

Required Documentation for Power Mobility Devices and Custom Manual Wheelchair Requests Revised July 2009

= The following identifies the documentation, by source, needed by the department in order to process requests for power mobility devices and custom manual wheelchairs: Current Medicare criteria and HFS criteria are considered in processing requests. Incomplete/ illegible requests or those that do not meet criteria will be returned. The HFS 3701H should also be completed for wheelchair modifications when the chair is being grown or the entire seating system is being replaced.

From The Ordering Physician

- A completed HFS 3701K form titled "Power Mobility Devices and Custom Manual Wheelchairs", after a face-to-face evaluation of the patient. The date of the evaluation must be shown on the form even though it may be different from the signing date.
- =A signed, dated order (HFS Form 3701H) for all requested equipment, including accessories, with brief, narrative medical justification (not the function of the item) for each requested item. Documentation of medical necessity can be delegated to the evaluating physiatrist or physical/occupational therapist but must be reviewed, co-signed & dated by the ordering physician on the signature page of HFS Form 3701H. The physician is responsible for arranging or delegating the physiatrist/physical/occupational therapy evaluation. The evaluator must be licensed and conduct the evaluation face to face and, when possible, in the patient's usual living environment. In rare instances when a physiatrist or physical/ occupational therapist is not available to conduct the evaluation, the physician may complete the evaluation in association with a mobility device specialist, provided department approval is requested and given beforehand. The department defines a mobility device specialist as a CRTS (Certified Rehabilitation Technologist), an ATP (Assistive Technology Professional) or an RTS (Rehabilitation Technology Specialist). The order (HFS Form 3701H) must have either the patient's name or the physician's signature on each page.

From The Physiatrist or Physical/Occupational Therapist:

- Documentation of a face-to-face, hands-on evaluation of the patient (in association with a mobility device specialist) by a licensed physiatrist or physical/occupational therapist that includes a determination of the optimal mobility equipment to serve the patient for the next five-to-six (5-6) years (appropriately less for pediatric patients) and the medical justification for each ordered item. Completed HFS 3701H form titled "Seating/Mobility Evaluation" will fulfill this documentation. The therapist must complete and sign a checklist (on the form) of any affiliation with the Durable Medical Equipment provider, the manufacturer of the ordered equipment, or a long term facility that is the recipient's residence. Each item on the form must be addressed – the notation N.A. should be used when appropriate. The addition of narrative documentation to supplement the information requested on HFS Form 3701H is encouraged.
- The minimum equipment to meet the patient's needs should be recommended, cost effectiveness must be a high priority consideration, and judgment must be applied to ensure that the recommended equipment can be modified to meet the changing needs of a patient who has a condition characterized by deterioration, or who is growing in stature and/or is gaining weight. Department policy states: "The department will not give prior approval for an item or service if a less expensive item or service is appropriate to meet the client's needs." This policy must be followed when recommendations of equipment are made. If a recommendation is made that is inconsistent with this policy, the reasons for the recommendation of the particular equipment that violates department policy must be clearly stated in a narrative addendum. However, such statements do not guarantee that prior approval will be given.
- Section "Current Seating/Mobility", located at the top of page three of the HFS 3701H, must be completed. Upon evaluation of the current mobility device, it must be determined if it can be repaired and/or modified. If "NO", an explanation is needed. If "YES", the total cost to repair/modify the chair must be included on a separate itemized statement from the provider and included in the request for the new chair. Repairs and/or modifications should be considered if the extended duration of the chair is reasonable and the repair history is less than seventy-five percent cumulative.

**Required Documentation for Power Mobility Devices and Custom Manual Wheelchair Requests
Revised July 2009**

- When recommending heavy/very heavy/extra heavy-duty devices, the maximum user weight capacity of the device must exceed the patient's current weight and the seating width of the mobility device must equal or exceed the patient's current hip width. The degree to which each of these parameters must exceed the patient's current measurements should be estimated by taking into account the anticipated changes of patient weight and seating dimensions over the expected mobility device service period of 5-6 years for adults (appropriately less for pediatric patients). Non-growable mobility devices will not be approved for pediatric patients unless the patient has documented growth failure. The order must be consistent with the requirements as stated above.

From The Durable Medical Equipment (DME) Provider

- Submit order on Form HFS 1409 via mail only – faxed requests will be returned. Please do not enter orders for base and accessories separately in multiple boxes on the form. When entering the order on the form, the following applies: Enter the current Medicare HCPCS code for the power wheelchair, or if there is no code, enter code K0014. For custom manual wheelchairs, if wheelchair base only is ordered, or if accessories are included with the base price, enter the appropriate HCPCS code. If accessories are not included with the base, order as K0009. Do not itemize the accessories in the boxes on Form 1409 for either power wheelchairs or custom manual wheelchairs. Each ordered item is to be listed on a separate itemized price list.
- The DME provider's itemized price list must include: HCPCS code and manufacturer's pricing information including MSRP (excluding taxes and shipping) for each requested item. A blank column for the department allowable is required and a column showing provider's price may be included, however, HFS payment will be based upon the HFS fee schedule, MSRP minus 6%, Medicare allowable minus 6%, or dealer's acquisition cost when applicable. Dealer's acquisition cost is not required but if provided, must be considered. The provider's itemized price list is separate from, and additional to, the pricing information shown on the manufacturer's product catalog pricing sheets that must be included with the order.
- The manufacturer's product information must be on the manufacturer's letterhead and include catalog pricing, descriptions of the base and major components plus specifications showing the maximum user weight capacity, dimensions, and seating measurements of the mobility device that has been ordered. If the provider is constructing a component such as a seating system, the pricing information must show a breakdown of material and labor costs. Manufacturer's quote invoice is not acceptable by itself unless it is for a specific chair part to grow the chair, a manufacturer's custom modification to the chair or a specific item that does not have manufacturer's catalog information. A quote is only accepted on a limited basis.
- DME provider will check the medical providers' information for completeness and legibility and, if satisfactory, forward to HFS with the order. The order must be received by HFS within one hundred twenty (120) days of the earliest date shown on one of the following: The date of the physician's face-to-face evaluation, or the therapist's/mobility device specialist's face-to-face evaluation.
- A signed statement from the DME provider that states: "Provided that we accept HFS pricing, if prior approval is given, we will supply to the named recipient the equipment and accessories shown on the itemized price list. We also state that this equipment will meet the patient's mobility need at the time of delivery."

All the above referenced documentation is to be mailed to the following address:

Illinois Department of Healthcare and Family Services
Bureau of Comprehensive Health Services
Attn: Prior Approval Unit
P.O. Box 19124
Springfield, IL 62763-0002