§10137. Ancillary Services.

A. Dental Services

1. The facility shall assist residents in obtaining routine and 24 hour emergency dental care to meet needs of each resident.

2. Routine dental services are defined as including dentures, relines and repairs to dentures, and some oral surgeries. Medicaid residents may be charged for dental services which are not covered services, i.e., extraction, fillings, etc. For residents who are unable to pay for needed dental services, the facility should attempt to find alternative funding sources or alternative service delivery systems.

3. The facility shall, if necessary, assist the resident in making appointments and arranging for transportation to and from the dentist office.

4. The facility is responsible for promptly referring residents with lost or damaged dentures to a dentist who participates in the Medicaid Program.

5. The Medicaid participating dentist should be contacted to give specific information as to what dental services are Medicaid-covered services, when prior approval is necessary, and what dental procedures are not reimbursable by Medicaid.

B. Radiology and Other Diagnostic Services

1. The facility shall arrange for the provision of radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services and shall:

a. arrange for the provisions of radiology and other diagnostic services only when ordered by the attending physician;

b. promptly notify the attending physician of the findings;

c. assist resident in making transportation arrangements to and from the source of service as needed;

d. file in the resident's clinical record signed and dated reports of X-ray and other diagnostic services.

2. If the facility provides its own diagnostic services, the services shall meet the applicable conditions of participation of hospitals contained in 42 CFR 482.26.

3. If the facility does not provide diagnostic services, it shall have an agreement to obtain these services from a provider or supplier that is approved to provide these services under the Medicare/Medicaid Program.

C. Laboratory Services.

1. The facility must arrange for the provision of clinical laboratory services to meet the needs of the residents. The facility is responsible for the quality and timeliness of the services and shall:

a. provide or obtain laboratory services only when ordered by the attending physicians;

b. promptly notify the attending physician of the findings; and

c. Assist resident in making transportation arrangements to and from the services as needed.

2. A facility performing any laboratory service or test must have appealed to HCFA or received a certificate of waiver or a certificate of registration.

3. An application for a certificate of waiver may be needed if the facility performs only the following tasks on the waiver list:

a. dipstick or table reagent urinalysis;

b. fecal occult blood;

c. erythrocyte sedimentation rate;

d. hemoglobin;

e. blood glucose by glucose monitoring

f. devices cleared by FOA specifically for home use;

g. spun micro hematocrit;

h. ovulation test; and

i. pregnancy test.

4. Appropriate staff shall file in the residents' clinical record signed and dated reports of clinical laboratory services.

5. If the facility provides its own laboratory services, the services shall meet the applicable conditions for coverage of services furnished by independent laboratories.

6. If the facility provides blood bank and transfusion services it shall meet the applicable conditions for independent laboratories and hospital laboratories and hospital laboratories at 42 CFR 482.27.

7. If the facility laboratory chooses to refer specimens for testing to another laboratory, the referral laboratory shall be approved for participation in the Medicare Program either as a hospital or an independent laboratory.

8. If the facility does not provide laboratory services on site, it shall have an agreement to obtain these services from a laboratory that is approved for participation in the Medicare Program either as a hospital or as an independent laboratory.

D. Specialized Rehabilitative Services

1. A facility must provide or obtain rehabilitation services such as physical therapy, occupational therapy, and speech therapy to every resident when the physician deems it necessary.

2. Specialized rehabilitative services are considered a facility service and are, thus, included within the scope of facility services. They must be provided to residents who need them even when the services are not specifically enumerated in the State Plan. No fee can be charged a Medicaid resident for specialized rehabilitative services because they are covered facility services.

3. If specialized rehabilitation services are required in the resident's comprehensive plan of care, the facility shall:

a. provide the services;

b. obtain the required services from an outside resource through contractual arrangement with a person or agency who is qualified to furnish the required services.

4. Arrangements or agreements pertaining to services furnished by outside resources shall specify in writing that the facility assumes responsibility for:

a. obtaining services that meet professional standards and principles that apply to professionals providing services in such a facility; and

b. the timeliness of the service.

5. Specialized rehabilitation services shall be provided under the written order of a physician by qualified personnel.

E. Non-Emergency Transportation for Medical Appointments

1. It is the responsibility of the nursing facility to arrange for or provide transportation to all necessary medical appointments. This includes wheelchair bound residents and those residents going to therapies and hemodialysis. Transportation shall be provided to the nearest available qualified provider of routine or specialty care within reasonable proximity to the facility. Residents can be encouraged to utilize medical providers of their choice in the community in which the facility is located when they are in need of transportation services. It is also acceptable if the facility or legal representative/sponsor chooses to transport the resident. In cases where residents are bedbound and cannot be transported other than by stretcher and the nursing facility is unable to provide, an ambulance may be used. The ambulance provider will be reimbursed at the non-emergency transportation rate.

F. Attendants During Travel. The facility is required when medically appropriate, to provide an attendant if the resident or the responsible party cannot arrange for an attendant. Under no circumstances shall the facility require the resident or responsible party to pay for an attendant. However, if a resident is being admitted to a hospital and transportation is via ambulance, then an attendant is not necessary.

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