

Vendor Information:

Social Service Authorizations for
Specialized Equipment and Supplies (SA421)

Definitions

Blanket Code	<p>A service code authorized by a DSHS case worker that is connected to one or more HCPCS procedure codes. Social service providers bill the agency using a procedure code (HCPCS) connected to the blanket code, up to the maximum dollar amount authorized. Both the blanket code and the maximum dollar amount appear on the provider's authorization list in ProviderOne.</p> <p>Non-medical items are <u>not authorized</u> using a blanket code and not claimed with a HCPCS.</p>
SS	Social services: Aging and Long-term Support Administration (AL TSA) or Developmental Disabilities Administration (DDA)
Client Responsibility or Participation	The amount a client pays toward the cost of the long-term care services they receive each month.

Coverage of Specialized Equipment and Supplies

Specialized Equipment and Supplies (SES) means equipment and supplies provided to a DSHS client that are:

- **Necessary** to increase the client's ability to perform activities of daily living (the item cannot solely be due to personal preference or for the convenience of the client or caregiver); or
- **Necessary** for the client to perceive, control, or communicate with the environment in which the client lives; and
- Of direct remedial benefit to the client; and
- In addition to any *medical* equipment and supplies provided under the Medicaid State Plan, Medicare or other insurance.

Coverage of Specialized Equipment and Supplies

- Medicare and Apple Health Medicaid do not cover specialized equipment and supplies (SES) so a review by insurance is not required for SES.
- In general, items considered medical equipment have a HCPCS code. SES typically does not.
 - Exceptions: e.g. urinals and bedside tables will not be covered by AH so they are authorized and claimed using SA421 to expedite the process.
- SES is authorized using service code SA421. NOTE: just because an item is not covered by Apple Health does not mean it is SES. Some items are still DME and should be authorized using a blanket code: example-properly authorized fully electric bed (requires DSHS ETR).
- Client Responsibility (C/R) is assigned based on the C/R hierarchy in ProviderOne. There may be times when a client's responsibility is assigned to a provider of SES. (Note: MAC and TSOA clients do not have C/R)
- You can view CR amounts from the authorization list in ProviderOne.

Coverage of Specialized Equipment and Supplies

For an SES provider to be paid directly via ProviderOne, SES providers must have the Specialized Equipment and Supplies contract:

- Contracts are statewide.
- Any provider who meets the qualifications can be a provider of SES. However, *it is not necessary for some provider types because the service would never be authorized to some providers* (for example, an environmental modification provider who installs grab bars as part of a bathroom remodel, a provider of AT who does not provide SES, or a specialty DME provider who only provides very specific medical equipment).
- A core provider agreement (CPA) with HCA is not sufficient to provide SES to DSHS clients.
- Many vendors have both a CPA with HCA and an SES contract with DSHS.

Items potentially covered by Apple Health Medicaid that are sometimes incorrectly authorized as SES include:

- Bed pads/chucks
- Bathroom equipment
- Incontinent supplies (vendor should request a limitation extension if a client requires more products than allowed)
- Diabetic supplies (also covered by Medicare)
- Parenteral nutrition
- Alcohol wipes
- Sheepskin/lambswool pads
- Heel/elbow protector
- Gloves

If coverage of these items is denied by insurance (not a claim or request rejected), a case manager needs to ask why they are being requested. It is likely that if they were medically indicated, they would have been covered. If necessary to sustain community living, these items *are authorized using a DME blanket code*.

SES Coverage Information

There are some items that are considered general utility or there are other less costly ways to meet the need. The following cannot be authorized by a case worker (exception: New Freedom).

- Sharps containers
- Toilet stool (aka poop stool)
- Thickeners
- Foot massager
- TENS unit
- Heating pads (these can create a burn risk)
- Ice packs
- Exercise equipment

NOTE: this list is not exhaustive

P1 Authorization Reminders

- Authorizations for SES and DME are created in “Reviewing” status.
- A vendor should only provide an item after there is an error-free authorization in ProviderOne.
- Upon notification that the item was received, the case worker changes the P1 Auth. to “Approved” status, changing the end date to the item’s delivery date.
- Once the authorization is changed to “Approved” status with no errors, the provider claims SA421 in the SOCIAL SERVICE PORTAL in ProviderOne (shared medical services like DME are authorized with a blanket code and are claimed in the *Social Services Medical* portal in P1).

