



Connecticut Medical Assistance Program
Policy Transmittal 2016-21

Roderick L. Bremby, Commissioner

Provider Bulletin 2016-51
August 2016

Effective Date: August 10, 2016
Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Repairs and Modifications for Miscellaneous Wheelchair Components Billed Under Procedure Code K0108

Effective August 10, 2016 the Department of Social Services (DSS) is making adjustments to procedure code K0108 (wheelchair component or accessory not otherwise specified), which is found on the durable medical equipment (DME) fee schedule. Providers are required to bill specific procedure codes for wheelchair components that exist on the DME fee schedule. Procedure code K0108 must **only** be used for miscellaneous wheelchair components or accessories for which there is not a specific procedure code available.

These changes to the DME fee schedule are necessary in order to ensure that the Department is able to review repairs or modifications over \$1,000. This change will also allow DME providers to make necessary repairs and modifications for wheelchair miscellaneous small cost components without the burden of submitting excessive prior authorizations (PA).

K0108 and KA Modifier (Add on Option/Accessory for Wheelchair)

The Department is adding modifier KA (Add on option/accessory for wheelchair) to procedure code K0108 and will set this fee at \$1000.00 effective 8/10/2016. Durable medical equipment (DME) providers will now be required to use the KA modifier with procedure code K0108 when making modifications to wheelchairs in which miscellaneous parts or components are being added to an existing wheelchair. Any modifications to wheelchairs in which the miscellaneous components or parts

are in excess of \$1000.00 will require prior authorization.

K0108 and RB Modifier (Replacement of a Part of a DME, Orthotic or Prosthetic Item Furnished as Part of a Repair)

As a reminder, the Department made an adjustment to procedure K0108 used with the RB modifier (Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair) effective July 1, 2016. Consistent with this change, any repairs to wheelchairs in which miscellaneous wheelchair components are being replaced with new components or repaired must be billed with the RB modifier. The fee amount for code K0108 used with the RB modifier has been reduced from \$2000.00 to \$1000.00. Repairs less than \$1000.00 do not require prior authorization. This is a soft limit which can be overridden with PA. Prior authorization will be required for any miscellaneous wheelchair component(s) costing more than \$1000.00.

The changes outlined above do not affect the reimbursement methodology for these services.

Only repairs and modifications to customized wheelchairs for which a miscellaneous wheelchair component or accessory is required is affected by these changes and they only change the billing procedures and the prior authorization threshold.

Consistent with current practice, all brand new customized wheelchair PA requests, in which miscellaneous wheelchair components or accessories are being requested, will require prior authorization and modifiers.

RB or KA should not be used on the claim submission.

Distribution: This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program by Hewlett Packard Enterprise.

Responsible Unit: DSS, Division of Health Services, Medical Policy and Regulations, Ginny Mahoney, Policy Consultant (860) 424-5145

Date Issued: August 2016