

Medical Necessity Guidelines: Manual Wheelchairs

Effective: October 21, 2020

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Applies to: COMMERCIAL Products <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 <ul style="list-style-type: none"> CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization TUFTS HEALTH PUBLIC PLANS Products <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 *The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists. SENIOR Products <ul style="list-style-type: none"> Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	
To obtain InterQual® SmartSheets™: <ul style="list-style-type: none"> Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for manual wheelchairs.

To obtain prior authorization for manual wheelchair, choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

The following individual InterQual SmartSheets are to be used when requesting prior authorization:

- **Wheelchair Manual, Standard Hemi (low seat)**
- **Wheelchair Manual, Lightweight**
- **Wheelchair Manual, High Strength Lightweight**
- **Wheelchair Manual, Ultra Lightweight**
- **Wheelchair Manual, Heavy Duty**
- **Wheelchair Manual, Extra Heavy Duty**
- **Wheelchair Manual, Adult Size, Includes Tilt in Space**

LIMITATIONS

Tufts Health Plan will not cover the purchase of a manual wheelchair for use as a back-up mobility device when primary mobility device is in need of repair or when manual wheelchair is needed for convenience purposes of Member and/or Member's caregiver(s).

CODES

Durable Medical Equipment REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan uses InterQual SmartSheet(s) for the following manual wheelchairs and associated HCPCS codes.

WHEELCHAIR MANUAL, STANDARD HEMI (LOW SEAT)

The following HCPCS code(s) require prior authorization:

Code	Description
K0002	Standard hemi (low seat) wheelchair

WHEELCHAIR MANUAL, LIGHTWEIGHT

The following HCPCS code(s) require prior authorization:

Code	Description
K0003	Lightweight wheelchair

WHEELCHAIR MANUAL, HIGH STRENGTH LIGHTWEIGHT

The following HCPCS code(s) require prior authorization:

Code	Description
K0004	High strength, lightweight wheelchair

WHEELCHAIR MANUAL, ULTRA LIGHTWEIGHT

The following HCPCS code(s) require prior authorization:

Code	Description
K0005	Ultra lightweight wheelchair

WHEELCHAIR MANUAL, HEAVY DUTY

The following HCPCS code(s) require prior authorization:

Code	Description
K0006	Heavy duty wheelchair

WHEELCHAIR MANUAL, EXTRA HEAVY DUTY

The following HCPCS code(s) require prior authorization:

Code	Description
K0007	Extra heavy duty wheelchair

WHEELCHAIR MANUAL, ADULT SIZE, INCLUDES TILT IN SPACE

The following HCPCS code(s) require prior authorization:

Code	Description
E1161	Manual adult size wheelchair, includes tilt in space

REFERENCES

1. Centers for Medicare and Medicaid. Local Coverage Determination (LCD) L33789 Power Mobility Devices accessed on October 3, 2016 from cms.gov/medicare-coverage-database/details/lcddetails.aspx?LCDId=33789&ver=23&Date=10%2f31%2f2019&DocID=L33789&bc=iAAAAABAAAA&
2. Center for Medicare and Medicaid National Coverage Determination (NCD) for Mobility Assistive Equipment 280.3 accessed on October 3, 2016 from cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&ncdver=2&DocID=280.3&bc=qAAAAABAAAA&
3. Centers for Medicare and Medicaid LCD for Manual Wheelchair Bases (L33788) accessed on October 3, 2016 from cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788&ver=6&CoverageSelection=Both&ArticleType=All&PolicyType=Final&=Massachusetts&Keyword=wheelchair&KeywordLookUp=Title&KeywordSearchType=And&bc=gAAACAAAA&
4. Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420

APPROVAL HISTORY

August 11, 2010: Reviewed by Medical Affairs-Medical Policy for November 1, 2010 effective date

Subsequent endorsement date(s) and changes made:

- November 9, 2011: Reviewed and renewed without changes.
- April 11, 2012: Reviewed and renewed at Integrated Medical Policy Advisory Committee (IMPAC), no changes.
- September 11, 2013: Reviewed by IMPAC, renewed without changes.
- November 19, 2014: Reviewed by IMPAC, Effective February 1, 2015 new individual InterQual® SmartSheet(s)™ will apply for each HCPCS code listed; and accessories will no longer require Prior Authorization.
- December 10, 2014: Reviewed by IMPAC, renewed without changes
- January 1, 2015: Instructions for Tufts Health Plan – Network Health products included in this document.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- December 9, 2015: Reviewed by IMPAC, renewed without changes
- October 24, 2017: Reviewed at IMPAC. For effective date April 1, 2017 a manual wheelchair for use as a back-up mobility device when primary mobility device is in need of repair or when manual wheelchair is needed for convenience purposes of Member and/or Member's caregiver(s) is not covered. Removal of Tufts Health Together to reflect new MNG for this plan, effective April 1, 2017.
- December 14, 2016: Reviewed by IMPAC, renewed without changes
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- November 8, 2017: Reviewed by IMPAC, renewed without changes
- October 10, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 Interqual upgrade for Tufts Health Commercial products including Tufts Health Freedom Plan. Effective December 17, 2018, Interqual upgrade is effective for Tufts Health Direct and Tufts Health Together. Effective January 14, 2019, Interqual upgrade effective for Tufts Health RITogether.
- January 1, 2019: Effective January 1, 2019, prior authorization of K0001 is not required for Tufts Health Commercial and Tufts Health Freedom Plan.
- February 15, 2019: Effective February 15, 2019, prior authorization of K0001 is not required for Tufts Health Direct Plan.
- October 16, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 10, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be

adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.