

**Adaptive Equipment  
Medicare Process Flow  
New Equipment**

***The residential provider or the SC for people residing in their natural homes is responsible for documenting the process.***

Need identified by Observation: Issue Arise; Clinical Recommends; Doctor Orders  
Adaptive Equipment need is reported by the Residential provider or family to the SC, person, family/guardian within 1 business day of identifying the need.  
DDS clinician will visit to assess the adaptive equipment to determine if the person's health and safety is at risk immediately or within 6 business days of identifying the need.  
The team will consult with the person to discuss the adaptive equipment need within 1 business day of identifying the need.  
Identify the type of insurance Medicare (Part B) or Medicaid within 2 business days of identifying the need.  
Identify the type of residential setting ICF or Waiver within 1 business day of identifying the need.

**ICF placement:**

**Determine Custom or Non-Custom adaptive equipment within 2 business days of identifying the need.**

**Non-Custom**

***Note – ICF is responsible for purchasing non-custom equipment.***

1. Provider identifies vendor with 3 business days of identifying the need.
2. Provider contacts vendor to inquire the availability of adaptive equipment with 3 business days of identifying the need.
3. If available, provider purchases adaptive equipment with 4 business days of identifying the need.
4. Provider/Clinician train staff with 9 business days of identifying the need.
5. If not available, vendor orders adaptive equipment.
6. Vendor receives the adaptive equipment within 9 business days of identifying the need.
7. Vendor delivers adaptive equipment within 11 business days of identifying the need.
8. Provider/clinician train staff with 15 business days of identifying the need.

### **Custom**

1. If necessary schedule clinical assessment, if applicable within 2 business days of identifying the need.
2. Clinician visits and complete assessment, if applicable within 7 business days of identifying the need.
3. Clinician provides a copy of the assessment to Provider/SC within 13 business days of identifying the need.
4. QIDP submits a copy of the clinical assessment, which detail justification to Vender (if applicable) within 14 days of identifying the need.
5. Vendor schedules meeting with clinician to determine the type of equipment within 14 business days of identifying the need.
6. Vendor meets with Clinician and completes the home assessment, if needed within 19 business days identifying the need (if applicable).
7. The Vendor review the clinical assessment to ensure the document meets the requirements for Medicare approval within 16 business days of identifying the need. Vendor request additional information within 2 business day of receipt, if needed. Clinician submits additional information within 5 business days of the request.
8. Provider informs SC of clinician's recommendation within 14 business days of identifying the need.
9. Team selects a vendor within 3 business days of identifying the need.
10. QIDP completes 719A within 3 business days of identifying the need.
11. QIDP submits 719A to the doctor within 4 business days of identifying the need.
12. Doctor signs and returns the 719A within 9 business days of identifying the need.
13. QIDP submits 719A to vendor within 10 business days of identifying the need.
14. Vendor determines if equipment is covered by Medicare. Covered by Medicare vs. not covered by Medicare within 12 business days of identifying the need.

### **Covered by Medicare**

- Vendor completes the Detailed Written Order within 21 business days of identifying the need.
- Vendor sends copy of Detailed Written Order and clinical assessment with specific justification for adaptive equipment (if applicable) to the doctor for review and signature within 23 business days of identifying the need.

- The doctor reviews, signs and returns the Detail Written Order and clinical assessment (if applicable) to the Vendor within 28 days of identifying the need.
- Vendor sends clinical assessment, detailed written order, 719A, home assessment (if appl.), Attestation form, and any additional information to Medicare within 30 business days of identifying the need.
- Medicare reviews documentation and submits approval/denial within 30 days of receiving the supporting documentation.

### **Medicare Approval/ denial**

#### **Approval**

- Vendor receives notification of approval within 30 days of submitting the request to Medicare.
- Vendor orders equipment within 1 business day of receiving the approval.
- Vendor receives equipment within 5 business days of placing the order.
- Vendor schedules appointment to deliver equipment within QIDP/Family/Person/clinician within 1 business day of receiving the adaptive equipment.
- Vendor delivers adaptive equipment within 5 business days of receiving the adaptive equipment.
- Clinician determines appropriateness within 10 business days of delivery (if applicable).
- Vendor and Clinician train the staff within 10 business days of delivery.

