



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**BIG SKY WAIVER
Policy Manual**

Section: ELIGIBILITY FOR SERVICES

**Subject: Specialized Medical Equipment, Supplies and Technology:
Commonly Covered Items under Big Sky Waiver**

This list of equipment is for adults (age 21 and older) and is not intended to be all inclusive list of items allowable under the Big Sky Waiver Program. Contact the Regional Program Officer if the case manager or member identifies a piece of equipment not listed below. <http://dphhs.mt.gov/SLTC/csb/RPO>

EQUIPMENT	ITEM DESCRIPTION	COMMONLY COVERABLE BY BIG SKY WAIVER	NOTES	ADDITIONAL REQUIREMENTS INCLUDING a) CONSULTATION, b) FORMAL DENIALS, AND c) CSB APPROVAL
Adaptive bathroom/bathing aids	Including bath stools, commodes, raised toilet seat, bedpans, hand-held shower, versa frames, transfer benches.	X	Note: Adult shower/commode chair covered by Medicare/Medicaid if specific medical criteria met.	1. Denial required for adult shower/commode chairs unless known criteria not met. https://medicaidprovider.mt.gov/Portals/68/docs/manualsrp/2016/dmerp012016.pdf
Adaptive door openers and locks	Electronic and manual door openers/locks.	X		2. Consultation (O.T., P.T., Physician) Consultation (O.T., P.T., Physician)

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Adaptive dressing aids	Including adjustable shoe horns, sock holders, zipper pulls.	X		Consultation (O.T., P.T., Physician)
Adaptive eating equipment	Including adaptive plates, bowls, cups, drinking glasses, kitchen, and eating utensils.	X		Consultation (O.T., P.T., S.T., Physician)
Adaptive switches and buttons	Interfaces that connect to electronic devices such as environmental controls (heat, air conditioning, lights), communication devices, computers, wheelchair control.	X	Note: Excluded are adaptive switches or buttons to control devices intended solely for entertainment, employment, or education.	Consultation (O.T., P.T., S.T. or MonTECH at the University of Montana)
Adaptive equipment (other)	Other equipment that provides assistance in activities of daily living and instrumental activities of daily living to a person with a disability.			Consultation and written approval by the RPO. Consultation (O.T., P.T., Physician, other appropriate licensed professional)

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EQUIPMENT	ITEM DESCRIPTION	COMMONLY COVERABLE BY BIG SKY WAIVER	NOTES	ADDITIONAL REQUIREMENTS INCLUDING a) CONSULTATION, b) FORMAL DENIALS, AND c) CSB APPROVAL
Air Conditioner	Single room air conditioner, when there is a documented medical reason for the equipment.	X		Consultation (Physician, Nurse Practitioner, P.T.)
Air Purifier/Humidifier	Single room air purifier, when there is a documented medical reason for the equipment.	X		Consultation (Physician, Nurse Practitioner, P.T.)
Assistive Technology	Assistive Technology (AT) devices mobile devices, smart phones, tablets or other high tech equipment.	X	Note: Excluded are equipment intended solely for entertainment, employment or education.	Consultation (O.T., P.T., S.T., or MonTECH at the University of Montana)

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EQUIPMENT	ITEM DESCRIPTION	COMMONLY COVERABLE BY BIG SKY WAIVER	NOTES	ADDITIONAL REQUIREMENTS INCLUDING a) CONSULTATION, b) FORMAL DENIALS, AND c) CSB APPROVAL
Beds (Hospital)	Beds, mattresses, or frames that permit body positioning and attachment of other pieces of equipment that cannot be used on a regular home bed.	X	Medicare/Medicaid covers rental or purchase if specific medical criteria are met.	<ol style="list-style-type: none"> 1. Denial required for hospital bed rental or purchase (manual, semi-electric). 2. Consultation (P.T., O.T., Physician)
Beds (Specialized)	Air-fluidized or bariatric beds, mattresses, or frames.	X	Medicare/Medicaid covers rental or purchase if specific medical criteria are met.	<ol style="list-style-type: none"> 1. Denial required for rental or purchase. 2. Consultation (P.T., O.T., Physician)
Beds (Other)	Other specialized or unique beds mattresses or frames (e.g. for safety, heavy duty, adjustable, memory foam, tempurpedic).			<ol style="list-style-type: none"> 1. Consultation and written approval by the RPO. 2. Consultation (P.T., O.T., Physician)
Communication Devices	Augmentative communication and speech generating devices.	X	Medicare/Medicaid covers purchase if specific medical criteria are met.	<ol style="list-style-type: none"> 1. Denial required for rental or purchase. 2. Consultation (S.T., Speech-Language Pathologist)

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Computer Equipment & Software	Assistive technology products designed to provide accessibility.	X	Note: Excluded are equipment or software intended solely for entertainment, employment or education.	Consultation (O.T., P.T., S.T., or MonTECH at the University of Montana)
Environmental Safety Devices	Including door alarms, anti-scald devices, railings, standing poles, and grab bars for the bathroom.	X	NOTE: If the items are installed as part of an environmental adaptation, they can be billed under the procedure code for the modification rather than DME.	Consultation (O.T., P.T., or an Assistive Technology Practitioner/ATP)
Exercise Equipment and Standing Frames	Equipment as recommended by a Health Care Professional. Adapted exercise equipment.	X	Note: Excluded are equipment solely for recreation.	Consultation (Appropriate licensed therapist)

