

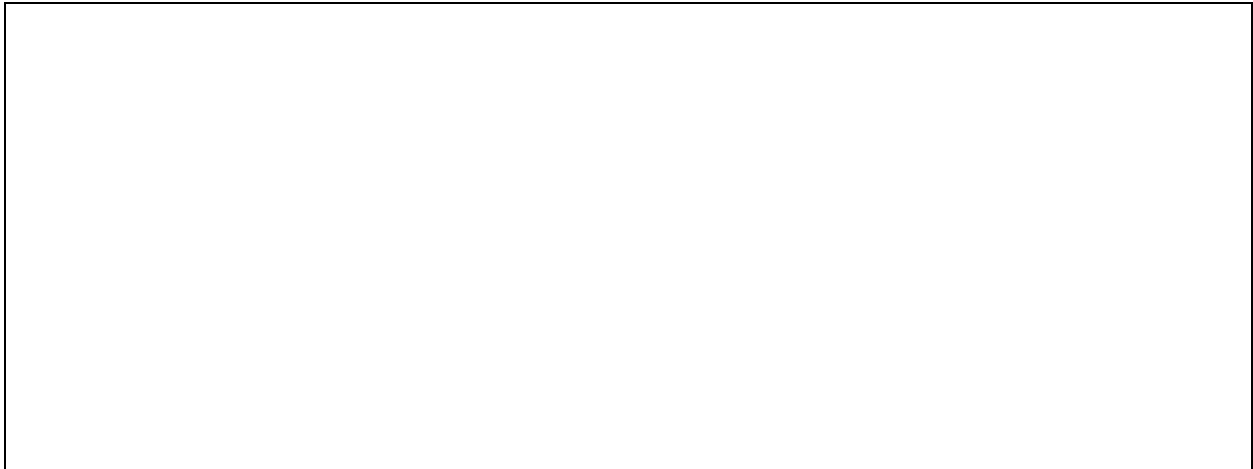


# ADMINISTRATIVE POLICY STATEMENT

## Ohio MyCare

-0845

05/01/2024(/)-4(20)3(24(/



### Table of Contents

A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	3
E. Conditions of Coverage .....	4
F. Related Policies/Rules .....	4
G. Review/Revision History .....	4
H. References .....	5





- **Durable Medical Equipment (DME)** Covered under Part B as a medical or other health service of the Social Security Act and is equipment that:
  - can withstand repeated use
  - primarily and customarily used to serve a medical purpose
  - generally not useful to a person in the absence of an illness or injury
  - appropriate for use in the home
- **Long Term Care Facility (LTCF)** Facilities providing a spectrum of medical and non-medical supports and services to frail or older adults unable to reside independently in the community.
- **Place of Service (POS)** Two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.
- **Place of Residence** A non-temporary, physical location that a member resides at as a home.
- **Skilled Nursing Facility (SNF)** A nursing home that provides primarily skilled care or rehabilitation.

#### D. Policy

- I. Those members who do not have CareSource for Medicare Advantage, but do have CareSource for Medicaid, are considered **opt-out members**.
  - A. When a request for a custom or power wheelchair is denied by Medicare, all providers for opt out members must submit the Medicare denial along with the request to CareSource for prior authorization.
  - B. Once the Medicare denial is received, CareSource will review for medical necessity under Medicaid guidelines as payer of last resort.
  - C. P46 Tm0 g0 G( )TJET@.0000092 0 612 2 reW\*nBT/e-1 0 0 1 108.02 501.07Tm3f ls

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

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<b>Date Archived</b>		
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H.

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