical benefit.

Note: If the requested item has a HCPC code but the DME provider states they are not meeting coverage per the

coverage guide, DME provider submits for prior authorization for review.

If denied by the DME provider or item is not covered under the member's medical benefits, the care coordinator reviews for coverage under EW:

1. Determine if this is covered under UCare supplemental benefits.
 - a. See [Additional & Supplemental Benefits Summary: MSC+ and MSHO](#).
2. Review [CBSM/MHCP Provider Manual Elderly Waiver](#) for specialized equipment and supplies eligibility criteria:
 - a. A member is eligible to receive specialized equipment and supplies if the item allows the member to do one of the following:
 - i. Communicate with others
 - ii. Perceive, control or interact with their environment
 - iii. Perform activities of daily living (ADLs)
3. Review the member's Support Plan and rate limits to ensure the item fits within the member's assessed case mix budget cap.
4. Review Elderly Waiver T2029 Equipment and Supplies Guide*.

*Elderly Waiver T2029 Equipment and Supplies Guide is a care coordination resource for determining EW coverage and primary payer source. The Elderly Waiver T2029 Equipment and Supplies Guide is not all-inclusive and is updated regularly. Items marked as "No" in the "EW T2029 Eligible" column of the guide cannot be approved or covered. Items marked with an *asterisk* may be eligible for coverage.

5. Care coordinators request a review from a supervisor for T2029 items for the following situations:
 - Chair portion of lift chair over \$950 (reminder: EW does not pay for upgrades, i.e., massage, heat, etc.)
 - Any other single item over \$500
 - Item(s) listed as NO to EW in "Elderly Waiver Eligible" column on the T2029 Equipment and Supplies Guide and the care coordinator is requesting an exception with supporting documentation
 - Item(s) listed as Yes to "Medicare and/or Medicaid Eligible" column and the care coordinator is requesting coverage with EW funds
 - items noted to review with the supervisor in the NOTES column of the T2029 Equipment and Supplies Guide, or
 - Item is not listed on T2029 Equipment and Supplies Guide and CC is uncertain if it meets the EW service criteria as outlined in the MHCP and CBSM manuals
6. Make final determination.
 - a. **Approved:** The care coordinator completes the [T2029 Equipment & Supplies Waiver Service Approval Form](#) and emails the form to CLSintake@ucare.org. Care coordinators should complete the form thoroughly including the determination steps and a detailed description/justification of the item in the notes to avoid delay in completing authorization.
 - i. The Daily Authorization Report (DAR) will reflect the approval of the T2029 equipment or supplies within 14 days of receipt.
 1. **Exception:** Updates/additions to an existing T2029 approved item with the same DME provider in the same waiver span will not appear on the DAR.
 2. If a CC needs to verify, contact CLSintake@ucare.org.
 - ii. If the CC has waited 14 days for entry and has not received DAR confirmation, the CC should phone the CLS Team at 612-676-6705 option #2, then #5 to speak to a member of the CLS Team.
 - b. **Not Approved:** The care coordinator follows the DTR process to deny the item within 1 business day of the determination.