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Generators	<p>Generators can be covered for a member when there is documentation that:</p> <ul style="list-style-type: none"> • The member is ventilator-dependent; • The member requires daily use of oxygen via a concentrator; • The member requires continuous, 24-hour total parenteral nutrition via an electric pump; • The member requires continuous, 24-hour infusion of total nutritional formula through a jejunostomy or gastrostomy tube via an electric pump; • The member requires continuous, 24-hour infusion of medication via an electric pump; and • Other life sustaining equipment 	X	<p>NOTE: The size of the generator is limited to the wattage necessary to provide power to the essential life-sustaining equipment. Payments for repair to generators after the warranty expires can be approved if no other funding is available.</p>	<p>Consultation (Physician, N.P., R.T.).</p>

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Hearing Aid	Electronic device for individuals with hearing loss.	X		Consultation (Licensed Audiologist)
Lift Chairs	Chairs with a powered lifting mechanism that pushes the entire chair up from its base and assists the user to a standing position.		If Member meets Medicare medical criterial - the mechanical lift seat portion is coverable by Medicare. Big Sky Waiver will pay for chair portion.	Consultation and written approval by the RPO if the member does not meet Medicare medical criteria.
Lifts	Manual, hydraulic or electric lifts with seat or sling.	X	Medicare/Medicaid covers rental or purchase if specific medical criteria is met.	1. Denial required for purchase. 2. Consultation (O.T., P.T., Assistive Technology Practitioner/ATP).
Medication Lock Box and Medication dispensing units	Medicine safe lock box. Combination, biometric or key. Units to dispense medications.	X		

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Mobility Devices (other)	Canes, crutches	X	Medicare/Medicaid covers purchase if specific medical criteria is met.	Consultation (O.T., P.T., or Assistive Technology Practitioner/ATP)
Positioning Aids or Equipment	Including bolsters, positioning or specialized pillows, and wedges necessary for positioning.	X		Consultation (P.T., O.T., Physician)
Pulse Oximeters	Monitors to measure oxygen levels.	X		Consultation (R.T., Nurse Practitioner, Physician)
Ramps	Portable and threshold ramps.	X	Refer to 711 for ramps installed as an environmental modification.	Consultation (O.T., P.T., or an Assistive Technology Practitioner/ATP)
Scales	Weight scales as recommended by a Health Care Professional	X		Consultation (Nurse Practitioner, Physician)

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Scooter	Electric mobility scooter	X	Medicare/Medicaid covers purchase if specific medical criteria is met.	1. Denial required for rental or purchase. 2. Consultation (O.T., P.T., or an Assistive Technology Practitioner/ATP)
Used Equipment	Secondhand or refurbished DME.	X	The equipment must meet or exceed existing safety and performance specification provided by the manufacturer. See HCBS 733.	Refer to specific equipment type for consultation requirements

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Ventilators	Appliance for artificial respiration.	X	<p>Medicare/Medicaid covers purchase if specific medical criteria is met.</p> <p>Back-up Ventilators are non-covered by Medicare/Medicaid.</p>	<ol style="list-style-type: none"> 1. Denial required for rental or purchase or primary ventilator. 2. Consultation (R.T., N.P., Physician) 3. Consultation and written approval by the RPO.
Ventilator Equipment and supplies	Backup equipment and supplies required for Ventilators.	X		<ol style="list-style-type: none"> 1. Consultation (Respiratory Therapist, Nurse Practitioner, Physician) 2. Consultation and written approval by the RPO.

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Walkers	Walker, Rollators	X	Medicare/Medicaid covers purchase if specific medical criteria is met (excluding roll-about chair or knee-rollers).	Consultation (O.T., P.T., or an Assistive Technology Practitioner/ATP)
Wander Devices	<p>Home based wandering response system. Communication alert systems for members who are at risk for wandering.</p> <p>Wander devices for safety tracking should not be confused with standard PERS that summon emergency personnel.</p>	X	The member or their legal representative must give consent and be documented in the case record. The device may not be used as a restraint.	Consultation (Nurse Practitioner, Physician)

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Wheelchair (manual)	Self or caregiver propelled wheelchair	X	Medicare/Medicaid covers purchase/rental if specific medical criteria is met (excluding caregiver handles).	1. Denial required for rental or purchase. 2. Consultation (O.T., P.T., or an assistive technology practitioner (ATP))
Wheelchair (electric)	Power operated wheelchair	X	Medicare/Medicaid covers purchase if specific medical criteria is met.	1. Denial required for rental or purchase. 2. Consultation (O.T., P.T., or an assistive technology practitioner (ATP))
Wheelchair (add-ons)	Specialized accessories, headrests, cushions, positioning equipment, propulsion assist.	X	Medicare/Medicaid covers purchase if specific medical criteria is met.	Consultation (O.T., P.T., or an assistive technology practitioner (ATP))

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Wheelchair (other)	All terrain wheelchairs or uncommon wheelchairs. Back-up wheelchairs.			<ol style="list-style-type: none"> 1. Consultation (O.T., P.T., or an assistive technology practitioner (ATP)) 2. Consultation and written approval by the RPO.

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This list of equipment is for children (age 20 and younger) and not intended to be all inclusive of items allowable under the Big Sky Waiver Program. Contact the Regional Program Officer if the case manager or member identifies a piece of equipment not listed below. <http://dphhs.mt.gov/SLTC/csb/RPO>

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