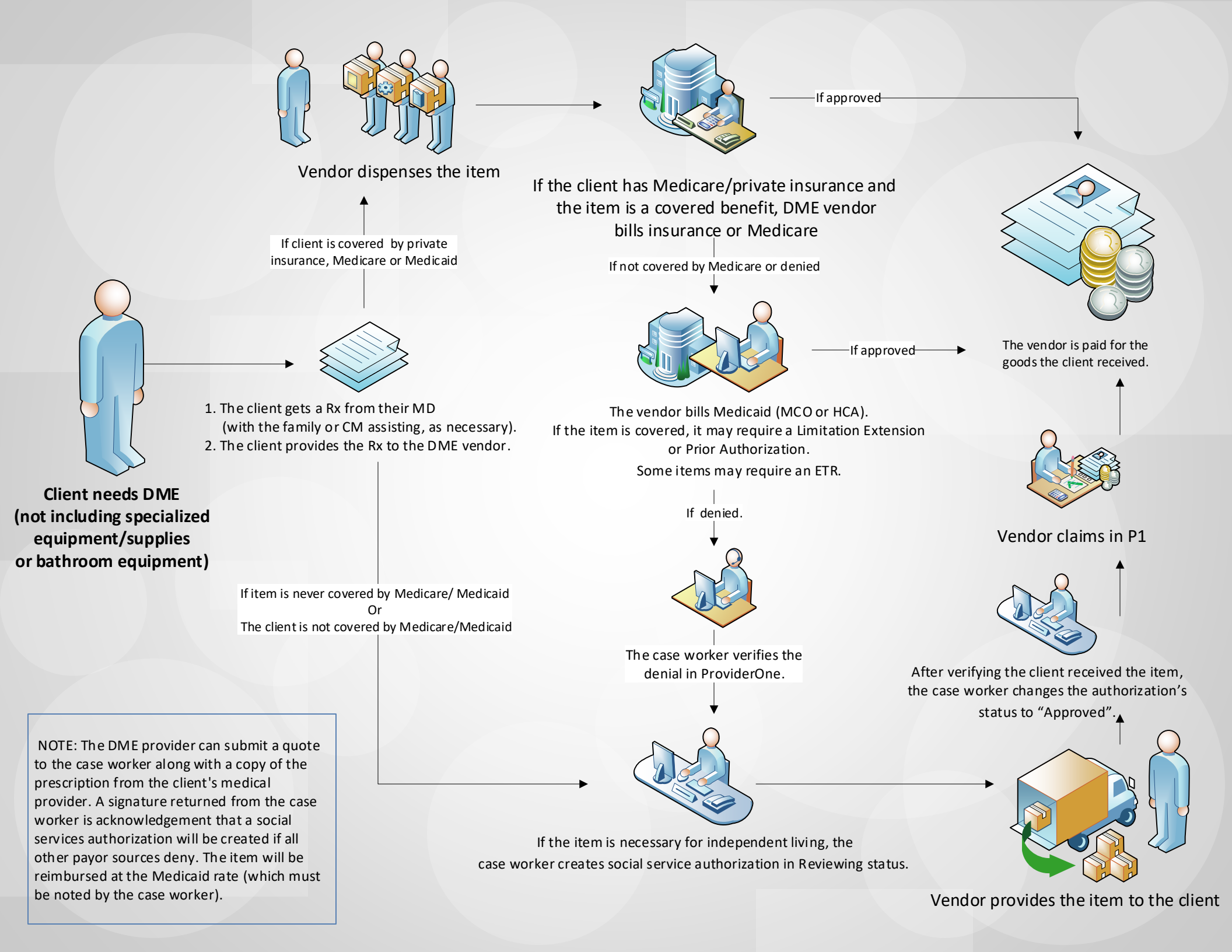
Vendor dispenses the item
If approved
If the client has Medicare/private insurance and the item is a covered benefit, DME vendor bills insurance or Medicare
If client is covered by private insurance, Medicare or Medicaid
If not covered by Medicare or denied
If approved
The vendor is paid for the goods the client received.
1. The client gets a Rx from their MD (with the family or CM assisting, as necessary).
2. The client provides the Rx to the DME vendor.
The vendor bills Medicaid (MCO or HCA).
If the item is covered, it may require a Limitation Extension or Prior Authorization.
Some items may require an ETR.
Client needs DME (not including specialized equipment/supplies or bathroom equipment)
If denied.
Vendor claims in P1
If item is never covered by Medicare/ Medicaid
Or
The client is not covered by Medicare/Medicaid
The case worker verifies the denial in ProviderOne.
After verifying the client received the item, the case worker changes the authorization's status to "Approved".
NOTE: The DME provider can submit a quote to the case worker along with a copy of the prescription from the client's medical provider. A signature returned from the case worker is acknowledgement that a social services authorization will be created if all other payor sources deny. The item will be reimbursed at the Medicaid rate (which must be noted by the case worker).
If the item is necessary for independent living, the case worker creates social service authorization in Reviewing status.
Vendor provides the item to the client