



Connecticut Medical Assistance Program
Policy Transmittal 2016-10

Provider Bulletin 2016-28
June 2016

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2016

Contact: Ginny Mahoney @ 860-424-5145

TO: Medical Equipment Devices and Supplies (MEDS) Providers

RE: Billing for Customized Wheelchairs

Effective July 1, 2016, the Department of Social Services (DSS) is changing the billing requirements for customized wheelchairs. For authorizations granted on or after **July 1, 2016**, providers must submit claims using the appropriate procedure codes for each of the component parts of the wheelchair. This requirement applies to purchases (billed with modifier NU) and add-on options (billed with modifier KA).

Currently, all customized wheelchairs are billed as procedure code E1220, "Wheelchair, specially sized or constructed". Procedure code E1220 is a bundled code that represents all of the components and accessories approved as part of the request. The Medicaid Program's medical administrative services organization, Community Health Network of Connecticut (CHNCT) will begin issuing PAs in the system for customized wheelchairs as component parts and providers must submit claims to match the codes authorized by CHNCT. There is no change to the format of requests for prior authorization.

This change: (1) mirrors Medicare billing, which will simplify the processing of Medicare crossover claims for services provided to individuals who are eligible for both Medicare and Medicaid, (2) allows reporting of utilization by component to better monitor trends, and (3) enables DSS to study the feasibility and impact of various billing methods for complex rehabilitation technology.

This change only affects the billing method and does not change the total payment amount approved for each customized wheelchair approved through the prior authorization (PA) process. There are no changes to the itemized pricing documentation submitted to CHNCT in

support of the wheelchair request, and there are no changes to the final approved fee.

For example, a prior authorization request could be submitted for the following components:

<u>Component</u>	<u>Authorized Amount</u>
K0861 Power wheelchair...	\$4,857
E2617 Wheelchair back cushion...	\$380
E1005 Power seating system recline...	\$4,526
<u>E1029 Ventilator tray...</u>	<u>\$317</u>
Total	\$10,080

Currently, CHNCT will enter approval of this request as "E1220" with a fee of "\$10,080". Going forward, CHNCT will enter approval for each component with the fee authorized for each component. Claims must match the codes authorized and entered into the PA system, otherwise the claim will not pay.

Components that do not require PA should be included on the quotation in order to provide a complete clinical picture but CHNCT will not enter those codes on the PA. This change will be effective for **authorization requests submitted on or after July 1, 2016.**

During the transition period, claims should be submitted for the specific codes authorized. For example, a wheelchair authorized in May as an E1220 should be billed as an E1220 regardless of when the claim is submitted for processing within the six-month approval period. In other words, **make sure the codes on the claims match precisely as the codes on the authorization.**

Please be aware that claims for all wheelchairs, including customized wheelchairs, are subject to National Correct Coding Initiative (NCCI) editing as described in PB 2012-40. Authorization of a

customized wheelchair component is not a guarantee of payment. The provider is responsible for identifying any procedure code combinations that may not be billed on the same date of service by checking the following Web site:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/National-Correct-Coding-Initiative.html>
Code combinations not allowed based on NCCI edits will deny regardless of authorization.

Training Webinar

The Department of Social Services, along with CHNCT and Hewlett Packard Enterprise, invite providers to attend a Provider Webinar, which will be held on June 20, 2016 from 1:00 – 3:00 pm via a Virtual Room. This webinar will cover the changes in the prior authorization process and claims submission requirements for Customized Wheelchairs. In order to register to attend, please click on the following link: <https://zoom.us/webinar/register/1851c32b1784eb47510d14dfea9e911>

Attendees will be asked to provide the provider's name, NPI, contact name, contact telephone number and email address. Please note, while multiple attendees from a provider's office may attend, each attendee must register separately by clicking on the link and filling out the registration individually.

A confirmation number will be given to providers once they have successfully registered for the webinar.

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: June 2016