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DURABLE MEDICAL EQUIPMENT

CONTENTS

- WHEELCHAIR REQUIREMENTS FOR PARTICIPANTS RESIDING IN A NURSING HOME
- PRIOR AUTHORIZATION REQUESTS/LETTERS OF MEDICAL NECESSITY
- ASSISTIVE TECHNOLOGY PROFESSIONAL
- PHYSICIAN FACE-TO-FACE EVALUATION
- PHYSICIAN ORDER
- POWER WHEELCHAIRS AND ACCESSORIES FOR PARTICIPANTS IN A NURSING HOME
- CUSTOM WHEELCHAIRS FOR PARTICIPANTS IN A NURSING HOME
- WHEELCHAIR CODE K0009

WHEELCHAIR REQUIREMENTS FOR PARTICIPANTS RESIDING IN A NURSING HOME

To assist in ensuring MO HealthNet participants receive the least costly medically appropriate equipment, the following wheelchair requirements are being implemented for participants residing in a nursing home. Providers are reminded that any item of durable medical equipment provided to a MO HealthNet participant must be the least costly medically appropriate alternative. **The requirements are effective for all prior authorization requests received on or after April 15, 2010.**

PRIOR AUTHORIZATION REQUESTS/LETTERS OF MEDICAL NECESSITY

When submitting a prior authorization request for a *custom or power wheelchair*, there must be comprehensive written documentation submitted with the prior authorization request. Letters of medical necessity/medical necessity documentation must be signed by the prescribing physician as well as the nursing home's director of nursing or the nursing home's employed or contracted licensed physical or occupational therapist (the physical or occupational therapist may have no financial relationship with the DME provider, except for hospital-based providers). In addition, letters of medical necessity generated by the supplier must be written on the supplier's letterhead and signed by both the supplier and the prescribing physician as well as the nursing home's director of nursing or the nursing home's employed or contracted licensed physical or occupational therapist (the physical or occupational therapist may have no financial relationship with the DME provider, except for hospital-based providers).

Letters of medical necessity must clearly and specifically explain the following:

- The diagnosis/comorbidities and conditions relating to the need for a custom or power wheelchair
- Description and history of limitations/functional deficits
- Description of physical and cognitive abilities to utilize equipment
- History of previous interventions/past use of mobility devices
- Description of existing equipment, age and specifically why it is not meeting the participant's needs
- Why a less costly mobility device is unable to meet the participant's needs (i.e., cane, walker, manual wheelchair)
- Documentation and justification of medical necessity of recommended mobility device, accessories and positioning components
- Documentation/explanation of participant's ability to safely tolerate/utilize the recommended equipment
- Documentation/explanation as requested by the State consultant

ASSISTIVE TECHNOLOGY PROFESSIONAL

Custom or power wheelchairs for participants residing in a nursing home must be supplied by a provider that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs. The ATP must have direct, in-person involvement in the wheelchair selection for the participant.

PHYSICIAN FACE-TO-FACE EVALUATION

For a *custom or power wheelchair* to be covered for a participant residing in a nursing home, the treating physician must conduct a face-to-face examination of the participant before writing an order for the custom or power wheelchair. The face-to-face examination must be completed prior to any examination performed by the DME Provider. The DME provider must receive the written report of the physician examination within 90 days after completion of the face-to-face physician examination.

The report must provide pertinent information about the following elements but may include other details.

- History of the present condition(s) and past medical history that is relevant to mobility needs
- Physical examination that is relevant to mobility needs:
 - Weight and height

- Musculoskeletal examination to include arm and leg strength and range of motion
- Neurological examination to include documentation of functional ambulation and balance and coordination
- Distance participant can walk without stopping
- Pace of ambulation
- What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
- Ability to stand up from a seated position without assistance
- Description of the ability to perform activities of daily living
- Cardiopulmonary examination (heart rate, oxygen saturation levels)

The physician examination must be tailored to the individual participant's condition. The history must clearly illustrate the participant's functional abilities and limitations on a typical day. It must contain as much objective data as possible. The physical examination must be focused on the body systems responsible for the participant's ambulatory difficulty or impact the participant's ambulatory ability. A copy of the physical or occupational therapy evaluation completed by a licensed physical or occupational therapist may be utilized for the physical exam. (The physical or occupational therapist may have no financial relationship with the DME provider, except for hospital-based providers. There is no separate reimbursement outside the nursing home per diem for a physical or occupational therapy evaluation). All areas noted above for the physical exam must be addressed. All face-to-face required documentation must be signed by the physician prior to the physician order for equipment being written.

