COLORADO
Department of Health Care Policy & Financing

Nursing Facility PETI – Health Insurance

Required Documents

- NF PETI Request form
- Medical Necessity Health Insurance form
- Proof of monthly premium amount
- Insurance Card – front and back

Checklist:

- ✓ Resident has Medicaid ID
- ✓ Resident makes a monthly patient payment
- ✓ Patient payment amount is higher than monthly premium
- ✓ All required signatures are on the Medical Necessity form
- ✓ Range of dates is indicated on Medical Necessity form
- ✓ Copy of card attached
- ✓ Documentation of premium amount

Notes:
All health insurance premiums must be approved by the Dept. – insurance premiums are not subject to the $400 rule.

Health insurance premiums are approved on per month basis

1. Maximum of 12 months per NF PETI request allowed

2. New NF PETI request necessary each calendar year

In the case of an unusually high premium – verify the insurance is only for resident and does not include spouse and/or family in community

NF PETI is not authorized to approve Medicare Part D premiums. The exceptions to this are:

1. The prescription drug plan is part of the supplemental health insurance plan

2. The necessary prescription is not covered by Medicaid or any of the drug plans that do not require a monthly premium

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Nursing Facility PETI – Vision Services

Required Documents

- NF PETI Request form
- Medical Necessity Vision Services form
- Provider invoice with itemized services and fees

Checklist:

- ✓ Resident has Medicaid ID
- ✓ Resident has a monthly patient payment
- ✓ All required signatures are on the Medical Necessity form
- ✓ Provider invoice with itemized services and fees
- ✓ Appropriate items circled on Medical Necessity form by physician

Notes:
All eyeglasses must be sent to the Dept. for authorization

NF PETI will approve eyeglasses every two years

NF PETI requires documentation of loss, breakage or change in prescription in event 2nd pair of eyeglasses is requested in less than two years

NF PETI will authorize $50 for frames

NF PETI will authorize $30 for refraction

NF PETI will authorize cost of lenses (MP manually priced) within reason

NF PETI will authorize scratch coat – extends the life of the lenses

NF PETI will authorize invoices from providers out-of-state (i.e. Kansas optometrists)

NF PETI will authorize safety cords – loss prevention measure

NF PETI will not authorize tinted or transition lenses unless there is documentation by the physician of medical necessity

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Nursing Facility PETI – Hearing Services

Required Documents

- NF PETI Request form
- Medical Necessity Hearing Services form
- Provider invoice with procedure codes and fees
- Audiogram performed by licensed Audiologist
- Warranty information

Checklist:

- ✓ Resident has Medicaid ID
- ✓ Resident makes a monthly patient payment
- ✓ All required signatures are on the Medical Necessity form
- ✓ Appropriate items circled on Medical Necessity form by physician
- ✓ Provider invoice with procedure codes and fees
- ✓ Signed audiogram performed by licensed audiologist (no older than one year)

Notes:

NF PETI will approve hearing aides once every five years

NF PETI requires documentation of loss or breakage in event 2nd hearing aid is requested in less than five years

NF PETI will approve safety cords – loss prevention measure

NF PETI will approve repair of hearing aides – if cost effective

NF PETI will approve $20 for procedure V5008 – Cerumen removal. This is inclusive for one or two ears – **not** $40 for two ears.

NF PETI will approve $20 for Nursing Home visit

Audiograms must be performed by a licensed Audiologist. A BC-HIS is **not** an acceptable license to perform the audiogram

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Nursing Facility PETI – Dental Services

Required Documents

- NF PETI Request form
- Medical Necessity Dental Services form
- Provider invoice with procedure codes and fees

Checklist:

- ✓ Resident has Medicaid ID
- ✓ Resident makes a monthly patient payment
- ✓ All required signatures are on the Medical Necessity form
- ✓ Appropriate items circled on Medical Necessity form by physician
- ✓ Provider invoice with procedure codes and fees

Notes:
Effective April 1, 2014, first $1,000 of routine dental services must be billed to Medicaid by the dental provider

Effective July 1, 2014, additional services will be covered by Medicaid

Medicaid dental benefit of $1,000 must be exhausted before requesting PETI funds for dental services