

Manual Wheelchairs for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care

Effective: January 1, 2024

Prior Authorization Required If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request to the Fax numbers below.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Notification Required IF <u>REQUIRED</u> , concurrent review may apply	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products; 800-232-0816
- Tufts Health Plan Commercial products; 617-972-9409
CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055
- Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
- Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

- Harvard Pilgrim Health Care Stride Medicare Advantage; 866-874-0857
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965
- Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965
- Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

For Harvard Pilgrim Health Care Members:

This policy utilizes InterQual[®] criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation – via HPHConnect Clinical Upload or secure fax (800-232-0816)

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Researched and the InterQual[®] link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here](#)). Members may access materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742

For Tufts Health Plan Members:

To obtain InterQual[®] SmartSheetsTM

- **Tufts Health Plan Commercial Plan products:** If you are a registered Tufts Health Plan provider [click here](#) to access the Provider Website. If you are not a Tufts Health Plan provider, please click on the Provider Log-in and

follow instructions to register on the Provider website or call Provider Services at 888-884-2404

- **Tufts Health Public Plans products:** InterQual® SmartSheet(s) available as part of the prior authorization process

Tufts Health Plan requires the use of current InterQual® SmartSheet(s) to obtain prior authorization.

In order to obtain prior authorization for procedure(s), choose the appropriate InterQual® SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number indicated above, according to Plan

Clinical Guideline Coverage Criteria

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations where available. For **Tufts Health One Care** plan members the following criteria is used: [LCD - Manual Wheelchair Bases \(L33788\) \(cms.gov\)](#) and [Article - Manual Wheelchair Bases - Policy Article \(A52497\) \(cms.gov\)](#)

The Plan requires the use of the following InterQual® Subsets or SmartSheets to obtain prior authorization for manual wheelchairs:

- Wheelchair Manual, Standard Hemi (low seat)
- Wheelchair Manual, Lightweight
- Wheelchair Manual, High Strength Lightweight
- Wheelchair Manual, Ultra Lightweight
- Wheelchair Manual, Heavy Duty
- Wheelchair Manual, Extra Heavy Duty
- Wheelchair Manual, Adult Size, Includes Tilt in Space

Limitations

For **Tufts Health RITogether**: The Plan will not cover the purchase of a manual wheelchair for use as a back-up mobility device when primary mobility device is in need of repair or when manual wheelchair is needed for convenience purposes of Member and/or Member's caregiver(s)

Codes

The following code(s) require prior authorization:

Table 1: CPT/HCPCS Codes – Wheelchair Manual, Standard Hemi (low seat)

Code	Description
K0002	Standard hemi (low seat) wheelchair

Table 2: CPT/HCPCS Codes – Wheelchair Manual, Lightweight

Code	Description
K0003	Lightweight wheelchair

Table 3: CPT/HCPCS Codes – Wheelchair Manual, High Strength Lightweight

Code	Description
K0004	High strength, light weight wheelchair

Table 4: CPT/HCPCS Codes – Wheelchair Manual, Ultra Lightweight

Code	Description
K0005	Ultra-lightweight wheelchair

Table 5: CPT/HCPCS Codes – Wheelchair Manual, Heavy Duty

Code	Description
K0006	Heavy duty wheelchair

Table 6: CPT/HCPCS Codes – Wheelchair Manual, Extra Heavy Duty

Code	Description
K0007	Extra heavy-duty wheelchair

Table 7 – CPT/HCPCS Codes – Wheelchair Manual, Adult Size, Includes Tilt in Space

Code	Description
E1161	Manual adult size wheelchair, includes tilt in space

References:

- Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD) L33789 Power Mobility Devices. Accessed August 23, 2023. LCD - Power Mobility Devices (L33789) (cms.gov)
- Center for Medicare & Medicaid Services. National Coverage Determination (NCD) 280.3 Mobility Assistive Equipment. Accessed September 5, 2023. NCD - Mobility Assistive Equipment (MAE) (280.3) (cms.gov)
- Centers for Medicare and Medicaid Services. Local Coverage Determination (LCD) Manual Wheelchair Bases (L33788). Accessed September 5, 2023. LCD - Manual Wheelchair Bases (L33788) (cms.gov)
- Commonwealth of Massachusetts Mass Health Provider Manual Series, Durable Medical Equipment, 130 CMR 409.420. Accessed September 5, 2023. Durable Medical Equipment Manual for MassHealth Providers | Mass.gov

Approval And Revision History

October 21, 2020: Reviewed by the Medical Policy Approval Committee (MPAC), renewed without changes

Subsequent endorsement date(s) and changes made:

- November 10, 2020: Fax number for Unify updated
- October 20, 2021: Reviewed by IMPAC, renewed without changes
- February 1, 2022: Template Updated
- November 16, 2022: Reviewed by MPAC, renewed without changes
- September 20, 2023: Reviewed by MPAC, criteria updated to align with CMS national coverage determinations and local coverage determinations, effective January 1, 2024
- November 2023: Rebranded Unify to One Care and updated One Care criteria effective January 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member’s benefit document, and in coordination with the Member’s physician(s) on a case-by-case basis considering the individual Member’s health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member’s benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.