

Affected Programs: BadgerCare Plus, Medicaid

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

New Coverage and Prior Authorization Policy for Positioning Seats for Use in Motor Vehicles and at Home

This *ForwardHealth Update* establishes policy for positioning seats for use in motor vehicles and at home, effective for dates of service on and after September 1, 2016.

General Coverage Information

Positioning Seats for Motor Vehicle Use

Effective for dates of service (DOS) on and after September 1, 2016, the purchase or rental of a positioning seat for motor vehicle use will be covered by ForwardHealth with an approved prior authorization (PA) request for a member with **all** of the following attributes:

- The member is at least 4 years of age and weighs at least 40 pounds.
- The member has a moderate to severe impairment in trunk control and/or head control that is caused by a medical condition.
- The member needs adaptive positioning for safe transportation.

Accessories

Wisconsin Medicaid does not separately reimburse for positioning seat accessories.

Positioning Seats for Home Use

Effective for DOS on and after September 1, 2016, ForwardHealth will cover the purchase of a positioning seat for use in a member's home if the member has a medical condition resulting in an inability to independently maintain an unsupported sitting position, and the member does not require mobility equipment. The purchase of a positioning seat for home use requires PA.

ForwardHealth does not cover the rental of a positioning seat for home use.

Accessories

Wisconsin Medicaid does not separately reimburse for positioning seat accessories.

Replacement Parts for Positioning Seats for Motor Vehicle Use and for Home Use

Cushions, Pillows, and/or Wedges

Effective for DOS on and after September 1, 2016, ForwardHealth will cover replacement of positioning seat cushions, pillows, and/or wedges with PA.

Other Replacement Parts

Effective for DOS on and after September 1, 2016, ForwardHealth will cover other replacement parts for positioning seats with PA.

Prior Authorization

Approval Criteria for Positioning Seats for Motor Vehicle Use

Effective for DOS on and after September 1, 2016, an approved PA request will be required for the purchase or rental of a positioning seat for motor vehicle use, with the exception of the first 60 days of a rental, which will not require PA.

ForwardHealth may approve a PA request for a positioning seat for motor vehicle use if **all** of the following criteria are met:

- The member is at least 4 years of age and weighs at least 40 pounds.
- The member's diagnosis(es)/clinical condition(s) support the need for a specialized vehicle positioning seat.
- The member can only be safely transported in a specialized vehicle positioning seat. (*Note:* The positioning seat may **not** be intended to address the member's behavior [e.g., to reduce the member's risk of elopement]).
- If the member has a mobility base, the member cannot be transported in a motor vehicle in the mobility base (i.e., the member's primary caregiver does not drive an adaptive van equipped to transport the member in the mobility base).
- The growth capacity of the positioning seat will accommodate the member's growth.
- The positioning seat and components and/or accessories (if necessary) have been successfully crash tested.
- Alternatives such as commercially available bolsters, H-harnesses, seat belts, booster seats, or vest restraints will not meet the member's needs.
- For rental of a positioning seat, the item is being requested for short-term use (e.g., post-surgical

positioning needed due to application of a hip Spica cast).

Approval Criteria for Positioning Seats for Home Use

Effective for DOS on and after September 1, 2016, an approved PA request will be required for the purchase of a positioning seat for home use.

ForwardHealth may approve a PA request for a positioning seat for home use if **all** of the following criteria are met:

- The member's diagnosis(es)/clinical condition(s) support that the member has not yet developed the gross motor skills to independently maintain sitting balance and sitting endurance. (*Note:* The positioning seat may **not** be intended to address the member's behavior [e.g., to reduce the member's risk of elopement or increase the member's attention]).
- The PA request and review of the member's PA history confirm that the member does not own, rent, use, or require positioning equipment that is free-standing or on a mobility base.
- The member is not able to maintain an upright sitting position due to moderate to severe head, neck, and/or trunk weakness.
- Commercially available products with more cost-effective modifications (e.g., use of bolsters, pillows, wedges) will not meet the member's needs.

Prior Authorization Documentation

Effective for DOS on and after September 1, 2016, providers will be required to indicate the following information in Element 22 (Description of Service) of the Prior Authorization Request Form (PA/RF), F-11018 (05/13), when requesting purchase or rental of a positioning seat for motor vehicle use or purchase of a positioning seat for home use:

- The name of the product being requested
- Whether the requested equipment is for motor vehicle use or home use

Information Required on All Prior Authorization Requests for Positioning Seats

Providers are required to submit **all** of the following information with a PA request for a positioning seat:

- A completed PA/RF
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/12)
- The member's current age, height, and weight, as well as the source and date of the height and weight record
- A physician prescription
- A report of the member's functional status that includes the following:
 - ✓ Ambulation status, including what ambulation aids are used (if any)
 - ✓ Head and trunk stability
 - ✓ Sitting and standing balance
 - ✓ Sitting and standing endurance
- The member's diagnosis(es) and/or all other medical conditions, including complications of the following:
 - ✓ Airway
 - ✓ Skin integrity
 - ✓ Circulation
- The member's abilities in activities of daily living, including the following:
 - ✓ Need for supervision and/or physical assistance in specific tasks, including transfers
 - ✓ Identification of the member's caregiver(s) in all environments
- The member's participation in therapy services, including current plan of care (if applicable)
- Description of the member's current equipment and the reason the existing equipment no longer meets the member's medical needs, including adaptations or modifications to commercially available items
- Description of other equipment that has been considered or tried and ruled out, and the reason why the equipment is unable to meet the member's medical needs
- Manufacturer product information, including the make, model, size, height and weight user limits, and growth capacity of the positioning seat
- The information that the provider has given or will be giving to the member or caregiver regarding use and maintenance of the equipment

