Department of Social Services Presentation for Wheelchair Task Force

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AGENDA

1 Wheeled Mobility Device Policy - Complex Rehab Technology (CRT)

2 PA Requirements for Members Living at Home/Community

3 PA Requirements for Members in Skilled Nursing Facilities/Care Facilities

4 CRT Costs to Members and Medicaid Waivers

5 PA Requirements for Repairs of CRT?

6 When is Prior Authorization Required for Repairs

7 Questions

Wheeled Mobility Device Policy – Complex Rehabilitative Technology (CRT)

Licensed Practitioner submits prescription to DME vendor, vendor submits prior authorization (PA) request to CHNCT with all required documentation as outlined in DSS bulletins and regulations. (For CRT, this includes the wheeled mobility guidelines letter of medical necessity (LMN) which is completed by the therapist; fields marked with an asterisk may be completed by the evaluating Assistive Technology Professional (ATP)). Please note this LMN is not required for repairs.

Accessibility Survey required for an in-home evaluation

CHNCT reviews and has a turn around time of 14 calendar days. Determination letters are faxed to vendor and mailed to member within 3 business days of decision.

PA Requirements for Members Living at Home/Community

- Prescription from licensed practitioner
- MD history and physical
- MD progress note and therapist evaluation
- Home accessibility survey completed (dated)
  - Home is accessible
  - Barriers identified
  - Survey signed by member or family member/caregiver

PA Requirements for Members in Skilled Nursing Facilities (SNF)

- Customized wheelchair prescription for SNF patients (form W-628) signed by therapist, nurse, physician and physiatrist
- MD history and physical
- MD progress note for SNF
- Physiatry and therapist evaluation for SNF

Complex Rehab Technology (CRT) – Cost to Members

No deductible or co-insurance are required for HUSKY members.

CRT is covered under the Medicaid State Plan when medically necessary for all Medicaid members, regardless of whether the person is on a waiver.

Prior Authorization (PA) Requirements for Repairs

- For members living at home and in nursing facilities, PA requirements for repairs are the same
- PA is only required for repairs over $1,000
- Prescription (good for 2 years from original purchase)
- Technician report, along with pricing documentation – both MSRP pricing and allowable pricing

When is PA Required for Repairs

DSS only requires PA for repairs in limited circumstances:

- For procedure codes where a repair is allowed that does not have an established fee. Prior authorization is necessary to price a repair accurately. (Because most wheelchair accessories/component procedure codes have established fees on the repairs, PA is rarely required in this type of situation.)
- For components or parts required for the repair that exceed the established fee schedule amount for repairs. (This does not apply to most custom wheelchair parts/accessories as the fee for repairs/modifications for these codes are priced at 100% of the purchase fee.)
- For components or parts required for a repair that are over $1,000. This is to ensure that the cost of the repair is clinically appropriate for the member and is cost-effective compared to a new purchase/replacement.
- For certain wheelchair seat cushions and back cushions for custom wheelchairs.

Thank you

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