

ForwardHealth **UPDATE**

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NEW PROVIDER SPECIALTY AND COVERAGE CRITERIA FOR COMPLEX REHABILITATION TECHNOLOGY SUPPLIERS

In response to 2017 Wisconsin Act 306 and 2019 Wisconsin Act 186, ForwardHealth announces that beginning December 10, 2021, providers must be enrolled under the new provider specialty, complex rehabilitation technology (CRT) supplier, to receive reimbursement for CRT services. Examples of CRT services include power wheelchairs, standing frames, or gait trainers.

For dates of service (DOS) on or after February 1, 2022, ForwardHealth will not reimburse any disbursed CRT services for providers who are **not** enrolled in the CRT supplier specialty. The new provider specialty is under the medical equipment vendor provider type.

This ForwardHealth Update covers the following topics related to the new CRT supplier provider specialty and policy:

- [Enrollment Information](#) ([Attachment A](#) contains CRT supplier enrollment details for new Wisconsin Medicaid providers.)
- [Covered Complex Rehabilitation Technology Services](#) ([Attachment B](#) contains a list of CRT service procedure codes.)

AFFECTED PROGRAMS

BadgerCare Plus, Children's Long-Term Support Program, Family Care, Family Care Partnership, Medicaid, PACE (Program of All-Inclusive Care for the Elderly)

TO

Chiropractors, Home Health Agencies, Medical Equipment Vendors, Nursing Homes, Occupational Therapists, Personal Care Agencies, Physical Therapists, Physician Clinics, Physicians, Rehabilitation Agencies, Therapy Groups, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(9r)(b) and Wis. Admin. Code §§ DHS 105.54 and 107.24.

- [Prior Authorization](#) (PA)
- [Claims Submission](#)
- [Coordination of Benefits](#)
- [Reimbursement](#)
- [Managed Care Enrollment](#)
- Information Regarding Managed Care Organizations

Enrollment Information

After February 1, 2022, ForwardHealth will **only** reimburse providers who are enrolled as a CRT supplier for dispensed CRT services. For more information, providers should refer to the [Reimbursement](#) and [Prior Authorization](#) sections of this Update.

Providers enrolling in Wisconsin Medicaid for the first time or providers who are not Medicaid-enrolled medical equipment vendors should refer to [Attachment A](#) at the end of this Update.

Enrollment Information for Medical Equipment Vendors Already Enrolled in Wisconsin Medicaid

Beginning January 1, 2022, Wisconsin Medicaid providers who are currently enrolled in the medical equipment vendor provider type can change their provider specialty to CRT supplier. Providers enrolled as medical equipment vendors must use the demographic maintenance tool to update their provider specialty to CRT supplier.

To complete the provider specialty change to CRT supplier, providers should upload the documentation needed to demonstrate that they meet the following criteria:

- Be accredited by a Wisconsin Department of Health Services-recognized accreditation organization.
- Upload certificates of individuals employed by the provider and certified as an assistive technology professional by the Rehabilitation Engineering and Assistive Technology Society of North America. Providers can also mail or fax the certificates.
- Provide attestation to the statement, "The organization has the capability to service and repair all complex rehabilitation technology provided."

Changes in provider specialty are effective on the day that the provider enters them into the Portal. If the provider requires a different effective date for the change (for example, if the provider has a CRT claim with DOS on or after

RESOURCES

To access the demographic maintenance tool, providers need a ForwardHealth Portal account. After logging into their Portal account, providers should do the following:

1. Select the Demographic Maintenance link located in the Home Page box on the right side of the secure Provider home page.
2. Select the Specialty Change link.
3. Select Complex Rehabilitation Technology Supplier.
4. Upload documentation required to meet the criteria for CRT supplier.

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February 1, 2022, but has not updated their specialty yet), the provider should upload a letter with their materials requesting their desired effective date.

Enrollment will be effective on February 1, 2022, for providers who change their provider specialty to CRT supplier before February 1, 2022. Providers may not request their enrollment to be effective before February 1, 2022.

Backdating Provider Enrollment or Change in Provider Specialty

Until September 1, 2022, providers may backdate their enrollment or change in provider specialty to the first day of the month that they enroll as a CRT supplier. For example, if a provider enrolls as a CRT supplier on July 15, 2022, their enrollment will be backdated to July 1, 2022. After September 1, 2022, all approved enrollments will be effective on the date ForwardHealth receives a complete application.

