

## **Medically Necessary Items, Services and Durable Medical Equipment**

Basic care facilities must provide residents with routine hair and personal hygiene items and services that are furnished routinely and relatively uniformly to all residents; items stocked at nursing stations or on the floor in gross supply and distributed or used individually in small quantities; and items used by individual residents that are reusable, vary by the needs of the individual, and are expected to be available in the facility.

The facility does not need to provide medically necessary items, services, and durable medical equipment which could otherwise be billed directly to Medicaid. If the facility chooses to provide any such items, services or DME then the cost of the items, services or DME must be included in reported costs and may not be billed separately to either Medicaid or a Medicaid eligible individual. Items, services or DME included as reported costs must be available to all residents.

Medically necessary items, services and DME coverage for individuals residing in a basic care facility is governed by the coverage rules for individuals living in their own home. Over-the-counter items that are billable directly by a supplier include:

- Ace wraps
- Over the counter analgesics; aspirin, acetaminophen, NSAIDs
- Antacids, anti-ulcer products
- Artificial tears
- Band-aids
- Diabetic supplies, blood glucose monitors, test strips, lancets, syringes
- Hearing aid batteries
- Incontinence supplies: diapers, attends, chux
- Iron supplements
- Rubbing alcohol

Over-the-counter items specifically not covered by Medicaid include:

- Antihistamines
- Glycerin suppositories
- Laxatives, stool softeners
- Vitamins