

**DADS Policy for Authorization of Nursing Facility
Customized Power Wheelchair (CPWC)**

12-2009

A request for authorization of a CPWC is subject to 40 Texas Administrative Code (TAC) §19.2614, which can be viewed at www.dads.state.tx.us/providers/NF/rules.html and this policy with the following exception: THSteps–eligible nursing facility (NF) residents who have a medical need for a CPWC must obtain the item from THSteps-Comprehensive Care Program (CCP). Refer to the *Texas Medicaid Provider Procedures Manual*, Section 24.3.1, Eligibility.

Basic Resident Requirements

1. All NFs **must** assist a resident who meets the initial eligibility criteria given below to apply for authorization for a CPWC.
2. To be eligible to request authorization of a CPWC, a resident must be:
 - Medicaid eligible;
 - age 21 years or older;
 - residing in a licensed and certified NF that has a Medicaid contract with the Department of Aging and Disability Services (DADS);
 - eligible for and receiving Medicaid services in an NF;
 - unable to ambulate independently more than 10 feet;
 - unable to use a manual wheelchair;
 - able to safely operate a power wheelchair;
 - able to use the requested equipment safely in the NF;
 - unable to be positioned in a standard power wheelchair;
 - undergoing a mobility status that would be compromised without the requested CPWC; and
 - certified by a signed statement from a physician that the CPWC is medically necessary.
3. The requirements in the above referenced rule and this policy must be met.
4. To be reimbursed by DADS, the NF must obtain authorization prior to purchasing the CPWC.
5. The NF must use DADS forms and the procedure in this policy to request the authorization.

Required Elements of the CPWC

1. The CPWC must be:

- designed to assist the eligible resident to be independently mobile in his/her environment;
- designed to meet the medical and physical needs of the resident and prevent or minimize any further physical decline;
- for the exclusive use of the resident for whom it is authorized; and
- the personal property of the resident for whom it is authorized.

2. A CPWC is a professionally manufactured wheelchair that consists of a power mobility base and customized seating system.

3. The power mobility base may include programmable electronics and may utilize alternate input devices.

4. The wheelchair must be medically necessary, adapted or fabricated to meet the individualized needs of the resident, and intended for the exclusive and ongoing use of the resident.

5. Components of the customized seating system must be in part or entirely usable only by the resident for whom the CPWC is adapted or fabricated. This means that at least one component of the seating system must be usable **only** by that resident.

6. For safety, all power chairs must include a stop switch.

Note: The resident may be authorized a Level 3 CPWC, which is a custom system with the addition of a molded seating system, tilt-in-space and/or reclining capabilities. Labor to create a molded seating system must not exceed 15 hours.

Documentation/Authorization Requirements

1. A CPWC request will be considered for authorization, following completion and submission of Form 3706, Nursing Facility Customized Power Wheelchair (CPWC).

2. The following documentation on Form 3706 **must** be completed prior to submission:

- resident-related identifying information, including information showing that the NF resident is age 21 or older;
- NF identifying information;
- CPWC assessment, including a seating evaluation, that is completed, signed and dated by a physical therapist or occupational therapist;
- the assessment and seating evaluation (both completed by the therapist) must support the medical necessity and appropriateness of the requested item(s);
- CPWC supplier information including:
 - a detailed breakdown of proposed CPWC specifications;
 - the manufacturer's retail pricing information (with itemized pricing including the description of the specific power mobility base, the seating system components and any attached accessories);

- supplier certification and acknowledgement that the items being supplied under the physician's order are consistent with the assessment and are appropriate and safe for use by the resident; and
- physician information, which includes:
 - diagnosis descriptions and justification of medical necessity; and
 - the physician's attestation of medical necessity (completed by the resident's physician) for the requested CPWC.

3. The therapist, supplier and resident's physician must each sign and date Form 3706 (with original signatures in the spaces indicated) prior to submission of the form to Texas Medicaid and Healthcare Partnership (TMHP). **Note:** The physician's signature **must** be the **resident's** physician.

4. Additional Form 3706 documentation requirements:

- To avoid unnecessary denials, Form 3706 must contain correct and complete information.
- Authorization request forms must be signed and dated by the resident's physician prior to submission to TMHP.
- All signatures and dates must be current, unaltered and original.
- All signatures and dates must be handwritten (computerized signatures, signature stamps and date stamps are not accepted).
- Form 3706 requests cannot be accepted beyond 90 days from the date of the physician's signature.
- The original signature copy of the completed Form 3706 must be maintained by the requesting NF and kept in the NF's medical record for the resident.
- The NF must also maintain copies in the resident's medical record of the delivery slip, vouchers and other supporting documentation related to the purchase, repair, adjustments and maintenance of the CPWC.
- The supplier **must** furnish information that verifies the manufacturer's suggested retail price (MSRP) of the items that the supplier has listed on Form 3706 to be submitted to TMHP.

Note: TMHP may contact the requesting NF, therapist or equipment supplier for additional information to clarify or complete a request for the CPWC.