Covered Complex Rehabilitation Technology Services

For DOS on and after February 1, 2022, claims for the services listed in the complex rehabilitation equipment section of the [Durable Medical Equipment Index](#) will only be reimbursable for providers enrolled under the CRT supplier specialty. In addition, a list of all services that are currently considered to be CRT services is provided in [Attachment B](#) of this Update.

Prior Authorization

ForwardHealth has established clinical criteria for PA requests for CRT suppliers effective for DOS on and after February 1, 2022. This Update contains updated [clinical criteria](#) for CRT purchases.

Prior Authorization Submission Criteria

The PA request must be submitted by the enrolled CRT supplier and must include the following:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (05/2013)
- A completed Prior Authorization/Durable Medical Equipment Attachment (PA/DMEA), F-11030 (07/2012)
- A written and valid prescription per Wis. Admin. Code § [DHS 107.02\(2m\)\(b\)](#)
- Valid face-to-face documentation, if required (For more information, refer to the Face-to-Face Prior Authorization Requirement topic [[#21037](#)])

CONTACT INFORMATION

Providers may contact Provider Services at 800-947-9627 with questions.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(9r)(b) and Wis. Admin. Code §§ DHS 105.54 and 107.24.

and the Face-to-Face Requirements Durable Medical Equipment topic [[#21017](#)] of the Online Handbook.)

- A complete qualified health care professional evaluation that meets the following criteria:
 - Is performed by a licensed physician, physician's assistant, occupational therapist, physical therapist, or chiropractor
 - Includes detailed assessments in the relevant areas that pertain to the specific CRT service requested (Refer to the [Services Requiring Prior Authorization](#) chapter in the Durable Medical Equipment service area of the Online Handbook for more information about assessments.)
 - Uses body structure and function and/or activity components of the International Classification of Functioning model to provide justification for member-specific needs for each requested line item
 - Includes a signed statement from the qualified health care professional who is writing the evaluation indicating that they do not have a financial relationship with the CRT supplier requesting the durable medical equipment
- A complete CRT professional evaluation that meets the following criteria:
 - Is performed by a qualified CRT professional
 - Includes a copy of the certification as defined in Wis. Admin. Code § [DHS 101.03\(28m\)](#)
 - Indicates the qualified CRT professional performing the CRT evaluation was present at the member's CRT clinical evaluation **or** indicates that documentation of coordination has been submitted with the CRT clinical evaluation performed by the qualified health care professional
- Assessments that are completed in person, signed and dated, and include details of the following areas:
 - Current equipment the member may be using (such as the equipment's make, model, and age)
 - Projected life expectancy of the current and proposed CRT service
 - Member's home or setting for accessibility using the Durable Medical Equipment Home Accessibility Evaluation form, F-02891 (01/2022)
 - Transportation method, including the make and model of vehicle, if applicable
 - Cost-effectiveness of the requested service compared to a similar service and the reason the comparable service would not meet the member's needs, if applicable

NEW PA FORM

The new Durable Medical Equipment Home Accessibility Evaluation form can be found on the [Forms](#) page of the Portal.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(9r)(b) and Wis. Admin. Code §§ DHS 105.54 and 107.24.

- Signed and dated statement asserting that the qualified CRT professional will provide appropriate training to the member and will maintain adequate documentation of the training provided

Prior Authorization Clinical Criteria

In addition to the PA submission criteria for CRT services, providers must submit the appropriate clinical criteria for the CRT service they are requesting.

This Update outlines the clinical criteria for the following CRT services:

- [Adaptive strollers](#) and [accessories](#)
- [Manual wheelchairs](#) and [accessories](#)
- [Power wheelchairs](#) and [accessories](#)
- [Standing frames](#)
- [Gait trainers and posterior walkers](#)
- [Positioning seats](#)

Providers should refer to the [Services Requiring Prior Authorization](#) chapter in the Durable Medical Equipment service area of the Online Handbook for more information on clinical criteria.

Prior Authorization Clinical Criteria for Adaptive Strollers, Manual Wheelchairs, and Power Wheelchairs

Prior Authorization Clinical Criteria for Adaptive Strollers

ForwardHealth covers adaptive strollers for members who require seating, trunk, and/or head positional supports that are unavailable on a commercial stroller. An adaptive stroller is a dependent mobility base that is not designed to be propelled by the user.

ForwardHealth has adopted Healthcare Common Procedure Coding System 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.

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

- The request is medically necessary.
- 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.

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- A manual wheelchair does not meet or exceeds the member's needs.
- The functionality and size of the requested adaptive stroller are the most appropriate for the environment in which it will be used most frequently.