A date stamp or equivalent must be used to document the date that the provider receives the report of the face-to-face physician examination. The written report of the physician examination must be submitted with the prior authorization request.

PHYSICIAN ORDER

For *custom or power wheelchairs* for participants residing in a nursing home, a physician order must be received by the DME Provider within 90 days after completion of the face-to-face physician examination and prior to any DME provider evaluation. The physician order must contain all of the following:

- Participant's name
- Description of the item that is ordered (may be general such as power wheelchair, manual wheelchair)
- Date of the face-to-face examination
- Pertinent diagnoses/conditions that relate to the need for the custom or power wheelchair
- Length of need
- Physician's signature
- Date of the physician signature

A date stamp or equivalent must be used to document receipt date.

POWER WHEELCHAIRS AND ACCESSORIES FOR PARTICIPANTS IN A NURSING HOME

In addition to the requirements above, requests for Group 2 power wheelchairs for participants residing in a nursing home must:

- A. Document one of the following diagnoses:
 1. Spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1)
 2. Other spinal cord diseases (336.0-336.3)
 3. Multiple Sclerosis (340)
 4. Other demyelinating disease (341.0-341.9);
 5. Cerebral Palsy (343.0-343.9);
 6. Anterior Horn Cell Diseases including Amyotrophic Lateral Sclerosis (335.0-335.21, 335.23-335.9)
 7. Post polio paralysis (138)
 8. Traumatic brain injury resulting in quadriplegia (344.09);
 9. Spina Bifida (741.00-741.93)
 10. Childhood cerebral degeneration (330.0-330.9)
 11. Current stage II or greater pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface (trunk, spine or pelvis) (must be noted and described by the physician in the face-to-face visit; justification must document what other types of skin protection measures have been utilized)
 12. Severe orthopedic abnormality of the hip, spine or pelvis significantly affecting positioning (must be documented by the physician in the face-to-face visit)

- B. Explain why a less costly mobility device is unable to meet the participant's needs including a description of equipment trials and their effectiveness.

Requests for Group 3 power wheelchairs will only be considered when the following criteria are met:

- A. All criteria for a Group 2 power wheelchair are met; and
- B. Medical justification provides extensive documentation of why a Group 2 power wheelchair and other less costly devices will not meet the participant's needs; and
- C. Documentation includes the length of time the participant has resided in the nursing home; and
- D. One of the following:
 1. Documentation includes a copy of the discharge plan from the nursing home's patient record that clearly states the participant's discharge date is in the next 90 days to an independent or less restrictive living environment and that the participant will be involved in activities that require the client to utilize a wheelchair in the community on a frequent basis (e.g. work, shopping, self-transport to appointments). Supporting documentation from a physician, social worker or OT/PT explaining the recipients discharge plans and mobility needs must accompany the discharge plan; or

2. The medical necessity justification provides clear documentation that the participant requires specialty controls other than a joy stick to independently operate the wheelchair.

The following equipment is not considered medically necessary for participants residing in a nursing home:

- Group 1 power wheelchairs;
- Group 4 power wheelchairs;
- Multiple power seat function (i.e., power tilt and recline)
- Power elevating leg rests/lower extremity power articulating platform

CUSTOM WHEELCHAIRS FOR PARTICIPANTS IN A NURSING HOME

When prior authorized, MHD will reimburse for medically necessary custom wheelchairs for participants residing in a nursing home. All prior authorization requests must indicate why a less costly wheelchair is unable to meet the participant's needs. Criteria A, B and C below describe the various criteria utilized for a wheelchair to be considered custom. Criteria for individual HCPCS codes are listed following criteria A, B and C below.

- A. Any wheelchair with a custom seating system. A custom seating system is a wheelchair seating system which is individually made for a participant using a plaster model of a participant, a computer generated model of the participant (i.e. CAD-CAM technology), or the detailed measurements of the participant to create either:
 - (a) a molded, contoured, or carved (foam or other suitable material) custom-fabricated seating system that is incorporated into the wheelchair base; or
 - (b) a custom seating system made from multiple pre-fabricated components or a combination of custom fabricated materials and pre-fabricated components which have been configured and attached to the wheelchair base or incorporated into a wheelchair seat and/or back in a manner that the wheelchair could not be easily re-adapted for use by another individual.