Content of Assessment

To request authorization for a CPWC, an assessment must be completed by a licensed occupational therapist or physical therapist on Form 3706. The therapist's assessment **must** contain the following documentation:

- A seating evaluation indicating required fabrication and adaptations, along with seating measurements, performed by a licensed occupational or physical therapist.
- The seating evaluation must include specifications for exact mobility/seating equipment and all necessary accessories.
- A description of how the CPWC will meet the specific needs of the resident.
- Medical information pertinent to mobility and requested equipment including intellectual, postural, physical, sensory (visual and auditory) and physical status.

- Information addressing trunk and head control, balance, arm and hand function, existence and severity of physical and orthopedic deformities, as well as any recent changes in the resident's physical and/or functional status, and any expected/potential surgeries that may improve or further limit mobility.
- A description of the specific training needs for use of the device, including training needs of the resident, NF staff and family (when applicable).
- Anticipated changes in the resident's needs, modifications or accessories, including the potential of the wheelchair to accommodate changes in height and weight. **Note:** The wheelchair must accommodate height and weight changes of up to 20 percent.
- The resident's current height and weight must be documented.
- A description of the resident's current mobility/seating equipment, how long the resident has been in the current equipment, and why the equipment no longer meets the resident's needs.
- A description of the environment(s) where the equipment is to be used.
- The resident's physical and mental ability to receive and follow instructions related to the responsibilities of using the equipment. **Note:** The resident **must** be able to operate a CPWC independently.
- The therapist must provide written documentation that the resident is physically and cognitively capable of managing a power wheelchair.
- An explanation how the power wheelchair will be operated, such as joystick, head pointer, puff, or puff and go.
- The assessment must have been completed no later than 6 months prior to the date of submission.

TMHP Approval Process

1. The NF submits the completed CPWC submission (Form 3706 and additional information) to TMHP:

Fax to: TMHP LTC Program Authorization Department at 512-514-4223, **or**

Mail to: TMHP LTC Program Authorization Department, P.O. Box 200765, Austin, TX 78720-0765

2. The NF must keep a copy or the original submission in its records.

3. TMHP reviews the form within three business days and notifies the resident or the resident's legally authorized representative (LAR) and the NF of the authorization request status.

4. The possible authorization request status follows:

- **Approved** – An approval letter is sent to the resident or the resident's LAR and NF;
- **Pending Approval** – The authorization request is pended for 21 calendar days from the original review date and three contacts for additional information are attempted:
 - First contact – A letter is mailed to the NF on the original review date.
 - Second contact – Within seven calendar days of the first attempt, contact with NF, therapist or wheelchair supplier by telephone, fax or mail.

- Third contact – Within seven calendar days of the second attempt, contact with NF, therapist or wheelchair supplier by telephone, fax or mail.
- **Denied Request** – A denial letter is sent to the resident or the resident's LAR and NF. Appeal rights are given to the resident or LAR;
- **Partial Approval and Partial Denial** – A letter is sent to the resident or LAR and NF that contains a description of the appeal rights given to the resident/LAR;
- **Authorization Request Returns** – TMHP may send a return letter to the NF for any of the following reasons:
 - Missing or illegible resident-related identifying information;
 - Missing or illegible NF identifying information;
 - Resident is not Medicaid eligible;
 - Resident is not in the NF indicated on the authorization request; or
 - Resident does not have medical necessity for NF care.

5. If a return letter is sent to the NF and the NF resubmits the request to TMHP, the three-day review period starts over. **Note:** Authorization request returns are **not** considered “Pending Approval” or “Denied Request,” as those follow a different process (described above).

6. Fair hearings may be requested as a result of a denied request. If a fair hearing is requested:

- TMHP represents DADS at the hearing;
- If overturned, TMHP notifies the resident or the resident's LAR and NF of the decision; and
- If upheld, Health and Human Services Commission Appeals Division notifies the resident or the resident's LAR and NF of the decision.

DADS Service Authorization Process

1. The approval letter from TMHP alone is not a guarantee of payment. **Note:** The approval letter sent by TMHP is known as a “Prior Authorization” letter. This letter is indicative that TMHP has verified that the resident meets DADS eligibility requirements for authorization of a CPWC and TMHP will notify DADS of this determination.

2. The CPWC must then be authorized by DADS in the Service Authorization System and is required prior to payment of the CPWC.

3. NFs must access Medicaid Eligibility Services Authorization and Verification (MESAV) to verify that the CPWC has been authorized and the amount of the authorization prior to ordering the wheelchair. **Note:** When the NF is able to successfully verify the item and amount, then the purchase of the CPWC is authorized by DADS and may be purchased.

4. Benefits are only payable if the resident is residing in the NF, eligible for Medicaid at the time of service delivery and the NF is actively enrolled in the Medicaid program.

5. Reimbursement is made at the lesser of the provider's billed charges or the published Medicaid fee. The NF may bill only after the CPWC has been received by the resident.

Note: Any deviation from the services/components approved will require the NF to initiate a new prior authorization request process.