Note: Examples of mobility needs in the environment include 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 degrees of tilt needed for positioning and for feeding and eating, required seat height for member transfers, or table height for feeding while in the proposed adaptive stroller. For more information, refer to the Second Mobility Device topic ([#1776](#)) in the Online Handbook.

Prior Authorization Clinical Criteria for Adaptive Stroller Accessories

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

Prior Authorization Clinical Criteria for Manual Wheelchairs

ForwardHealth covers manual wheelchairs for members who require a mobility base to accomplish medically necessary activities of daily living (ADL).

ForwardHealth will cover manual wheelchairs as the primary mobility device if **all** the following conditions are met:

- The request is medically necessary.
- The member meets the mobility device coverage criteria.
- The requested manual wheelchair or a comparable product has been trialed with enough time to determine its utility for the member.
- The request addresses one of the following:
 - The member demonstrates the ability to self-propel and navigate a functional distance while utilizing a manual wheelchair.
 - Member is unable to self-propel a manual wheelchair and the positioning available on adaptive strollers/transport chairs is insufficient to meet the member's positioning needs.

Prior Authorization Clinical Criteria for Manual Wheelchair Accessories and Power Wheelchair Accessories

All manual and power wheelchair accessories that are considered CRT require documentation showing that the accessory helps complete medically necessary tasks. In addition, providers must also submit the following:

- Clinical criteria for a [power wheelchair](#) or [manual wheelchair](#), as applicable
- [PA submission requirements for CRT services](#)

Prior Authorization Clinical Criteria for Power Wheelchairs

ForwardHealth covers power wheelchairs for members who require a mobility base to accomplish medically necessary ADL that cannot otherwise be accomplished with a power-operated vehicle (scooter), manual wheelchair, adaptive stroller, walkers, crutches, or canes. In addition to the [PA submission requirements](#) and the mobility device requirements outlined in the Overview topic ([#1774](#)) of the Online Handbook, **all** the following clinical criteria must be met:

- The inability to self-propel a properly equipped scooter/manual wheelchair to meet medically necessary mobility-related needs has been documented.
- Assistance for adaptive stroller/transport chair/manual wheelchair propulsion is medically necessary but unavailable and/or age inappropriate.
- The positioning available on adaptive strollers/transport chairs/manual wheelchairs is insufficient to meet the member's positioning needs.
- A detailed safety assessment has been performed that includes operational safety and the member's cognitive ability to operate the machine.
- The requested power wheelchair or a comparable product has been trialed with enough time to determine its utility for the member.

Prior Authorization Clinical Criteria for Power Wheelchairs With Seat Elevator Function

In addition to the [clinical criteria for power wheelchairs](#) and [power wheelchair accessories](#), requests for seat elevator function also require **all** the following member-specific documentation:

- 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 ADLs, transfers, and measurably reduce caregiver dependency.

RESOURCES

For a complete list of CRT services, refer to [Attachment B](#) at the end of this Update.

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Prior Authorization Clinical Criteria for Power Wheelchairs With Standing Function

Power wheelchair standing function can fall under one or both of the following categories: standing due to functional needs and standing due to physiological needs.

In addition to the [clinical criteria for power wheelchairs](#) and [power wheelchair accessories](#), PA requests for power wheelchairs with standing function also require documentation of either functional needs **or** physiological needs, based on which is more appropriate. Documentation requirements for both functional needs and physiological needs for standing wheelchairs are outlined below.

Member-specific documentation of functional needs for standing wheelchair:

- A clinically significant increase in ADL and/or instrumental ADL function is secondary to standing function utilization (such as meal prep, transfers, hygiene, or dressing).
- Reasonable adaptation/modification of the member's environment cannot solely meet the member's needs. Examples of reasonable adaptation/modification include adjustable height bed/table or dresser/cabinet re-organization.

Member-specific documentation of physiological needs for standing wheelchair:

- The standing function will be used to address at least one of the following areas of impairment:
 - Maintain or improve bladder function
 - Maintain or promote bone/joint health
 - Maintain or improve bowel function
 - Maintain or improve digestive process
 - Maintain or promote cardiac function
 - Manage contractures and range of motion in the lower extremities
 - Manage pain associated with spasticity or tone
- Documentation of trials and outcomes with the utilization of a static standing frame, including clinical justification for why a static standing frame would not meet the member's medical needs.

