

Affected Programs: BadgerCare Plus, Medicaid

To: Individual Medical Supply Providers, Medical Equipment Vendors, Pharmacies, Physical Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

New Coverage and Prior Authorization Policy for Gait Trainers

This *ForwardHealth Update* announces new coverage and prior authorization policy for gait trainers effective for dates of service on and after August 1, 2016.

General Coverage Information

Gait trainers are durable medical equipment (DME) for members who have a medical condition resulting in an inability to perform independent ambulation. Gait trainers support members in an upright position to allow for reciprocal movement of lower extremities for functional ambulation.

Gait trainer purchase and rental continue to be covered by ForwardHealth with prior authorization (PA), however, effective for dates of service (DOS) on and after August 1, 2016, gait trainer rentals for the first 60 days no longer require PA. This *ForwardHealth Update* introduces new PA criteria for gait trainers effective for PA requests received on and after August 1, 2016.

Note: Wisconsin Medicaid does not separately reimburse for accessories since those items are included in the total purchase and rental charge.

New Prior Authorization Criteria

Effective for DOS on and after August 1, 2016, PA is required to purchase gait trainers and when renting gait trainers for longer than 60 days.

Prior Authorization Approval Criteria

Prior authorization requests for gait trainers may be approved if **all** of the following criteria are met:

- The member's diagnoses and/or clinical conditions support the need for a gait trainer.
- There is sufficient clinical documentation to support that the member has demonstrated improved functional ambulation during a trial period. A trial period is defined as **one** of the following:
 - ✓ A time period adequate to document the member's ability to functionally use a facility-owned (e.g., school or outpatient clinic) gait trainer and necessary accessories.
 - ✓ A rental period of four to eight weeks in circumstances where the therapist is unable to document functional gains or the ability to use the gait trainer beyond the therapy setting or when the member's caregivers would like to try the device prior to purchase. (*Note:* ForwardHealth will reimburse for rental of a gait trainer for the first 60 days without PA.)
- The member is able to stand upright in the device and demonstrates adequate head control, range of motion (ROM), and lower extremity and trunk strength to be supported by the gait trainer for functional ambulation.
- There is sufficient clinical documentation to support that the member requires greater structural and balance assistance than can be provided by a walker or other less

restrictive device, and the anticipated functional benefits of walking are not attainable with the use of a walker or other less restrictive device.

- There is a written home therapy plan outlining the use of the requested gait trainer.
- There is documentation that caregiver education has and will be supplied to monitor for safe and appropriate use of the gait trainer.
- If the request is for replacement of an existing gait trainer, there is sufficient clinical documentation to support that the member has maintained functional ambulation with the use of the gait trainer.

Allowable Procedure Codes

Effective for DOS on and after August 1, 2016, providers are required to indicate one of the following Healthcare Common Procedure Coding System (HCPCS) procedure codes on PA requests for gait trainers:

- E8000 (Gait trainer, pediatric size, posterior support, includes all accessories and components)
- E8001 (Gait trainer, pediatric size, upright support, includes all accessories and components)
- E8002 (Gait trainer, pediatric size, anterior support, includes all accessories and components)

Effective for DOS on and after August 1, 2016, ForwardHealth will no longer approve PA requests for gait trainers submitted with HCPCS procedure code E1399 (Durable medical equipment, miscellaneous) or E0140 (Walker, with trunk support, adjustable or fixed height, any type).

For information regarding the maximum allowable fees associated with these codes, refer to the interactive maximum allowable fee schedules on the ForwardHealth Portal at www.forwardhealth.wi.gov/. To access the fee schedules, click the Fee Schedules link in the Providers quick links box of the Portal home page, and then click the Interactive Max Fee Search link in the Quicklinks box.

For information regarding the modifiers associated with these codes, refer to the DME Index on the Resources for

Individual Medical Supply Providers page of the Providers area of the Portal.

Prior Authorization Submission

Providers are required to submit the following to ForwardHealth when requesting PA for gait trainer rentals or purchases:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/13)
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12)
- Documentation supporting the approval criteria indicated in this *Update*
- A written prescription
- Manufacturer gait trainer product information (including the make, model, and size of item, any additionally required prompts or accessories to be dispensed, and height and/or weight user limits)
- The member's age, weight, and height (recorded within the last six months)
- An evaluation of the member's gait. The gait evaluation must document the member's ability to use the device, including, but not limited to, the following:
 - ✓ Gait pattern
 - ✓ Distance ambulated
 - ✓ Level of assistance required, including specific verbal and/or manual cues and any other assistance required
 - ✓ Any required prompts and/or accessories and the reasons they are required
- Documentation of the member's participation in therapy services (if applicable), including the current plan of care and an assessment of the member's ROM, strength, muscle tone, sensation, coordination, gait, balance, cognitive status, functional status, and activities of daily living status
- The results of the trial period for each setting of the requested gait trainer
- A written plan for treatment in the home that outlines when, how, and in what environments the requested gait trainer will be used

- If supervision is required, documentation that there is a caretaker who can appropriately supervise the use of the gait trainer
- Documentation of the accessibility of the member's home environment, which allows for functional use of the requested equipment
- A description of any special adaptive equipment or items owned or used by the member in any environment, including any specialized seating/positioning equipment, standing frames, and/or ambulation aides. If the member has an existing ambulation aide, the provider is required to document the following:
 - ✓ The make, model, and size of previous equipment
 - ✓ The date that the previous equipment was dispensed
 - ✓ The reason that existing equipment no longer meets the member's medical needs
- Documentation of similar equipment that the member has trialed, including the reasons it was deemed unable to meet the member's medical needs

Additionally, providers are required to submit documentation of the following when requesting PA for gait trainer rentals:

- The change in condition or functional status that prompted the need for the requested device (e.g., the surgical procedure performed and the date of surgery)
- The member's previous functional status, including ambulation abilities and any ambulation aides used
- Anticipated length of need

Submission Options

Providers may submit PA requests for gait trainers using any of the following methods:

- **ForwardHealth Portal** — Prior authorization requests may be submitted on the Portal at www.forwardhealth.wi.gov/.
- **Fax** — Prior authorization requests may be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.

- **Mail** — Prior authorization requests may be mailed to the following address:

ForwardHealth
 Prior Authorization
 Ste 88
 313 Blettner Blvd
 Madison WI 53784

- **The 278 Health Care Services Review — Request for Review and Response (278) transaction** — The 278 transaction is the standard electronic format for health care service PA requests.

For specific information about each of these submission options, providers should refer to the Submission Options chapter of the Prior Authorization section of the Durable Medical Equipment service area of the ForwardHealth Online Handbook on the Portal.

Claims

Providers are required to indicate the appropriate HCPCS procedure codes on claims for gait trainers. All gait trainer accessories and components are included under HCPCS procedure codes E8000–E8002. As a reminder, providers should use appropriate modifiers when submitting claims.

Claims Submission

Providers are required to submit claims with HCPCS procedure code E1399 for gait trainer purchases and rentals that have an approved or modified PA on file from **before** August 1, 2016.

Providers are required to submit claims with HCPCS procedure codes E8000–E8002 for the following:

- Gait trainers that are rented on and **after** August 1, 2016
- Gait trainer purchases that are prior authorized on and **after** August 1, 2016
- Gait trainer rentals that are prior authorized on and **after** August 1, 2016

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

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

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 6/22/16 and information contained in this *Update* was incorporated in the Online Handbook on 8/1/16.