Additional Information Required for Positioning Seats for Motor Vehicle Use

In addition to submitting the information required with all PA requests for positioning seats, providers also are required to submit **all** of the following information with a PA request for a positioning seat for motor vehicle use:

- Description of how the member is currently transported in a motor vehicle
- Accessibility of the member's primary caregiver's vehicle

Additional Information Required for Positioning Seats for Home Use

In addition to submitting the information required with all PA requests for positioning seats, providers also are required to submit **all** of the following information with a PA request for a positioning seat for home use:

- Accessibility of the member's residence
- All commercially available or special adaptive equipment or items owned and/or used by the member in all environments regardless of the pay source of that equipment
- The member's current or anticipated use of a mobility base

Prior Authorization Submission Methods

Providers may submit PA requests for positioning seats 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

- **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.

Allowable Procedure Codes and Modifiers

Claims and PA requests submitted for repairs and replacement parts of positioning seats must include modifier RA to indicate repair or replacement parts of durable medical equipment. Refer to the Attachment of this *ForwardHealth Update* for allowable Healthcare Common Procedure Coding System procedure codes and modifiers.

Claims Submission

Effective for DOS on and after September 1, 2016, providers will be required to identify whether code T5001 represents a positioning seat for **motor vehicle use** or a positioning seat for **home use** on claims submitted to ForwardHealth. This can be done in the following ways:

- If submitting on paper using the 1500 Health Insurance Claim Form (02/12), the provider may do either of the following:
 - ✓ Include supporting information/description in Item Number 19 of the claim form.
 - ✓ Include supporting documentation on a separate paper attachment. This option should be used if Item Number 19 on the 1500 Health Insurance Claim Form does not allow enough space for the description or when billing multiple unlisted procedure codes. Providers should indicate “See Attachment” in Item Number 19 of the claim form and send the supporting documentation along with the claim form.
- If submitting electronically using Direct Data Entry on the Portal, Provider Electronic Solutions software, or 837 Health Care Claim electronic transactions, the provider may do one of the following:
 - ✓ Include supporting documentation in the Notes field. The Notes field is limited to 80 characters.
 - ✓ Indicate that supporting documentation will be submitted separately on paper. This option should be used if the Notes field does not allow enough space for the description or when billing multiple unlisted procedure codes. Providers should indicate “See Attachment” in the Notes field of the

electronic transaction and submit the supporting documentation on paper.

- ✓ Upload claim attachments via the secure Provider area of the Portal.

Reimbursement

Providers may refer to the interactive maximum allowable fee schedule on the Portal for maximum allowable fee information.

Rental charges for positioning seats (motor vehicle use) are deducted from the Medicaid-allowed amount for the subsequent purchase of the item(s).

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/.

P-1250

This *Update* was issued on 08/03/2016 and information contained in this *Update* was incorporated into the Online Handbook on 09/01/2016.

ATTACHMENT

ForwardHealth-Allowable Positioning Seat Procedure Codes

Effective for dates of service on and after September 1, 2016, the following Healthcare Common Procedure Coding System (HCPCS) procedure codes for positioning seats for motor vehicle use and for home use are covered by ForwardHealth with an approved prior authorization request.

Note: The information included in the following tables is subject to change. For the most current information on covered codes, providers are encouraged to refer to the maximum allowable fee schedules on the ForwardHealth Portal, available by clicking the Fee Schedules link in the Providers box on the Portal home page. For the most current information on code descriptions, providers are encouraged to refer to the most recent edition of the HCPCS codebook.

Positioning Seats for Motor Vehicle Use				
	Procedure Code	Description	Required Modifier	Use
Purchase	T5001	Positioning seat for persons with special orthopedic needs, supply, not otherwise specified		Purchase of positioning seat for motor vehicle. An approved PA request is required.
Rental	T5001	Positioning seat for persons with special orthopedic needs, supply, not otherwise specified	RR (Rental)	Rental of positioning seat, tether anchor kit, and accessories; for motor vehicle only. (Rental is not available for positioning seat used in home.) An approved PA request is required after the initial 60 days.
Replacement	T5999	Supply, not otherwise specified	RA (Replacement of a DME, orthotic or prosthetic item)	Purchase of replacement part(s) for positioning seats. An approved PA request is required.
	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	RA (Replacement of a DME, orthotic or prosthetic item)	Replacement of cushion/pillow/wedge, any shape or size. An approved PA request is required. <i>Note:</i> E0190 may be billed only with the RA modifier and only when replacing pads/cushion/pillow/wedge on T5001.

Positioning Seats for Home Use				
	Procedure Code	Description	Required Modifier	Use
Purchase	T5001	Positioning seat for persons with special orthopedic needs, supply, not otherwise specified		Purchase of positioning seat for home. (Rental is not available for positioning seat used in home.) An approved PA request is required.
Replacement	T5999	Supply, not otherwise specified	RA (Replacement of a DME, orthotic or prosthetic item)	Purchase of replacement part(s) for positioning seats. An approved PA request is required.
	E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	RA (Replacement of a DME, orthotic or prosthetic item)	Replacement of cushion/pillow/wedge, any shape or size. An approved PA request is required. <i>Note:</i> E0190 may be billed only with the RA modifier and only when replacing pads/cushion/pillow/wedge on T5001.