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Prior Authorization Clinical Criteria for Standing Frames

Providers must submit **all** the following clinical criteria to ForwardHealth, along with the [PA submission criteria](#), for any standing frame rental, purchase, or standing frame accessories purchase:

- Documentation supporting the approval criteria
- Manufacturer standing frame product information (including the make, model, and size of the item, any additionally required prompts or accessories to be dispensed, and height and/or weight user limits)
- Documentation of the member's participation in therapy services, including the current plan of care and an assessment of the member's range of motion, strength, muscle tone, sensation, coordination, gait, balance, cognitive status, functional status, and ADL status
- Documentation of the proposed standing frame utilization plan including:
 - Methods of utilization
 - Frequency and duration of utilization
 - Therapy goals to address
- A description of any special adaptive equipment or items owned or used by the member in any environment, including specialized seating/positioning equipment, standing frames, and/or mobility aids
- Documentation of the manufacturer's suggested retail price
- If the member has an existing standing frame, documentation of the following:
 - Make, model, and size of equipment
 - Date the equipment was dispensed
 - Reason that existing equipment no longer meets the member's medical need

Prior Authorization Clinical Criteria for Gait Trainers and Posterior Walkers

The [PA submission criteria for CRT services](#) and **all** the following criteria are required for PA requests for gait trainers and posterior walkers:

- Documentation supporting the approval criteria
- Manufacturer gait trainer/posterior walker product information, including the make, model, and size of the 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 during the last six months

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- An evaluation of the member's gait, which must document the member's ability to use the device, including the following:
 - Gait pattern
 - Distance ambulated
 - Level of assistance required, including specific verbal and/or manual cues
 - 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 range of motion, strength, muscle tone, sensation, coordination, gait, balance, cognitive status, functional status, and ADL status
- The results of the trial period for each setting of the requested gait trainer or posterior walker
- A written plan for treatment in the home that outlines when, how, and in what environments the requested gait trainer or posterior walker will be used
- If supervision is required, documentation that there is a caretaker who can appropriately supervise the use of the gait trainer or posterior walker
- A description of any special adaptive equipment or items owned or used by the member in any environment, including any specialized seating or 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

As a reminder, providers are also required to submit documentation of the following when submitting PA requests for gait trainer rentals:

- The change in condition or functional status that prompted the need for the requested device (for example, 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

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(9r)(b) and Wis. Admin. Code §§ DHS 105.54 and 107.24.

Prior Authorization Clinical Criteria for Positioning Seats

The [PA submission criteria for CRT services](#) and **all** the following criteria is required for PA requests for **all** positioning seats, whether they are for home use or motor vehicle use:

- The member's current age, height, and weight and the source and date of the height and weight record
- Clinical documentation of the member's functional status that includes the following:
 - Ambulation status, including what ambulation aids are used (if any)
 - Transfer performance
 - Head and trunk stability
 - Sitting and standing balance
 - Sitting and standing endurance
- Clinical documentation of the member's diagnosis(es) and all other medical conditions, including complications of the following:
 - Airway
 - Skin integrity
 - Circulation
 - Behavior, 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
- Manufacturer product information, including the make, model, size, height and weight user limits, and growth capacity of the positioning seat

Prior Authorization Clinical Criteria for Positioning Seats for Motor Vehicle Use

The [PA submission criteria for CRT services](#), [PA clinical criteria for positioning seats](#), and **all** the following criteria are required for PA requests for positioning seats for motor vehicle use:

- The member's diagnosis(es)/clinical condition(s) supports the need for a specialized vehicle positioning seat due to decreased seated postural control that would immediately result in an adverse medical outcome.
- A commercially available vehicle positioning seat has been trialed and demonstrated to not meet member's medical needs.
- The member can only be safely transported in a specialized vehicle positioning seat.

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- If the member has a mobility base, the member cannot be transported in a motor vehicle in the mobility base (for example, 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 in compliance with federal safety standards.

Prior Authorization Clinical Criteria for Positioning Seats for Home Use

ForwardHealth may approve a PA request for a positioning seat for home use if [PA submission criteria for CRT services](#), [PA clinical criteria for positioning seats](#), and **all** the following criteria are met:

- The member's diagnosis(es)/clinical condition(s) supports that the member has demonstrated impaired gross motor skills to independently maintain sitting balance and sitting endurance.
- The provider has collected the following documentation for activity chairs:
 - The activity chair will allow the member to complete medically necessary tasks that cannot be completed with other positioning devices (such as the adaptive stroller, manual wheelchair, power wheelchair, floor sitter) also available to the member.
 - Commercially available products with more cost-effective modifications (such as, use of bolsters, pillows, or wedges) have been trialed and will not meet the member's needs.
- The provider has the following documentation for floor sitters
 - The activity chair is age-appropriate or developmentally appropriate.
 - There is clinical documentation on functional task performance with floor sitter utilization.
 - Commercially available products with more cost-effective modifications (such as the use of bolsters, pillows, or wedges) have been trialed and will not meet the member's needs.

