Missouri Department of SOCIAL SERVICES

MoHealthNet

PROVIDER BULLETIN

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DURABLE MEDICAL EQUIPMENT

CONTENTS

- **Manual Wheelchair (MWC) Rental for Children**
- **Wheelchair Cushions**
- **Heavy Duty Group 2 Custom Wheelchair for Nursing Home Participants**
- **Additional Qualifying Diagnoses for Power Wheelchair in the Nursing Home**

MANUAL WHEELCHAIR (MWC) RENTAL FOR CHILDREN

The MO HealthNet Division (MHD) has added provisions allowing quicker access to a MWC with reclining back for participants ages 20 and under when needed for 3 months or less. The need must be due to at least one of the following reasons:

- A surgical procedure performed that prevents the participant from a 90 degree flexion of the hips and knees;
- Participant has been placed in a Spica cast; or
- Any proven medically necessary situation where the participant requires immediate access on a short-term basis.

Effective with dates of service on and after September 1, 2017, the following procedure codes will be allowed for a 3 month rental or less with the addition of an EP modifier and an approved Certificate of Medical Necessity (CMN) on file:

- E1014EPRR – reclining back for pediatric size wheelchair
- E1226EPRR – manual fully reclining back
- E1236EPRR – manual wheelchair, folding, adjustable, with seating system
- K0001EPRR – standard wheelchair
- K0002EPRR – standard hemi (low seat) wheelchair
- K0003EPRR – lightweight wheelchair
- K0004EPRR – high strength lightweight wheelchair

If a MWC is needed beyond the 3 month rental, a new request will be required following the regular procedure and process.

WHEELCHAIR CUSHIONS

Effective with dates of service on and after September 1, 2107, the MHD will change the restriction for reimbursement of select wheelchair cushions. The MHD will no longer require a prior authorization (PA) request. The items will now require an approved CMN for providers to receive reimbursement. The codes affected are listed below:

- E2201NU – Manual wheelchair (MWC) accessory width 20 to 23 inches
- E2202NU – MWC accessory width 24-27 inches
- E2203NU – MWC frame depth 20 to 21inches
- E2204NU – MWC frame depth 22 to 25 inches
- E2601NU – Wheelchair seat cushion width less than 22 inches, any depth
- E2602NU – Wheelchair seat cushion width 22 inches or greater, any depth
- E2611NU – Wheelchair back cushion, width less than 22 inches, any height
- E2612NU – Wheelchair back cushion, width 22 inches or greater, any height

Heavy Duty Group 2 Custom Wheelchair for Nursing Home Participants

Effective with dates of service on and after September 1, 2017, Group 3, heavy duty, single power function wheelchair requests can be submitted to the MHD for review, if a participant qualifies for a Group 2, heavy duty, single power function wheelchair. Due to limited availability of Group 2 heavy duty wheelchairs, the MHD will review the documentation for a Group 3 heavy duty wheelchair. The item will be approved as long as it is medically necessary and the least costly option to meet medical necessity.

Additional Qualifying Diagnoses for Power Wheelchair in the Nursing Home

Effective with dates of service on and after September 1, 2017, additional diagnoses will allow a participant in a nursing home to be considered for a power wheelchair. The diagnoses can meet one of the additional following conditions:

- The participant has had a leg and arm amputation or congenital deformity resulting in non-functional use of 3 or more limbs; or

- The participant has non-functional paralysis for two or more limbs and permanent non-functional use of a third limb.

This information must be supported by diagnosis in the patient's file. It must be included in the detailed physician's chart note including documentation of the physical examination portion of the face-to-face encounter. The documentation must accompany the PA request from the DME provider.

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/ 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.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Managed Care Services

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 MO HealthNet card or by calling the Provider Communications 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