Specialized Equipment and Supplies

Things to remember about SES:

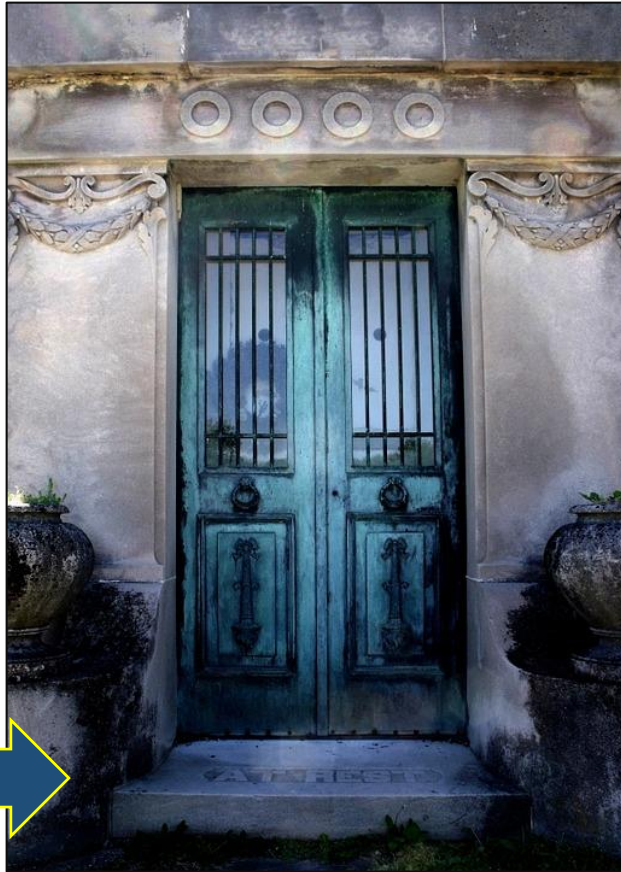
- A prescription or medical recommendation is not required by ALTSA for SES.
- SA421 does not pay for installation or maintenance (use code SA626).
- For SES, a product can be **shipped** by the provider. If a shipping/handling fee is charged, include the charge in the quote. The case worker can create the authorization based on that amount and make a note of it in the comments section of the authorization.
- SES like a handheld shower and urinals are not subject to the bathroom equipment ETR process.
- The vendor claims through the social services portal in ProviderOne, not the medical portal.
 - The social service portal in ProviderOne does not require any additional detail codes, diagnosis codes, prescriptions, doctor info, Prior Authorization/Exception To Rule/Limit Extensions, etc.

Specialized Equipment and Supplies

Residential Ramps:

- When a portable, mini, or threshold ramp will meet the client's needs, a vendor with a Specialized Equipment and Supplies contract can provide the item when there is a single step with a maximum 7.75" rise:
 - The ramp must meet ADA specifications regarding slope.
 - The ramp cannot exceed 8 feet long and not require installation other than to secure to the residence with a few screws.
 - The CM should authorize service code SA421.
- For ramps necessary to cross more than one step, the vendor must have an **environmental modification contract**. This includes a ramp made of wood, a modular aluminum system (also referred to as a semi-permanent ramp), or any other material.
 - Crossing more than one step is an environmental modification and would be authorized using the appropriate e-mod service code.

Step Riser Examples



1 Step

Specialized Equipment and Supplies provider is an option.



2 Steps

Requires a contracted environmental modification provider.

Specialized Equipment and Supplies

Grab Bars

Outside of the bathroom:

- Do not require a medical recommendation because they are never covered by Apple Health.
- It may be helpful for the client to arrange for a home evaluation through their AH Medicaid home health benefit to determine correct placement of grab bars in other locations of the home.
- Are authorized using SA421

Specialized Equipment and Supplies

Grab Bars

Inside the bathroom :

- Require a recommendation from a medical professional and are subject to the bathroom equipment ETR process.
- Are authorized using blanket code SA875 because grab bars are sometimes covered by insurance when necessary due to **a recent, acute medical event.**
- There is a 2 grab bar/day limit imposed in P1 when authorized using SA875. If more than two grab bars are provided, the case worker will authorize two using SA875 and the additional grab bar(s) needed using SA421.

You haven't been paid. What now?

Frequently, payment issues are a result of a clerical error that can be easy to overlook and relatively easy to fix.