Outstanding Prior Authorizations

ForwardHealth will honor outstanding approved PA approvals for CRT services dispensed before February 1, 2022. All PA requests with CRT procedure codes will be end-dated effective January 31, 2022 if the provider has not updated their provider specialty to CRT supplier by that time. ForwardHealth

CONTACT INFORMATION

Providers may contact Provider Services at 800-947-9627 with questions.

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cannot reimburse providers for CRT services after February 1, 2022, even if an approved PA request extends past February 1, 2022.

Starting February 1, 2022, ForwardHealth will update PA requests with CRT procedure codes to reflect a provider's current enrollment if they are enrolled as a CRT supplier. If a provider is not enrolled as a CRT supplier on February 1, 2022, but enrolls as that provider type before September 1, 2022, their enrollment will be backdated to the first day of the month that they enroll. ForwardHealth will transition their PA requests with CRT procedure codes.

Claim Submission

Providers are responsible for following appropriate claim submission requirements as outlined in the Online Handbook. Providers are also responsible for following appropriate national standard guidelines.

For DOS on and after February 1, 2022, ForwardHealth will deny claims for CRT services submitted by a provider that is not enrolled as a CRT supplier. Providers may backdate their CRT supplier enrollment; refer to the [Backdating Provider Enrollment](#) section of this Update for more information. Claims with DOS before February 1, 2022, may be submitted and will be adjudicated under the existing non-CRT provider type.

Note: Timely filing **will** apply to claim submissions for CRT supplier services. For more information on timely filing appeals requests, visit the Requirements topic ([#549](#)) and Submission topic ([#744](#)) of the Online Handbook.

Coordination of Benefits

Medicare

As a reminder, providers must follow Medicare and Medicaid rules for members with Medicare coverage. For Medicare-approved durable medical equipment services, any provider certified as a durable medical equipment provider by Medicare and Wisconsin Medicaid may provide CRT services. Refer to the [Medicare](#) chapter of the Online Handbook for more details.

Commercial Health Insurance

When a member is enrolled in both a commercial health insurance plan and BadgerCare Plus or Wisconsin Medicaid, the provider is required to submit claims to commercial health insurance sources before submitting claims to ForwardHealth. This is done by following the process in the Exhausting Commercial Health Insurance Sources topic ([#596](#)) of the Online Handbook.

RESOURCES

Refer to the [1500 Health Insurance Claim Form Completion Instructions](#) topic ([#17797](#)) and the [Electronic Claim Submission](#) topic ([#344](#)) in the Online Handbook for more information on requirements for claims submission. As a reminder, a provider can resubmit a claim with corrected information. Providers may contact Provider Services at 800-947-9627 with questions.

REMINDER

Providers should refer to the [Commercial Health Insurance](#) chapter of the Online Handbook for complete policies on the coordination of benefits for durable medical equipment.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(9r)(b) and Wis. Admin. Code §§ DHS 105.54 and 107.24.

Even when a member has a known deductible or cost share, primary insurance must process the claim before submission to ForwardHealth. The outcome of the primary insurance claim, regardless of payment status, is required for ForwardHealth to process secondary claims.

When commercial health insurance plans require members to use a designated network of providers, non-network providers will be reimbursed by the commercial health insurance plan only if they obtain a referral or provide an emergency service.

When coordinating commercial insurance and Medicaid benefits, providers are required to bill the commercial health insurance plan according to the commercial insurer's policies and designated procedure codes, modifiers, and units billed. After receiving the claims processing outcome (for example, Remittance Advice) from the commercial insurer, the provider may submit a claim to ForwardHealth for consideration of any remaining balance, using the other insurance indicator or completing the Explanation of Medical Benefits form, F-01234 (04/2018), which providers can access through the [Forms page](#) of the Portal, as applicable.

Note: The requirement for providers to submit claims to commercial insurance companies according to the commercial insurer's coding guidance does not waive other ForwardHealth program requirements. These requirements (for example, provider qualifications, medical necessity, and documentation requirements) are still in effect. ForwardHealth will not reimburse providers for services that do not meet program requirements.

