



## PROVIDER POLICIES & PROCEDURES

### USE OF HEAVY-DUTY AND EXTRA HEAVY-DUTY WHEELCHAIRS DURING NON-EMERGENCY MEDICAL TRANSPORTATION

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for the use of heavy-duty and extra heavy-duty wheelchairs during non-emergency medical transportation (NEMT). By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

A heavy-duty wheelchair is one that can support an individual weighing more than 250 pounds and an extra heavy-duty wheelchair can support an individual weighing more than 300 pounds. Reinforced back and seat upholstery are standard features of these wheelchairs.

#### CLINICAL GUIDELINE

Coverage guidelines for the use of heavy-duty and extra heavy-duty manual wheelchairs during NEMT are made in accordance with the Department of Social Services (DSS) definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of a heavy-duty or extra heavy-duty wheelchair during NEMT is considered medically necessary if the following criteria are met:

- A. The individual has severe spasticity and requires either a heavy-duty or extra heavy-duty wheelchair to safely and efficiently leave their residence; OR
- B. The individual weighs over 250 pounds and requires a heavy-duty wheelchair to safely and efficiently leave their residence; OR
- C. The individual weighs over 300 pounds and requires an extra heavy-duty wheelchair to safely and efficiently leave their residence; OR
- D. The individual's treating provider has documented that the individual requires a heavy-duty or extra heavy-duty wheelchair for a medical need that does not meet criteria A, B, or C above.

#### NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

Please note that authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the individual having active coverage, benefits and policies in effect at the time of service.

1

To determine if a service or procedure requires prior authorization, CMAP Providers may refer to the *Benefit and Authorization Grids* summaries on [www.ct.gov/husky](http://www.ct.gov/husky) by clicking on "For Providers" followed by "Benefit Grids". For a definitive list of benefits and service limitations, CMAP Providers may access the CMAP provider fee schedules and regulations at [www.ctdssmap.com](http://www.ctdssmap.com).

## PROCEDURE

Prior authorization for the use of heavy-duty and extra heavy-duty wheelchairs during NEMT is required. Requests for coverage for the use of heavy-duty and extra heavy-duty wheelchairs during NEMT will be submitted by the transportation vendor and reviewed in accordance with procedures in place for reviewing requests for durable medical equipment (DME). Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

### The following information is needed to review requests for the use of heavy-duty and extra heavy-duty wheelchairs during NEMT:

- Fully completed Prior Authorization Request Form
- Other information as requested by CHNCT

## EFFECTIVE DATE

This policy is effective for prior authorization requests for the use of heavy-duty and extra heavy-duty wheelchairs during NEMT for individuals covered under the HUSKY Health Program on September 13, 2022.

## LIMITATIONS

Not Applicable

## CODES:

Code	Definition
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair

## DEFINITIONS

1. **HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

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2

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7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

**ADDITIONAL RESOURCES AND REFERENCES:**

- Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Manual Wheelchair Bases (L33788). (10/1/2015) (Revised 01/01/2020). Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33788&ContrId=389>. Accessed on June 3, 2022.

**PUBLICATION HISTORY**

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