

PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT

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PRIOR AUTHORIZATION REQUIRED FOR K0005 AND K0009

To ensure there is adequate documentation of medical necessity and that participants receive the least costly medically appropriate equipment, effective for dates of service on or after February 15, 2012, K0005 (ultra lightweight wheelchair) and K0009 (other manual wheelchair/base) will require Prior Authorization (PA) for all MO HealthNet participants.

TRANSITION OF RESTRICTION CHANGE

Currently K0005 and K0009 require a Certificate of Medical Necessity (CMN). Approved CMN's, regardless of authorization date, will not be valid for dates of service on or after February 15, 2012.

If submitting a PA for K0005 or K0009 prior to February 15, 2012, you must enter February 15, 2012 in the "from date" field on the PA Request form for the PA to systematically process.

DOCUMENTATION FOR WHEELCHAIR PRIOR AUTHORIZATION REQUESTS

When requesting prior authorization for K0005 or K0009, justification *must* accompany the PA Request form. Justification *must include* comprehensive written documentation that clearly and specifically explains all the following:

- The diagnosis/comorbidities and conditions relating to the need for a 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
- Descriptions 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, standard 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

If the participant has been evaluated by a physical therapist, occupational therapist or in a wheelchair clinic, the information obtained in the evaluation *must* also be included. The DME provider *must* ensure that the wheelchair being requested is the least costly medically appropriate equipment to meet the participant's physical needs as well as environmental needs (e.g., the wheelchair fits through the doors of the participant's home).

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.mo.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 573-751-2896 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896