Take some time to confirm some information:

- Proc/Srv Code
- ID numbers
- Dates of service
- Correct amounts
- Service line errors
- Approved status vs Reviewing status
- Correct portal in ProviderOne is being used (Medical, Social Service or Social Service Medical)

You haven't been paid: Additional Steps

- Make sure you are claiming using the correct service code for the service or item.
- Double check:
 - Client P1 ID in billing matches Client ID in authorization
 - Provider ID and location code are correct in the authorization
 - Provider taxonomy is correct
- Check to make sure that the date(s) of service match the dates in the authorization:
 - Delivery date
 - Rental duration
 - Repair/installation/servicing date

You haven't been paid: Additional Steps

- Be sure you are not charging more than:
 - The authorized amount
 - The maximum amount allowed by the Proc/Srv Code
- Check the service line for authorization errors. Conflicts between RACs, incorrect Proc/Srv codes, care settings, etc. can cause errors which will prevent payment for vendors.
- Make sure the authorization has been changed from “Reviewing” to “Approved” status.

Denied Claims

There are multiple other reasons that a claim may deny.

- Incomplete/missing information
- Billing submission errors
- No authorization
- Wrong provider location on authorization

Troubleshooting Summary

Troubleshooting billing/claims issues.

Provider to verify

- Pop-up blockers turned off
- Client indicators are correct
- Claim details match authorization (provider ID, service code, dates, units, rate)
- Social service authorization is not in error

Authorizing case worker can modify

- Service code
- Dates
- Units
- Rate
- Resolve authorization service line errors

Contact MACSC (contact info below) for

- Profile questions
- Billing and claims errors
- ProviderOne Technical difficulties
- Other ProviderOne billing/claims/payment issues not related to the social service authorization

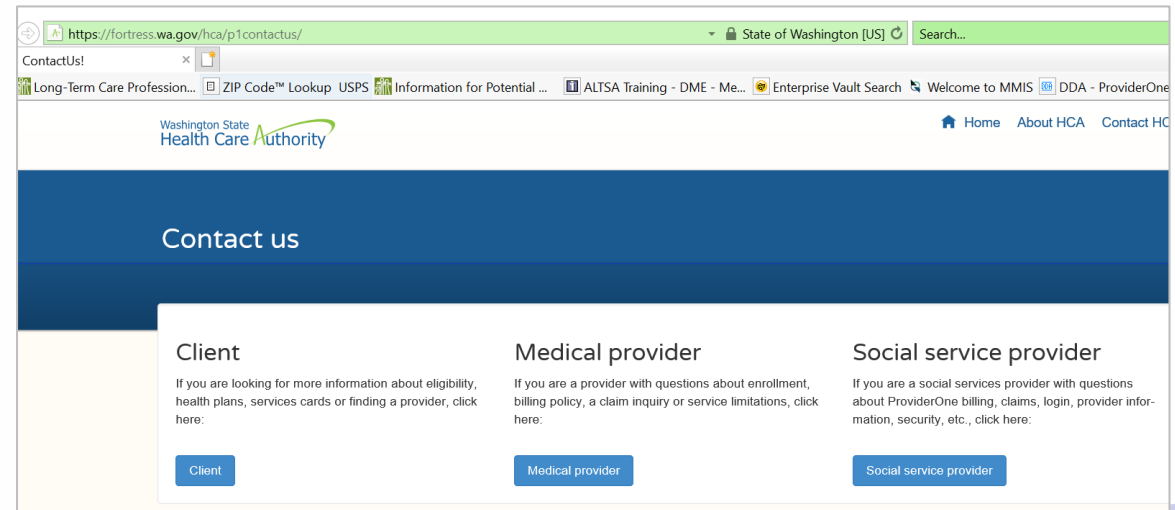
<https://www.hca.wa.gov/contact-hca>

MACSC Referrals

Once you have taken all the other steps, including contacting the authorizing case worker, if it appears everything else is in order and you still cannot resolve the issue, contact the HCA MACSC line for further assistance.