#### **Denial**

- Vendor received denial letter from Medicare.
- Vendor follows to request Medicaid authorization. The denial letter must be submitted to the Quality Improvement Organization Contractor (QIO).

### **Not Covered by Medicare**

***Note if not covered, Vendor submits to Medicare for denial.***

15. If necessary schedule clinical assessment, if applicable within 2 business days of identifying the need.
16. Clinician visits and complete assessment, if applicable within 7 business days of identifying the need.

17. Clinician provides a copy of the assessment to Provider/SC within 13 business days of identifying the need.
  18. QIDP submits a copy of the clinical assessment within 14 days of identifying the need.
  19. Provider informs SC of clinician's recommendation within 14 business days of identifying the need.
  20. Team selects a vendor within 3 business days of identifying the need.
  21. QIDP or Doctor completes 719A within 3 business days of identifying the need.
  22. QIDP/ submits 719A to the doctor within 4 business days of identifying the need.
  23. Doctor signs and returns the 719A within 9 business days of identifying the need.
  24. QIDP/Family/Doctor submits 719A to vendor within 10 business days of identifying the need.
1. Vendor orders adaptive equipment within 14 business days of identifying the need.
  2. Vendor receives equipment 21 business days of identifying the need.
  3. Vendor coordinates delivery with QIDP and clinician (if applicable) within 22 business days of identifying the need.
  4. Vendor delivers equipment within 27 business days of identifying the need.
  5. Vendor/clinician trains staff within 32 business days of identifying the need.
  6. Vendor bills Medicare.
  7. Vendor receives denial.

Vendor follows Medicaid process.

#### **Medicaid Waiver Placement or Natural Home:**

##### **Waiver-No Service Authorization (SA)**

1. Provider/SC Family obtain Physicians Orders within 5 business days of identifying the need.
2. SC Schedules meeting to amend the ISP within 6 business days of identifying the need.
3. ISP amendment meeting is held to amend and select clinician within 9 business days of identifying the need.
4. SC amends the ISP within 10 business days of identifying the need.
5. The Supervisory Service Coordinator approves the ISP within 11 business days of identifying the need.
6. The Waiver Unit issues the Services Authorization within 13 business days of identifying the need.
7. QIDP/SC/Family scheduled the clinical assessment within 14 business days of identifying the need.
8. The clinical assessment is completed and a copy is provided to QIDP/SC/Family within 19 business days of identifying the need.

9. Vendor schedules meeting with clinician to determine the type of equipment within 14 business days of identifying the need.
10. Vendor meets with Clinician and completes the home assessment, if needed within 19 business days identifying the need (if applicable).
11. The Vendor review the clinical assessment to ensure the document meets the requirements for Medicare approval within 23 business days of identifying the need. Vendor request additional information within 2 business day of receipt, if needed. Clinician submits additional information within 5 business days of the request.
12. Provider informs SC of clinician's recommendation within 31 business days of identifying the need. |
13. Team selects a vendor within 3 business days of identifying the need.
14. QIDP or Doctor completes 719A within 3 business days of identifying the need.
15. QIDP/ submits 719A to the doctor within 4 business days of identifying the need.
16. Doctor signs and returns the 719A within 9 business days of identifying the need.
17. QIDP/Family/Doctor submits 719A to vendor within 10 business days of identifying the need.
18. Vendor determines if equipment is covered by Medicare. Covered by Medicare vs. not covered by Medicare within 24 business days of identifying the need.

**Follow the process for covered by Medicare or not covered by Medicare**

**Waiver-SA, but need additional hours**

1. Provider/SC/Family schedules an appointment for clinician to assess the identified need/request additional hour within 1 business day of identifying the need.
2. Clinician assesses and completes the report within 11 business days of identifying the need.
3. SC schedule meeting to amend the ISP within 12 business days of identifying the need.
4. SC amends the ISP within 15 business days of identifying the need.
5. SC Supervisor approved the ISP within 16 days of identifying the need.
6. Waiver Unit issues the new Service Authorization with 18 business days of identifying the need.
7. Team selects a vendor within 1 business day of identifying the need.
8. QIDP/Family complete 719A within 8 business day of identifying the need.
9. QIDP/Family submits 719A to doctor within 9 business day identifying the need
10. Doctor signs and returns the 719A within 14 business days of identifying the need.

