

**Affected Programs:** BadgerCare Plus, Medicaid

**To:** Home Health Agencies, Medical Equipment Vendors, Personal Care Agencies, Pharmacies, Physical Therapists, Occupational Therapists, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

## **New Coverage and Clarified Prior Authorization Policy for Mobility Devices**

Effective for dates of service (DOS) on and after October 1, 2018, this *ForwardHealth Update* announces expanded coverage of specific mobility devices (i.e., adaptive strollers, manual/power wheelchairs, and power scooters), second mobility devices, wheelchair accessories, and power seat elevation systems. This *Update* also clarifies prior authorization (PA) criteria for mobility devices, including adaptive strollers, and mobility device replacement prior to expiration of the mobility device life expectancy.

### **New Mobility Device Coverage Policy**

ForwardHealth defines mobility devices as adaptive strollers, manual/power wheelchairs, and power scooters. Purchase of these devices requires PA. Rental of these devices requires PA after specified lengths of time. Providers should refer to the Durable Medical Equipment (DME) Index on the Resources for Medical Equipment Vendors Providers page for PA requirements for rental. To access the page, click the Provider-specific Resources link on the Providers home page of the ForwardHealth Portal, and then click the More Information link for Medical Equipment Vendor.

### **Mobility Device Criteria**

ForwardHealth will cover medically necessary mobility devices if **all** the following criteria are met:

- The request is for an adaptive stroller, manual/power wheelchair, or power scooter.

- The member is unable to ambulate functional distances due to a physical disability and/or a medical condition that significantly reduces their ability to participate in medically necessary mobility-related activities of daily living (MRADL) such as toileting, feeding, dressing, grooming, bathing, and vocational activities.
- The member's medically necessary MRADL needs cannot be practically and safely met by the utilization of less restricting mobility devices such as canes, crutches, or walkers.
- The member and/or caregiver demonstrates a competence and willingness to operate the requested mobility device.
- The functionality and size of the requested mobility device is the most appropriate for the environment in which it will be used most frequently.

### *Adaptive Strollers*

ForwardHealth covers adaptive strollers for members who require seating, trunk and/or head positional supports that are unavailable on a commercial stroller. Effective for DOS on and after October 1, 2018, ForwardHealth has adopted Healthcare Common Procedure Coding System (HCPCS) procedure code **E1035** (Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs) for the rental and purchase of adaptive strollers.

Options and accessories are included in the reimbursement of the adaptive stroller and are not separately reimbursable.

ForwardHealth will cover medically necessary adaptive strollers as the primary mobility device if **all** of the following are met:

- The member meets the mobility device coverage criteria.
- The member's weight, height, and positioning needs cannot be adequately met with a commercially available stroller.
- A manual wheelchair does not meet **or** exceeds the member's needs.
- The functionality and size of the requested adaptive stroller is the most appropriate for the environment in which it will be used most frequently.

*Note:* Examples of mobility needs in the environment include, but are not limited to, adaptive stroller designs that can accommodate terrains in the daily environment, maneuverability inside the home, the ability of the caregiver to transport the adaptive stroller up and down stairs, or the ability of the caregiver to fit the adaptive stroller in the primary vehicle. Similarly, positioning needs in the environment include, but are not limited to, degrees of tilt needed for positioning and for feeding/eating, required seat height for member transfers, or table height for feeding while in the proposed adaptive stroller.

### *Wheelchair, Pediatric-Size*

ForwardHealth will cover medically necessary manual wheelchairs, pediatric-size for purchase or rental when mobility device criteria are met and the member requires a seat width or depth of 15 inches or less.

A complete manual wheelchair, pediatric-size base includes:

- A complete frame
- A sling back; other seat back support, which can accommodate a wheelchair back cushion; or a back frame structured in such a way as to be capable of accepting a back system
- A sling seat; a seat pan, which can accommodate a wheelchair seat cushion; or a seat frame structured in

such a way as to be capable of accepting a seating system

- Brakes
- Casters
- Medically necessary safety accessories such as a positioning harness, safety belt/seat belt, or transport option(s)
- Propulsion wheels
- Standard armrests
- Standard leg and footrests

ForwardHealth does not separately reimburse for width or depth adjustments at the time of purchase. If the member requires width or depth seating adjustments for a member-owned mobility device, the provider is required to submit a PA.