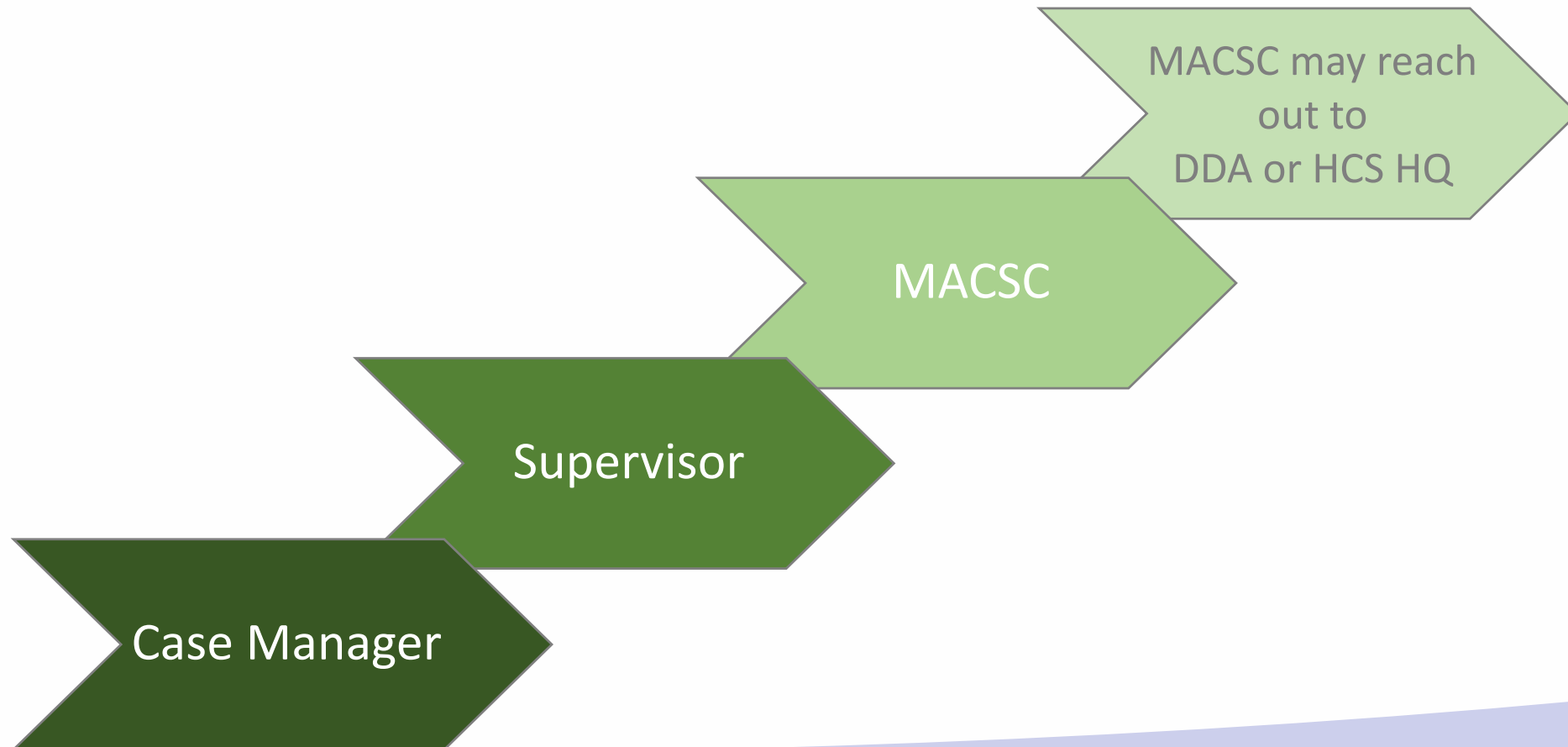
- 1-800-562-3022
- askmedicaid@hca.wa.gov
- **Business hours:** Monday - Friday 7 a.m. to 5 p.m. (except state holidays)

NOTE: Wait times on phone can be lengthy. We encourage use of the [Secure Webform](#). Find it on the P1 page at HCA.wa.gov. This gives you secure access and asks for all the pertinent information. It also creates a “ticket” that can be tracked without starting all over again.



HCS/AAA/DDA Payment Escalation

If you experience any issues with payments that you cannot resolve on your own, please use the following escalation procedure.



Resources:

- [ProviderOne for Social Services](#) (includes a wide variety of training material)
- [For DME:](#)
 - [Contact HCA](#)
 - [HCA's DME webpage](#)
 - To expedite prior authorization (PA) review: email via secure email HCA@dme.wa.gov. Include “Expedite” in the subject line, the PA number and the client’s PI ID.