Claims for Services Denied or Not Covered by Commercial Health Insurance

If commercial health insurance denies or recoups payment for services that are covered by BadgerCare Plus and Wisconsin Medicaid, the provider may submit a claim for those services. To allow payment in this situation, providers must follow the requirements (for example, request PA before providing the service for covered services that require PA). If the requirements are followed, ForwardHealth may reimburse for the service up to the allowed amount (less any payments made by other health insurance sources).

Note: The provider is required to show that a correct and complete claim was denied by the commercial health insurance company for a reason other than that the provider was out of network.

REMINDER

For members with BadgerCare Plus and Wisconsin Medicaid coverage, referring providers should confirm that the provider they are referring the member to is a Medicaid-enrolled CRT supplier. Providers who dispense CRT services for members with BadgerCare Plus and Wisconsin Medicaid coverage should ensure that they are a Medicaid-enrolled CRT supplier so that ForwardHealth can cover the CRT services for the member.

The information provided in this ForwardHealth Update is published in accordance with Wis. Stat. § 49.45(9r)(b) and Wis. Admin. Code §§ DHS 105.54 and 107.24.

ForwardHealth will not reimburse claims denied by commercial health insurance because of billing errors or when the provider was out of the commercial insurer's network of providers.

Reimbursement

Providers can refer to the [interactive maximum allowable fee schedules](#) on the Portal for reimbursement amounts.

Managed Care Enrollment

BadgerCare Plus and Wisconsin Medicaid SSI

ForwardHealth contracts with BadgerCare Plus and Medicaid SSI HMOs to provide medically necessary covered services, including CRT services. HMOs then contract with individual providers. These providers are required to also be enrolled with Wisconsin Medicaid before they can provide services to members.

After completing the Wisconsin Medicaid provider enrollment process, CRT suppliers interested in participating in a Medicaid SSI or BadgerCare Plus HMO's network should contact the HMO for more information about contracting before providing services to members enrolled in that HMO. HMOs may have different PA and claim submission processes than ForwardHealth.

Refer to the Managed Care section of the Durable Medical Equipment service area of the Online Handbook for more information on BadgerCare Plus and Wisconsin Medicaid SSI managed care. Providers can also refer to the [Managed Care Organization](#) area of the Portal to access key HMO information.

Family Care and Family Care Partnership

A provider contracting with Family Care or Family Care Partnership managed care organizations must be a Medicaid-enrolled CRT supplier to provide CRT services to Family Care or Family Care Partnership Medicaid-only members. After completing the Wisconsin Medicaid provider enrollment process, CRT suppliers interested in participating in a Family Care or Family Care Partnership managed care organization's network should contact the managed care organization for more information about contracting before providing services to members enrolled in that managed care organization.

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Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Providers are required to produce or submit documentation, or both, to ForwardHealth upon request. Per Wis. Stat. § [49.45\(3\)\(f\)](#), providers of services shall maintain records as required by the Department of Health Services for verification of provider claims for reimbursement. The Department of Health Services may audit such records to verify actual provision of services and the appropriateness and accuracy of claims. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from the Medicaid program.

Information Regarding Managed Care Organizations

This Update contains policy that applies to services members receive through BadgerCare Plus and Medicaid fee-for-service, BadgerCare Plus HMOs, SSI HMOs, Family Care, Family Care Partnership, IRIS (Include, Respect, I Self-Direct), and Children's Long-Term Support Waiver.

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This Update was issued on 12/01/2021 and information contained in this Update was incorporated into the Online Handbook on 02/01/2022.

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 within 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 within DHS.

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

ATTACHMENT A

Complex Rehabilitation Technology Supplier Enrollment Information for New Wisconsin Medicaid Providers

Wisconsin Medicaid-enrolled medical equipment vendors should refer to the [Enrollment Information for Medical Equipment Vendors Already Enrolled in Wisconsin Medicaid](#) section of this ForwardHealth Update for information specific to that enrollment process for the complex rehabilitation technology (CRT) supplier provider specialty type.

Beginning January 1, 2022, organizations can enroll as a medical equipment vendor provider type with the provider specialty, CRT supplier. Enrollment will be effective on February 1, 2022, for providers who enroll as a CRT supplier before February 1, 2022. Providers may not request their enrollment to be effective before February 1, 2022.

ForwardHealth categorizes a CRT supplier as a billing and rendering provider. More information on enrollment categories can be found on the [Categories of Enrollment](#) page of the Provider Enrollment area of the ForwardHealth Portal. Providers may access the Provider Enrollment area by clicking the [Become a Provider](#) link on the Portal home page. Enrollment criteria may be accessed by clicking the [Information for Specific Provider Types](#) in the Medicaid Criteria box on the Provider Enrollment home page.