To qualify for a custom seating system, an individual must meet all the requirements of a custom fabricated seat cushion or a custom fabricated back cushion as described in Section 13.29.G of the Durable Medical Equipment Provider Manual. The prior authorization request must document all of the following:

1. Why a prefabricated system is not sufficient to meet the participant's seating and positioning needs.
 2. What orthopedic deformity is present and it's fixed or flexible presentation.
 3. What altered muscle tone is present and its increased or decreased presentation that affects seating and positioning.
 4. Why any existing system is not meeting the participant's seating and positioning needs.
- B. A specially sized or constructed wheelchair that is provided to a participant whose anatomical measurements require the following:

1. A wheelchair seat width of 25 inches or more; or
 2. A wheelchair with a weight capacity for 351 or more pounds; or
 3. A wheelchair with a seat to floor height of less than 15 ½ inches
- C. A wheelchair for a participant who has absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses or conditions:
1. Spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1)
 2. Other spinal cord diseases (336.0-336.3)
 3. Multiple Sclerosis (340)
 4. Other demyelinating disease (341.0-341.9);
 5. Cerebral Palsy (343.0-343.9);
 6. Anterior Horn Cell Diseases including Amyotrophic Lateral Sclerosis (335.0-335.21, 335-23-335.9)
 7. Post polio paralysis (138)
 8. Traumatic brain injury resulting in quadriplegia (344.09);
 9. Spina Bifida (741.00-741.93)
 10. Childhood cerebral degeneration (330.0-330.9)
 11. Current stage II or greater pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface (trunk, spine or pelvis) (must be noted and described by the physician in the face-to-face visit; justification must document what other types of skin protection measures are being utilized)
 12. Severe orthopedic abnormality of the hip, spine or pelvis significantly affecting positioning (must be noted and described by the physician in the documentation of the face-to-face visit)

HCPCS code specific requirements are as follows:

- Wheelchairs described by HCPCS codes K0001, K0002, and K0003 will not be considered custom wheelchairs.
- Wheelchairs described by HCPCS code K0004 may be considered custom if criterion A, B or C above is met. Documentation for K0004 must justify why a less costly device cannot be used.
- Wheelchairs described by HCPCS code K0005 may be considered custom if criterion A or B above is met along with one of the following diagnosis codes:
 1. Spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1)
 2. Other spinal cord diseases (336.0-336.3)
 3. Multiple Sclerosis (340)
 4. Other demyelinating disease (341.0-341.9);
 5. Cerebral Palsy (343.0-343.9);
 6. Anterior Horn Cell Diseases including Amyotrophic Lateral Sclerosis (335.0-335.21,335-23-335.9)
 7. Post polio paralysis (138)
 8. Traumatic brain injury resulting in quadriplegia (344.09);
 9. Spina Bifida (741.00-741.93)

10. Childhood cerebral degeneration (330.0-330.9)
11. Current stage II or greater pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface (trunk, spine or pelvis)(must be noted and described by the physician in the face-to-face visit documentation; justification must document what other types of skin protection measures have been utilized)
12. Severe orthopedic abnormality of the hip, spine or pelvis significantly affecting positioning (must be noted and described by the physician in the face-to-face visit documentation)

Documentation for a K0005 must justify why a K0004 and other less costly device cannot be used.

- Wheelchairs described by HCPCS code E1161 may be considered custom if criterion C above is met.
- Wheelchairs described by HCPCS codes K0006 and K0007 may be considered custom if two of the requirements stated in criterion B above are met.

WHEELCHAIR CODE K0009

Effective April 15, 2010, HCPCS code K0009 will generally be considered not covered for participants residing in a nursing home. Requests for K0009 wheelchairs will only be considered in extenuating circumstances and when the following exists:

- A. Extensive documentation why no other manual wheelchair (K0001-K0007) will meet the participant's needs; and
- B. The participant's anatomical measurements are provided and document the participant requires one of the following:
 1. A wheelchair seat width of 25 inches or more; or
 2. A wheelchair with a weight capacity of 351 or more pounds.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896

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