CPWC Reimbursement

1. After delivery of the CPWC to the resident, the NF must bill TMHP for payment using the NF's normal billing procedures.
2. The NF will be reimbursed by DADS for a CPWC at the lesser of the provider's billed charges or the published Medicaid fee.
3. The wheelchair assessment by a physical therapist or occupational therapist is reimbursed in the same manner as wheelchair evaluations in the Specialized and Rehabilitation Services programs for Nursing Facilities (See 40 TAC §19.1306 and the DADS *Medicaid Provider Manual for Long-Term Care Facilities*, Section 6000, Rehabilitation and Specialized Services).
4. **Service Codes** – The following service codes must be used when billing for CPWC services:
 - CPWC = Service Code 15A
 - CPWC Modifications = 15B
 - CPWC Adjustments = 15C
 - CPWC Assessment by Occupational Therapist (OT) = 7B
 - CPWC Assessment by Physical Therapist (PT) = 8B
5. To bill for CPWC services, the NF must:
 - Access the [LTC Bill Code Crosswalk](#)
 - Locate the appropriate service code (from above)
 - Locate the appropriate bill code
 - Locate the Healthcare Common Procedure Coding System (HCPCS) and revenue code (as appropriate)

Note: The LTC Bill Code Crosswalk is updated monthly and includes the new service codes (shown above).

6. Rates – The NF will be reimbursed by DADS for a CPWC at the lesser of the provider's billed charges or the published Medicaid fee.
7. All modifications and adjustments to the CPWC that occur within the first six months after delivery are considered part of the purchase price and must not be billed separately.
8. All NFs are required by 40 TAC §19.1925 and provider agreement (contract) to pay the CPWC supplier the authorized amount for the CPWC in a timely fashion, in accordance with the payment agreement between the supplier and the NF.

CPWC Maintenance and Repairs

1. As required by 40 TAC §19.2601(b)(8)(C), the NF must maintain and repair all medically necessary equipment for its residents, including each CPWC obtained under this policy.
2. If the resident is discharged from the facility, the NF is no longer responsible for repair and maintenance.
3. If a resident transfers to a different NF, the new NF is responsible for the maintenance and repair of the resident's medically necessary CPWC.
4. Maintenance includes the replacement of batteries and battery chargers, replacement of brakes and repairs to the CPWC.

CPWC Modifications

1. Modifications are the replacement of components due to changes in the resident's condition, not replacement due to the component no longer functioning as designed.
2. All modifications within the first six months after delivery are considered part of the purchase price.
3. Modifications to a CPWC after the first six months after delivery may be prior authorized should a change occur in the resident's needs, capabilities, or physical or mental status, which cannot be anticipated.
4. Documentation for modifications must include:
 - all projected changes in the resident's mobility needs;
 - the date of purchase;
 - the serial number of the current equipment; and
 - the cost of purchasing new equipment versus modifying current equipment.
5. A request for modifications must be submitted in the same manner as the request for the original purchase.

CPWC Adjustments

1. All adjustments within the first six months after delivery are considered part of the purchase price.
2. Adjustments do not require supplies.
3. A maximum of one hour of labor for adjustments may be prior authorized as needed after the first six months after delivery.
4. A request for adjustments must be submitted in the same manner as the request for the original purchase. **Exception:** Only Sections A, B, D and E of Form 3706 must be completed for adjustments.

CPWC Replacement

1. Replacement of the CPWC is the responsibility of the NF when the chair has been abused or neglected by staff of that NF.
2. Requests for replacement of a CPWC must be submitted in the same manner as the original assessment request of the CPWC outlined in this policy.
3. A request for a replacement CPWC must not be submitted prior to five years after the original date of purchase. **Exceptions** to the five-year requirement may be granted in the following cases:
 - CPWC was seriously damaged through no fault of the resident;
 - Request includes an order from the resident's physician and an evaluation by the physician or a licensed occupational or physical therapist that documents why the current CPWC no longer meets the resident's needs; and
 - CPWC was stolen and a police report is provided to document the theft.

Resident Facility Transfers

1. When a resident transfers from one facility to a different facility before the CPWC process is complete, the facility that the resident is **transferring from** must:
 - communicate to the new facility that the CPWC prior authorization process has been initiated;
 - communicate to the new facility what stage the process is currently in at the time the resident transfers;
 - provide the new facility with all information that has been obtained in the process up to that point (including a copy of the completed/partially completed Form 3706 and any approvals, denials or requests for additional information from TMHP);
 - notify the durable medical equipment supplier that the resident has transferred; and
 - contact the supplier and cancel the order for the CPWC. **Note:** The transferring facility may bill for the completed assessment.
2. The facility that the resident is **transferring to** must begin the process over by submitting to TMHP a **new Form 3706** when:
 - Form 3706 is not complete or has not been sent to TMHP; and
 - Form 3706 has been sent to TMHP, but has been denied by TMHP or TMHP is requesting additional information.
3. When the request for authorization of the CPWC has been **approved** and the resident moves to a new facility before the CPWC can be delivered by the supplier, then the **new** facility that the resident has moved to must follow the process outlined in Form 3706 for a "Transfer Request."

Note: The DADS contact for CPWC facility transfer issues is Heather Cook at 512-438-5233 or heather.cook@dads.tx.state.us.