

**Clarification of Coverage: Retro-active Prior Authorization with Medicare Title18 denial, for the dual eligible recipients.**

**When Medicare eligibility and coverage is uncertain such as:**

- Coverage for veni-puncture for monitoring fasting blood sugar (FBS), unstable medication levels with/without medication dosage adjustments requiring observation, assessment and teaching ,
- Skilled nurse visits for assessing, monitoring , observation and teaching ,
- Homebound status,

Home health agencies are directed to contact their Medicare intermediary to discuss. Because Medicaid is payer of last resort, Medicare should be billed for services. If Medicare denies payment, you need to obtain a denial for reimbursement with an explanation from Medicare before requesting prior authorization from the Medicaid Home Health program.

**To request retro-active prior authorization,**

Home health providers are advised that when a Title 18 Denial is received from Medicare, the home health agency is to notify SHPS with the following information:

The date of the Medicare Title 18 denial and the reason for the denial, OR

Send a copy of the Title 18 denial from Medicare to SHIPS.

**The start date for the Medicaid HH episode of care will be the start date the services were provided to the dual eligible recipient.**