



NETWORK *Notification*

Notice Date: October 6, 2020
To: Ohio MyCare Providers
From: CareSource
Subject: Custodial Care Place of Service Billing

Summary

CareSource is notifying providers on the proper use of place of service (POS) billing for custom and power wheelchairs for long-term care residents in a facility. This guidance applies to requests for authorizations and claims with both Medicare and CareSource.

Impact

Ohio Department of Medicaid (ODM) has published the following guidance regarding this:

- Durable medical equipment (DME) providers need to check with the facility/member to see if the member is truly in custodial care at the NF, and also not receiving skilled care (at that point in time).
 - If member is only in custodial care, this would categorize the long-term care facility (LTCF) as being the member's home.
 - If the member is receiving any skilled services, then the LTCF is not constituted as the member's home.
- If the member is in custodial care, the DME provider should indicate POS as 33 (custodial care) on the Medicare claim submission, so the request will not be automatically rejected.
- DME providers can also contact DME Medicare Advisory Committee (MAC) in advance (via prior authorization process) to make sure that they are using the correct code for that facility for custodial care and see if the CW would be approved (although prior authorization is no guarantee of subsequent claims payment).
- Once the claim has been submitted with the correct POS code, Centers for Medicare & Medicaid Services (CMS) will be able to review to make sure the CW itself meets criteria for Medicare coverage.
- If CMS rejects DME coverage for the CW, then the DME provider can present the CMS denial to CareSource so that CareSource can cover under Medicaid, as payer of last resort.

If a MyCare Ohio opt-in member is in the facility for custodial care, that member's request, authorizations and claims need to reflect POS 33. Utilization Management will review for medical necessity under the CMS guidelines and approve under the member's Medicare benefit should they meet.

Questions?

For any questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).

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