Provider Enrollment Criteria for Complex Rehabilitation Technology Suppliers

To receive reimbursement for CRT services from ForwardHealth, providers must enroll under the provider specialty: complex rehabilitation technology supplier. To be eligible for Wisconsin Medicaid enrollment as a CRT supplier, per Wis. Admin. Code § DHS [105.54](#), providers must meet the following criteria:

- Have an Entity Type 2 National Provider Identifier (NPI).
- Meet the criteria per Wis. Admin. Code § [DHS 105.40](#).
- Be accredited by a Wisconsin Department of Health Services-recognized accreditation organization.
- Upload certificates of individuals employed by the provider and certified as an assistive technology professional by the Rehabilitation Engineering and Assistive Technology Society of North America. Providers can also mail or fax the certificates.
- Provide attestation to the statement, "The organization has the capability to service and repair all complex rehabilitation technology provided."

For a current list of Wisconsin Department of Health Services-recognized accreditation organizations, refer to the [Accreditation of Medicare Certified Providers & Suppliers webpage](#) on the Centers of Medicare & Medicaid Services website.

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Providers should upload a letter with their enrollment application requesting their desired effective date. This will allow providers to submit claims for CRT supplier services with dates of service on and after February 1, 2022. For more information on enrollment effective dates, refer to the [Enrollment Information](#) and [Backdating Provider Enrollment](#) sections of this Update.

Wisconsin Medicaid Enrollment Process

Providers must be enrolled in Wisconsin Medicaid to receive reimbursement of services provided to BadgerCare Plus or Medicaid members in both fee-for-service and managed care organizations.

Existing Medicaid-enrolled providers **must** begin a new enrollment if they want to apply for the CRT supplier specialty. Providers may be enrolled under more than one provider type and specialty. To enroll in Wisconsin Medicaid under the CRT supplier provider specialty, the provider should follow these steps:

1. Access the [Portal](#).
2. Click [Become a Provider](#) on the left side of the Portal home page. The Provider Enrollment Information home page will be displayed.
3. On the upper left side of the Provider Enrollment Information home page, click [Start or Continue Your Enrollment Application](#).
4. In the To Start a New Medicaid Enrollment box, click [Medicaid/Border Status Provider Enrollment Application](#).
5. Click **Next** after reading the instructions.
6. On the Type of Applicant panel, select **Organization**.
7. Navigate through the enrollment wizard by entering or selecting the applicable information and click **Next** to continue.
8. On the Provider Type panel, select **Medical Equipment Vendors**.
9. On the Provider Specialty panel, select **Complex Rehabilitation Technology Supplier**.

A provider application fee will be assessed for each enrollment when applying for Wisconsin Medicaid enrollment, unless the provider paid an application fee to Medicare or another state's Medicaid program. For more information about application fees, refer to the Enrollment Requirements Due to the Affordable Care Act topic ([#14137](#)) of the ForwardHealth Online Handbook.

Providers should note their application tracking number for tracking purposes. Providers can track their application by entering their application tracking number in the [Enrollment Tracking Search](#) tool on the Portal.

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Revalidation

All Wisconsin Medicaid-enrolled providers must revalidate their enrollment information every three years to continue participating with Wisconsin Medicaid. When revalidating their enrollment, providers are subject to the application fee.

During the revalidation process, providers must update their enrollment information and sign the Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation. In some cases, a site visit may be needed before enrollment or revalidation can be completed.

For more information about the revalidation process, refer to the Enrollment Requirements Due to the Affordable Care Act topic ([#14137](#)) of the Online Handbook.

Notice of Enrollment Decision

ForwardHealth usually notifies the provider of their enrollment status within 10 business days after receiving the **completed** enrollment application, but no longer than 60 days. ForwardHealth will then either approve or deny the application. Wisconsin Medicaid will enroll the provider if the application is approved. If the enrollment application is denied, Wisconsin Medicaid will give the applicant the reasons for the denial in writing.

Wisconsin Medicaid will send a welcome letter to new Medicaid-enrolled providers. A copy of the provider agreement and an attachment is included with the welcome letter that contains important information such as effective dates and the assigned provider type and specialty. This information is used when conducting business with Wisconsin Medicaid.

