

# The Wisconsin Medicaid Program Coverage of Mobility Equipment

## Frequently Asked Questions

**1. Q: Does Wisconsin Medicaid cover mobility equipment?**

A: The Wisconsin Medicaid program generally covers wheelchairs and/or other mobility equipment. The Wisconsin Medicaid program reimburses equipment providers for rental and/or purchase. Depending on how and why a person will use the equipment, the most cost-effective option will be considered. For some equipment, rental for a short period of time (up to 60 days) does not require prior approval. Longer rental periods and purchase does require prior authorization or “PA,” as it frequently called.

**2. Q: What equipment is paid for by Wisconsin Medicaid?**

A: The Wisconsin Medicaid program may only reimburse providers for medically necessary equipment given to eligible recipients when all rules of the program are met. The equipment that is generally covered by the Wisconsin Medicaid program is listed in the Durable Medical Equipment Index. This “DME Index” is published and updated regularly by the Wisconsin Medicaid program. Covered equipment is listed by a Health Care Procedural Coding System, or a HCPCS, procedure code. The Wisconsin Medicaid program has a “searchable” DME Index that may be accessed at the Wisconsin Medicaid website at: <http://www.wisconsin.gov>. (Use selection options to follow agency or department to Department of Health and Family Services→ Medicaid→ providers→ references→fee schedules→ DME Index.) Both providers and recipients may use this interactive DME Index via the website.

**3. Q: What is prior authorization?**

A: Prior authorization is the written approval given by the Wisconsin Medicaid program to a provider before the equipment may be given to a recipient. A provider certified with the Wisconsin Medicaid program will complete the required forms and send the forms with other information as needed to the Wisconsin Medicaid program. The recipient may include written information to be sent with the PA request but it is not required. It is recommended that the recipient review the PA information with the provider before it is sent. The Wisconsin Medicaid program uses a fiscal agent to process these PA requests. The current fiscal agent is EDS.

**4. Q: What information is included in the PA request?**

A: The provider will document information about the recipient's medical condition and identify the reasons why the equipment is needed. Some basic information, like recipient height and weight is needed. More detailed clinical information about the recipient's medical condition and abilities may also be needed. If the recipient is receiving therapy services, such as physical therapy or occupational therapy, reports from the therapists may also be sent by the provider with the PA request. The PA request must include a physician's prescription.

**5. Q: If a physician writes a prescription for equipment, why is prior approval still needed?**

A: The Wisconsin Medicaid program requires a doctor's order for the majority of covered services and equipment. However, even though the equipment is prescribed by a doctor, there are several rules and regulations for coverage and payment. Because of legal limitations or restrictions, there are some services and equipment that Wisconsin Medicaid program cannot reimburse, even if a doctor has ordered the equipment.

**6. Q: How long does the PA process take?**

A: The provider will need to complete some forms and may need to get other documents, like the physician's order or therapy reports. The provider should let the recipient know when the forms have been completed and when they have been sent for review. A provider may submit the PA request by mail, facsimile or electronically. Each PA request has a unique seven digit identification number which is used for reference and billing. The provider is encouraged to share PA information with the recipient. With the PA identification number, recipients may check on the status of a PA request by calling the Recipient Services telephone helpline (1-800-362-3002 or 608-221-5720.) If the PA request is completed correctly and includes all the necessary information so that a final decision can be made, the PA request will be reviewed with a decision made within about ten days.

Sometimes a PA request is returned to the provider for more information. If it is returned, the provider, by law, must notify the recipient for the reason(s) of the return. With the additional information or corrections, the provider should re-submit the PA request and action will be taken in about ten days. The provider will receive notice of the final determination of the PA request.

**7. Q: Why is PA required?**

A: The rules and regulations that govern the Wisconsin Medicaid program are Wisconsin Administrative Code Chapters HFS 101-108. The reasons why PA is used by the Wisconsin Medicaid program are listed in the Wisconsin Administrative Code at HFS 107.02. This section of the Code also lists what is considered when approving or not approving PA requests. These criteria are listed on a separate page for reference.

**8. Q: What does “*medically necessary*” mean?**

A: Wisconsin Administrative Code identifies “medical necessity” for the services and equipment in the definition found at HFS 101.03 (96m.) A photocopy of this definition is attached for reference. It is a legal definition and has several standards. If any one of the standards is not met, a service or equipment may be denied.

**9. Q: If a PA request is approved, how long will it take to get equipment?**

A: The Wisconsin Medicaid will make a final determination on a PA request. Notice of the PA request decision is sent to the provider. (It may be mailed, sent via facsimile or electronically back to the provider.) The Wisconsin Medicaid program does not know how long the provider will need to receive the equipment and deliver it to a recipient. Recipients will need to contact providers for this information.

