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Program Name: BadgerCare Plus and
Medicaid

Handbook Area: Durable Medical
Equipment

07/30/2018

Prior Authorization : Wheelchairs and Wheelchair Accessories

Topic #1883

Power-Operated Vehicles (Scooters)

All power-operated vehicles require PA (prior authorization). PA requests for power-operated vehicles with procedure codes K0801, K0802, K0807, and K0808 will be considered when the member has exceptional needs (e.g., greater weight capacity or heavy-duty needs). Providers are required to document on the PA request the member's medical need and any exceptional circumstances (e.g., member's weight) for consideration of the use of these procedure codes.

Documentation for Power-Operated Vehicles

PA requests for power-operated vehicles must include the following:

- A completed PA/RF (Prior Authorization Request Form, F-11018 (05/13)).
- A completed PA/DMEA (Prior Authorization/Durable Medical Equipment Attachment, F-11030 (07/12)).
- Brand/model of requested equipment.
- A photocopy of the manufacturer's suggested retail price list when requesting a power-operated vehicle with procedure codes K0801, K0802, K0807, and K0808 or any accessories listed under procedure code E1399 (Durable medical equipment, miscellaneous).
- A prescription signed and dated by a physician within six months of the date ForwardHealth receives the PA request.

Providers are reminded that PA requests for power-operated vehicles must include, at a minimum, the following supporting clinical documentation:

- Member's height and weight.
- Member's diagnosis and date of onset and any associated condition(s) necessitating the equipment.
- Member's ambulation skills.
- Member's ability to transfer on and off the power-operated vehicle.
- Member's demonstrated ability to use the power-operated vehicle in all necessary environments.
- How and where the scooter will be used in the member's daily routine (e.g., indoors versus outdoors, city versus rural).
- Location of power-operated vehicle when not in use.
- Accessibility of rooms used in member's residence.
- Method of transporting the power-operated vehicle.
- Therapy evaluation, if available and/or if requested.
- List of reasons the requested power-operated vehicle was selected over other brands/models as the most appropriate and cost effective. Indicate other brands/ models considered or tried but not selected.

This documentation, along with the serial number of the power-operated vehicle that is being requested, must be maintained in the member's medical record.

Documentation for Replacement Equipment

A PA request for a power-operated vehicle that is replacing existing equipment must include the following supporting documentation:

- Age and condition of existing equipment.
- Reason for replacement.
- Whether repair to existing equipment is possible, and if so, the total estimated cost to repair the existing equipment.

Topic #1884

Wheelchairs and Accessories

Rental of manual wheelchairs after 60 days requires PA (prior authorization). The PA request must indicate that the need is of short-term duration. Rental of a wheelchair may be approved for a time period.

The following guidelines are used for requesting PA for a non-nursing home manual wheelchair and a non-nursing home power/motorized wheelchair:

- Document the specific brand and type with the components.
- Have a physician prescription.
- Documents the following (be as specific as possible):
 - Medical necessity.
 - Therapist evaluation and justification (if available).
 - Independent use or description of abilities.
 - Caregiver involvement.
 - Accessibility of the home (e.g., ramps, door ways, bathroom, halls, kitchen).
 - Means of transporting the wheelchair.
 - Specific activity involvement.

Wheelchairs for Nursing Home Residents

Justification on the PA request for nursing home wheelchairs must include specific and measurable goals for functional ADL (activities of daily living). Functional ADL include eating, dressing, hygiene, grooming, and vocational activities of the member. The therapy evaluation typically includes this information and should be attached to the PA request. The following are not considered medically necessary justifications for obtaining PA:

- Independent mobilization of a wheelchair to social activities.
- Therapy consisting of a range of motion program.
- General strengthening program.
- Positioning program or prevocational skills.