### *Second Mobility Device*

ForwardHealth will cover the purchase of medically necessary second mobility devices when the primary mobility device (i.e., adaptive stroller, manual/power wheelchair, or power scooter) is unable to be utilized safely or practically for a reoccurring medically or functionally necessary task/environment and is not duplicative in function.

*Note:* ForwardHealth will cover the rental of a second wheelchair while a member's primary wheelchair is being repaired. PA is required for all power mobility device rentals. After 60 days, PA is required for the rental of manual wheelchairs.

### *Power Seat Elevation System*

ForwardHealth will cover medically necessary power seat elevation systems if **all** of the following are met:

- Reasonable adaptation/modification of the member's environment cannot alone meet the member's needs. Examples of reasonable adaptation/modification include, but are not limited to, adjustable height bed/table, dresser/cabinet re-organization, or a grab bar for transfer assistance.
- Use of a power seat elevation system will allow the member to independently perform activities of daily living (ADL) and reduce caregiver dependency.

### *Additional Wheelchair Accessories*

ForwardHealth will cover additional medically necessary wheelchair accessories instead of a secondary mobility device if **all** of the following are met:

- The wheelchair accessory is more cost-effective than a second mobility base (e.g., the purchase of a second set of specialized wheels to help the member navigate within the home, work, or outdoor terrain instead of purchasing a second mobility base).
- The wheelchair accessory most appropriately meets the member's MRADL needs in lieu of additional mobility equipment.
- The wheelchair accessory is necessary on a routine basis to allow the primary mobility device to be utilized safely or practically for a reoccurring medical or functional need.

### **Product Life Expectancy**

ForwardHealth will continue to cover the replacement of a mobility device with PA prior to the end of its designated life expectancy when medically necessary. A product's anticipated life expectancy can be found in the DME Index on the Portal. Life expectancy is measured by the date the item is delivered to the member, not the age of the item itself. The documentation submitted with PA must meet the approval criteria for a mobility device, including an adaptive stroller, **and** demonstrate either a replacement mobility device is medically necessary to meet the member's functional needs or the member has outgrown their current mobility device.

### **PA Requirements**

#### ***Mobility Devices and Accessories***

Providers are required to submit **all** of the following to ForwardHealth when requesting PA for purchase of a mobility device, rental of a mobility device, or the purchase of accessories:

- 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)
- A written prescription

- Detailed medical justification for each line item requested
- Documentation of clinical mobility device evaluation that includes the following content:
  - ✓ Clinical assessments of the member's mobility limitations
  - ✓ Description of the member's other physical and functional limitations
  - ✓ Description of the member's specific and unique medical, physical, and functional needs and capacities for basic ADL and instrumental ADL identified as medically necessary
  - ✓ Medical condition and diagnosis
- Documentation of face-to-face visits, as applicable (Refer to the Face-to-Face Prior Authorization Requirement topic [topic #21037] of the Services Requiring Prior Authorization chapter of the Prior Authorization section of the Durable Medical Equipment service area of the ForwardHealth Online Handbook at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).)
- Documentation of the Manufacturer's Suggested Retail Price for all line items, if applicable
- Documentation supporting all the criteria for the applicable mobility device
- Manufacturer mobility device product information, including the following:
  - ✓ Any additionally required products or accessories to be dispensed
  - ✓ Height and/or weight user limits
  - ✓ Make, model, size, and features of the item
- If the member has an existing mobility device, providers are required to document the following product information:
  - ✓ The date the equipment was dispensed
  - ✓ The make, model, size, features, and accessories of the mobility device
  - ✓ The reason a requested second mobility device is deemed medically necessary, in addition to the existing mobility device

*Note:* If the PA request is for replacement of DME (i.e., mobility devices) prior to the end of its designated life

expectancy from the DME Index, this must be noted on the PA request submitted to ForwardHealth.