Establishing a Portal Account

Establishing a Portal Account will allow providers to keep information current with Wisconsin Medicaid. A provider may update information, check a member's eligibility, and submit PA requests and claims via the Portal. To request Portal access and the necessary PIN, complete the following:

1. Access the [Portal](#), and click the Providers icon.
2. In the Quick Links box on the right side of the page, click [Request Portal Access](#). The Request Portal Access page will be displayed.
3. In the NPI Information section, enter the provider's NPI in the NPI Number field.
4. Click **Search**. The ForwardHealth Enrollment for Requested NPI section will auto-populate with the provider's information that ForwardHealth has on file. If the NPI is not found, the page will refresh and it will not be populated with the provider's information.

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5. Click the appropriate row from the ForwardHealth Enrollment for the Requested NPI section. The Selected NPI section will auto-populate with the selected information.
6. Enter the provider's Social Security number (SSN) or Tax Identification Number (TIN) in the SSN or TIN field in the Selected NPI section.
7. Click **Submit**. If the request is successful, a confirmation page will be displayed.

After a provider successfully requests Portal access, a letter with a PIN will be mailed to the provider. Access to the Portal is **not** possible without a PIN. The letter will also include a Login ID, which is a provider's NPI or Provider ID. For security purposes, the Login ID only shows the third through sixth digits of the ID. Providers should not share their login information with anyone except appropriate staff. It is recommended that providers change their login information when there are staff changes.

Providers may call the ForwardHealth Portal Help Desk (866-908-1363) with technical questions on Portal functions. Refer to the [ForwardHealth user guides](#) for information on various functions of the Portal including verifying member enrollment; submitting electronic claims, adjustments, and prior authorization (PA) requests; and viewing other reports and data.

Resources

Providers are encouraged to use the various resources intended to help them succeed in doing business with ForwardHealth.

User Guides and Instruction Sheets

[Portal user guides and instruction sheets](#) give step-by-step instructions on using various functional areas of the Portal.

Updates and Online Handbook

Updates are the first sources of provider information and announce the latest information on policy and coverage changes.

Changes to policy information are typically included in the [Online Handbook](#) in conjunction with published Updates. Providers should use the Online Handbook as a reference since it is continually updated.

Portal Messaging and Email Subscription

ForwardHealth sends Portal account messaging and email subscription messaging to notify providers of newly released Updates.

Providers who have established a Portal account will automatically receive notifications from ForwardHealth in their Portal Internal Message Center inbox.

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Providers and other interested parties may also [register](#) to receive email subscription notifications. Refer to the [ForwardHealth Portal Email Subscription User Guide](#) for instructions on how to sign up for email subscriptions.

Provider Services

Providers should call Provider Services for answers to enrollment and policy questions. Provider Services is organized to include program-specific assistance to providers. Providers may contact Provider Services at 800-947-9627 with questions.

As a supplement to Provider Services, WiCall is an automated voice response system that allows direct access to enrollment information for providers with touch-tone phones. Providers can reach WiCall at 800-947-3544 and press “1” to begin.

ATTACHMENT B

Covered Complex Rehabilitation Technology Services

This attachment lists all Healthcare Common Procedure Coding System procedure codes for services that are currently considered complex rehabilitation technology services. As a reminder, for dates of service on or after February 1, 2022, ForwardHealth will **only** reimburse disbursed complex rehabilitation technology services for providers who are enrolled in the complex rehabilitation technology supplier provider specialty.

CODE	DESCRIPTION
E0637	Combination sit to stand frame/table system, any size, including pediatric, with seat lift feature, with/without wheels
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric with or without wheels
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric with or without wheels
E0642	Standing frame/table system, mobile (dynamic stander), any size, including pediatric
E0986	Manual wheelchair accessory, push-rim activated power assist system
E1002	Wheel accessory, power seating system, tilt only
E1003	Wheel accessory, power seating system, recline only, without shear reduction
E1004	Wheel accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheel accessory, power seating system, recline only, with power shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including push rod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1012	Wheelchair accessory, addition to power seating system, pcenter mount power elevating leg rest/platform, complete system, any type, each

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CODE	DESCRIPTION
E1014	Reclining back, addition to pediatric size wheelchair
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
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
E2209	Accessory, arm trough, with or without hand support, each
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
E2301	Wheelchair accessory, power standing 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
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each

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CODE	DESCRIPTION
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth

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CODE	DESCRIPTION
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
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
K0005	Ultra-lightweight wheelchair
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds

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CODE	DESCRIPTION
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds

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CODE	DESCRIPTION
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds

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CODE	DESCRIPTION
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
T5001	Positioning seat for persons with special orthopedic needs, supply, not otherwise specified

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