**10. Q: Where do I get wheelchair equipment?**

A: Recipients in the Wisconsin Medicaid program have freedom of choice of provider. However, if a recipient is enrolled in a Wisconsin Medicaid HMO, please be aware that some managed care programs may require a person to use only specific vendors. If Wisconsin Medicaid will be asked to fund some or all of the requested equipment, the recipient must use a provider certified with the Wisconsin Medicaid program. The recipient should confirm a vendor is certified with the Wisconsin Medicaid program.

Doctors, therapists, school or other home health care service providers may be able to recommend a durable medical equipment provider. Other agencies in the county may have suggestions. Some providers may specialize in a certain area of equipment, like wound care equipment or oxygen, or wheelchair equipment. It may be helpful to know how long the provider has been in business and their expertise with certain equipment. The location of the business and ability of a

provider to offer service and repair following delivery of the equipment should also be considered.

**11. Q: Does Wisconsin Medicaid pay for all equipment?**

A: Covered services are listed in the Wisconsin Medicaid Durable Medical Equipment Index. The equipment that is not covered by the Wisconsin Medicaid program is listed in a bulletin, Wisconsin Medicaid Update 2004-75.

**12. Q: How do I get equipment?**

A: The Wisconsin Medicaid covers some equipment. Some equipment does not require prior authorization and a provider may issue the equipment to the recipient and submit a claim for payment. Some equipment requires prior approval and a provider must request and receive this approval before they issue equipment to a recipient. The DME index identifies covered equipment, and identifies whether or not prior authorization is needed.

In summary, if a recipient is considering equipment, this should be discussed with the physician. Sometimes it is very helpful to have therapists, nurses, other caregivers and family involved with the equipment provider in the process of selecting appropriate equipment. It is helpful to try different kinds or models of equipment in the location where it will be used. After an evaluation and trial of equipment, the selection of equipment should be discussed with everyone. If prior approval is required, the provider will submit a prior authorization request with all the information needed. The provider will need to have a physician's prescription for the equipment. The provider is responsible for completing and sending the required forms to receive approval.

If the PA request is completed correctly and has all the needed information, a decision should be made in about ten days. The provider will receive notice when the PA request is adjudicated.

**13. Q: What happens if the PA request is denied?**

A: If a PA request is denied, the provider receives notice on the PA request. If a PA request is modified or denied, the recipient is mailed A Notice of Appeal Rights letter. This letter informs the recipient of what services or equipment were requested and what services or equipment were denied or modified. This Notice of Appeal Rights letter also instructs recipients on how they may file a request for a fair hearing to contest the action taken on the PA request. This letter also identifies the deadline date by which an appeal must be filed. It is suggested that recipient also discuss PA modifications and/or denials with their provider. Only a recipient, not a provider, may file a request for a fair hearing. However, the provider, or any other person, such as a relative or caregiver, may help a recipient in the appeal process. Case managers may also assist the recipient. There are also some agencies and organizations that may be available to offer legal assistance.

**14. Q: If I live in a nursing home, can I receive equipment?**

A: When a recipient resides in a nursing home, Wisconsin Medicaid pays the facility a “per diem,” or daily nursing home rate. This daily rate paid to the facility is for provision of care and services to meet the needs of all residents, including the equipment needed to provide these services. Most equipment is to be provided with payment through this daily facility rate. However, there are some exceptions. These exceptions are listed in the Durable Medical Equipment Index, which is published by the Wisconsin Medicaid program. Equipment that would not be considered “in the daily rate” generally requires prior approval. If a PA request is submitted and granted, the equipment is the property of the individual resident, not the nursing home.

**15. Q: Does Wisconsin Medicaid pay for repairs of mobility equipment?**

A: The Wisconsin Medicaid program does cover repairs of wheelchair equipment that has been established as medically necessary for the recipient. For example, if a person uses a manual wheelchair and it needs new tires, generally replacement tires will be covered. Wisconsin Medicaid does not pay for repairs of rental equipment. Wisconsin Medicaid does not pay for repair of equipment that is not medically necessary. For example, if a person has a power wheelchair or a scooter, repair for a “back up” manual wheelchair will not be covered.

**16. Q: When can I receive new equipment?**

A: Wisconsin Medicaid establishes a “life expectancy” for all covered equipment. The life expectancy is the anticipated length of time that equipment will generally last. However a recipient may receive new equipment when it is “medically necessary.” This means for example, that if a person’s medical condition changes significantly so the equipment currently used no longer meets his or her medical needs, replacement equipment may be considered. Changes in height and weight is another reason replacement equipment may be considered before the life expectancy is met. (The provider must clearly document the objective clinical information to support any changes in condition.) However, new equipment will not be considered solely because the life expectancy is met. It is expected that the recipient use and maintain equipment to extend the life expectancy. The Wisconsin Medicaid program may always consider whether repair of existing equipment or purchase of new equipment is the more cost-effective option.