### **Adaptive Strollers**

When requesting PA for the rental or purchase of adaptive strollers, providers are required to submit **all** the PA requirements listed for mobility devices and accessories to ForwardHealth. In addition, the following are required:

- Documentation explaining why a commercially available stroller would not meet the member's needs
- Documentation explaining why a manual wheelchair, or a more cost-effective alternative, would not meet **or** would exceed the member's needs

### **PA Submission Methods**

Providers may submit PA requests for mobility devices using any of the following methods:

- **ForwardHealth Portal** — PA requests may be submitted on the Portal at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).
- **Fax** — PA 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** — PA 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**

Effective for DOS on and after October 1, 2018, providers are required to use the appropriate HCPCS procedure codes on claims and PA requests for adaptive strollers, pediatric-size wheelchairs, manual adult-size wheelchairs that include tilt in space, or power seating electronics connections to represent the equipment being dispensed.

The following HCPCS procedure codes have been added as covered mobility devices and accessories:

- E1011 (Modification to pediatric size wheelchair, width adjustment package [not to be dispensed with initial chair])
- E1014 (Reclining back, addition to pediatric size wheelchair)
- E1035 (Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs) (*Note:* Providers are required to use this code for adaptive strollers.)
- E1161 (Manual adult size wheelchair, includes tilt in space)
- E1231 (Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system)
- E1232 (Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system)
- E1233 (Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system)
- E1234 (Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system)
- E1235 (Wheelchair, pediatric size, rigid, adjustable, with seating system)
- E1236 (Wheelchair, pediatric size, folding, adjustable, with seating system)
- E1237 (Wheelchair, pediatric size, rigid, adjustable, without seating system)
- E1238 (Wheelchair, pediatric size, folding, adjustable, without seating system)
- E2291 (Back, planar, for pediatric size wheelchair including fixed attaching hardware)
- E2292 (Seat, planar, for pediatric size wheelchair including fixed attaching hardware)
- E2293 (Back, contoured, for pediatric size wheelchair including fixed attaching hardware)
- E2294 (Seat, contoured, for pediatric size wheelchair including fixed attaching hardware)
- E2295 (Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features)
- E2300 (Wheelchair accessory, power seat elevation system, any type)

- E2310 (Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware)
- E2311 (Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware)

Effective on and after October 1, 2018, ForwardHealth will return to providers PA requests submitted with HCPCS procedure code E1399 (Durable medical equipment, miscellaneous), K0009 (Other manual wheelchair/base), or K0108 (Wheelchair component or accessory, not otherwise specified) for adaptive strollers, pediatric-size wheelchairs, manual adult-size wheelchairs that include tilt in space, or power seating electronics connections when an appropriate HCPCS code exists.

***Claims Submission for PA Requests Approved or Modified Prior to October 1, 2018***

For equipment with a PA request approved or modified prior to October 1, 2018, and dispensed on a DOS on or after October 1, 2018, providers should submit claims with the same HCPCS procedure codes for adaptive strollers, wheelchairs, and accessories that were granted on the PA request.

***Reimbursement***

For information regarding the maximum allowable fees associated with these procedure codes, refer to the interactive maximum allowable fee schedules on the Portal. 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.

Providers are reminded that delivery or set-up charges for equipment are included in the purchase or rental reimbursement. Per Wis. Admin Code § DHS 107.24(5)(h),

ForwardHealth does not reimburse for delivery or set-up charges for equipment as a separate service.

**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 (MCO). MCOs 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 Medicaid Services, the 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, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at [www.forwardhealth.wi.gov/](http://www.forwardhealth.wi.gov/).

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**This *Update* was issued on 9/13/18 and information contained in this *Update* was incorporated into the Online Handbook on 10/1/18.**