

To:  
Federally Qualified  
Health Centers  
Home Health  
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Programs

## Maximum Allowable Fee Changes, Modifier Changes, and Documentation Requirements for Power-Operated Vehicles (Scooters)

Maximum allowable fee and modifier changes for power-operated vehicles (scooters) are effective for dates of service on and after September 1, 2005. In addition, Wisconsin Medicaid is announcing prior authorization request documentation requirements for power-operated vehicles.

### Maximum Allowable Fee Changes

Effective for dates of service (DOS) on and after September 1, 2005, maximum allowable fees for power-operated vehicles (scooters) will change. Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for revised maximum allowable fees.

### Modifier Changes

Also effective for DOS on and after September 1, 2005, *Current Procedural Terminology* modifier “59” used with Healthcare Common Procedure Coding System procedure code E1230 (Power operated vehicle [3 or 4 wheel non-highway] specify brand name and model number) will no longer designate rear-wheel drive for Wisconsin Medicaid. Instead, modifier “59” will indicate a “distinct procedural service.” Providers may use modifier “59” to request enhanced reimbursement when a more expensive or durable power-operated vehicle is medically

necessary for the recipient. Prior authorization (PA) requests will not be approved with modifier “59” for the sole purpose of enhanced reimbursement for equipment.

### Prior Authorization Requirements

All power-operated vehicles require PA. Prior authorization requests for power-operated vehicles with modifier “59” will be considered when the recipient has exceptional needs (e.g., greater weight capacity or heavy-duty needs) that cannot be met with a power-operated vehicle requested with E1230 alone. Providers are required to document on the PA request the recipient’s medical need and any exceptional circumstances (e.g., recipient’s weight) for consideration of the use of modifier “59” with procedure code E1230.

### *Documentation for Power-Operated Vehicles*

Prior authorization requests for power-operated vehicles must include the following:

- A completed Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03).
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), HCF 11030 (Rev. 06/03).
- Brand/model of requested equipment.
- A photocopy of the manufacturer’s suggested retail price list when requesting a

power-operated vehicle with modifier “59” or any accessories listed under procedure code E1399 (Durable medical equipment, miscellaneous).

- A prescription signed and dated by a physician within six months of the date Wisconsin Medicaid receives the PA request.

Providers are reminded that PA requests for power-operated vehicles must include, at a minimum, the following supporting clinical documentation:

- Recipient’s height and weight.
- Recipient’s diagnosis and date of onset and any associated condition(s) necessitating the equipment.
- Recipient’s ambulation skills.
- Recipient’s ability to transfer on and off the power-operated vehicle.
- Recipient’s demonstrated ability to use the power-operated vehicle in all necessary environments.
- How and where the scooter will be used in the recipient’s daily routine (e.g., indoors versus outdoors, city versus rural).
- Location of power-operated vehicle when not in use.
- Accessibility of rooms used in recipient’s residence.
- Method of transporting power-operated vehicle.
- Therapy evaluation, if available and/or if requested.
- List of reasons the requested power-operated vehicle was selected over other brands/models as the most appropriate and cost effective. Indicate other brands/models considered or tried but not selected.

This documentation, along with the serial number of the power-operated vehicle that is being requested, must be maintained in the recipient’s medical record.

### *Documentation for Replacement Equipment*

A PA request for a power-operated vehicle that is replacing existing equipment must include the following supporting documentation:

- Age and condition of existing equipment.
- Reason for replacement.
- Whether repair to existing equipment is possible, and if so, the total estimated cost to repair the existing equipment.

### *Current Prior Authorization Requests*

Providers are not required to amend current PA requests since Wisconsin Medicaid will continue to recognize modifier “59.” However, effective for DOS on and after September 1, 2005, providers will be reimbursed with the new maximum allowable fees.

### **Reimbursement**

Wisconsin Medicaid considers reimbursement for E1230 and E1230 with modifier “59” as all-inclusive. Separate reimbursement is not allowed for batteries and battery chargers at the initial issue of a power-operated vehicle. Separate additional reimbursement for accessories may be considered on a PA request but the manufacturer price list must validate the additional charge. Accessories are subject to all Medicaid rules and regulations, including HFS 101.03(96m), Wis. Admin. Code, for medical necessity. Wisconsin Medicaid does not cover certain accessories such as baskets, lights, horns, or flags.

### **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800)947-9627 or (608)221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

## ATTACHMENT


# Power-Operated Vehicle Maximum Allowable Fee and Modifier Changes

Effective for Dates of Service on and After September 1, 2005

Modifiers	
59	Distinct procedural service
RR	Rental

Place of Service Codes	
11	Office
12	Home
31	Skilled nursing facility
32	Nursing facility

Provider Type Codes	
24	Federally Qualified Health Center
26	Pharmacy
44	Home Health Agency
48	Home Health/Personal Care Agency Dually Certified
54	Medical Equipment Vendor
58	Individual Medical Supply Provider

Procedure Code	Status	Description	Modifier	Place of Service	Max Fee	Copay	PA* Required	Provider Type(s)	Bilateral	Life Expectancy	Separately Reimbursable in a Nursing Home
E1230	Max Fee Change	Power operated vehicle (3 or 4 wheel non-highway) specify brand name and model number		11, 12, 31, 32	\$1,424.80	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No**
E1230	Max Fee Change	Power operated vehicle (3 or 4 wheel non-highway) specify brand name and model number	RR	11, 12, 31, 32	\$3.16		Yes, after 60 days	24, 26, 44, 48, 54, 58	No		No
E1230	Max Fee and Modifier Description Change	Power operated vehicle (3 or 4 wheel non-highway) specify brand name and model number	59	11, 12, 31, 32	\$2,578.89	\$3.00	Yes	24, 26, 44, 48, 54, 58	No	5 years	No**
E1230	Max Fee and Modifier Description Change	Power operated vehicle (3 or 4 wheel non-highway) specify brand name and model number	59, RR	11, 12, 31, 32	\$5.29 		Yes, after 60 days	24, 26, 44, 48, 54, 58	No		No

\*PA = Prior authorization.

\*\*Prior authorization requests for recipients in nursing homes may be submitted for consideration.