11. QIDP submits 719A to the Vendor 15 business days of identifying the need.
12. The clinical assessment is completed and a copy is provided to QIDP/SC/Family within 19 business days of identifying the need.
13. Vendor schedules meeting with clinician to determine the type of equipment within 14 business days of identifying the need.
14. Vendor meets with Clinician and completes the home assessment, if needed within 19 business days identifying the need (if applicable).
15. The Vendor review the clinical assessment to ensure the document meets the requirements for Medicare approval within 23 business days of identifying the need. Vendor request additional information within 2 business day of receipt, if needed. Clinician submits additional information within 5 business days of the request.
16. Provider informs SC of clinician's recommendation within 31 business days of identifying the need.
17. Team selects a vendor within 3 business days of identifying the need.
18. QIDP or Doctor completes 719A within 3 business days of identifying the need.
19. QIDP/ submits 719A to the doctor within 4 business days of identifying the need.
20. Doctor signs and returns the 719A within 9 business days of identifying the need.
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**Follow the process for coved by Medicare or not covered by Medicare**

**Waiver with Service Authorization for clinical service or clinical support not required**

1. Provider/Family/Guardian informs SC of clinician/doctor's recommendation with 1 business day of identifying the need.
2. If necessary schedule clinical assessment, if applicable within 2 business days of identifying the need.
3. Clinician visits and complete assessment, if applicable within 7 business days of identifying the need.
4. Clinician providers a copy of the assessment to Provider/SC within 13 business days of identifying the need.
5. QID/Family submits a copy of the clinical assessment, which detail justification to Vender (if applicable) within 14 days of identifying the need.
6. Vendor schedules meeting with clinician to determine the type of equipment within 14 business days of identifying the need.

7. Vendor meets with Clinician and completes the home assessment, if needed within 19 business days identifying the need (if applicable).
8. The Vendor review the clinical assessment to ensure the document meets the requirements for Medicare approval within 16 business days of identifying the need. Vendor request additional information within 2 business day of receipt, if needed. Clinician submits additional information within 5 business days of the request.
9. Provider/Family informs SC of clinician's recommendation within 14 business days of identifying the need.
10. Team selects a vendor within 3 business days of identifying the need.
11. QIDP/Family or Doctor completes 719A within 3 business days of identifying the need.
12. QIDP/Family submits 719A to the doctor within 4 business days of identifying the need.
13. Doctor signs and returns the 719A within 9 business days of identifying the need.
14. QIDP/Family/Doctor submits 719A to vendor within 10 business days of identifying the need.
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- Vendor sends clinical assessment, detailed written order, 719A, home assessment (if appl.), Attestation form, and any additional information to Medicare within 30 business days of identifying the need.
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#### **Medicare Approval/ denial**

##### **Approval**

- Vendor receives notification of approval within 30 days of submitting the request to Medicare.
- Vendor orders equipment within 1 business day of receiving the approval.

- Vendor receives equipment within 5 business days of placing the order.
- Vendor schedules appointment to deliver equipment within QIDP/Family/Person/clinician within 1 business day of receiving the adaptive equipment.
- Vendor delivers adaptive equipment within 5 business days of receiving the adaptive equipment.
- Clinician determines appropriateness within 10 business days of delivery (if applicable).
- Vendor and Clinician train the staff/family within 10 business days of delivery.

#### **Denial**

- Vendor received denial letter from Medicare.
- Vendor follows to request Medicaid authorization. The denial letter must be submitted to the QIO Contractor.

#### **Not Covered by Medicare**

***Note if not covered, Vendor submits to Medicare for denial.***

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19. QIDP submits a copy of the clinical assessment within 14 days of identifying the need.
20. Provider informs SC of clinician's recommendation within 14 business days of identifying the need.
21. Team selects a vendor within 3 business days of identifying the need.
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25. QIDP/Family/Doctor submits 719A to vendor within 10 business days of identifying the need.
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9. Vendor receives equipment 21 business days of identifying the need.
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11. Vendor delivers equipment within 27 business days of identifying the need.
12. Vendor/clinician trains staff/family within 32 business days of identifying the need.
13. Vendor bills Medicare.
14. Vendor receives denial.

Vendor follows Medicaid process.

