

September 13, 2023

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Durable Medical Equipment Providers:

RE: Transfer Bench Reimbursement and Prior Authorization Changes

Effective October 1, 2023, the Michigan Department of Health and Human Services (MDHHS) is removing prior authorization and establishing a reimbursement rate for standard transfer benches. These changes apply to Healthcare Common Procedure Coding System (HCPCS) codes E0247 and E0248.

Standard Transfer Bench Definition

E0247 Transfer bench for tub or toilet with or without commode opening.

E0248 Transfer bench, heavy-duty, for tub or toilet with or without commode opening.

MDHHS defines a standard transfer bench as follows:

A standard bathtub or combination bath/commode transfer bench is a stationary (freestanding with legs or that affixes to the bathtub/wall) seat that sits partially inside the bathtub and extends to the outside of the bathtub to assist the beneficiary to transfer in a seated position into the bathtub (some have commode openings or attached commodes). Bathtub transfer benches come with or without backs, arm rests and commodes. Heavy-duty transfer benches (E0248) typically accommodate weight capacities over 300 pounds.

Dates of Service on or after October 1, 2023

Code	Required Modifier	Prior Authorization Required	Fee	Notes
E0247		No	\$130.00	
E0247	U3	Yes	Manual pricing	Must append the U3 modifier on the prior authorization request to receive manual pricing. If PA is approved must append the U3 modifier

				to the HCPCS code on the claim line.
E0248		No	\$175.00	
E0248	U3	Yes	Manual pricing	Must append the U3 modifier on the prior authorization request to receive manual pricing. If PA is approved must append the U3 modifier to the HCPCS code on the claim line.

All other transfer benches require prior authorization. Providers are reminded that Medicaid covers the least costly alternative that meets the beneficiary's medical/functional need.

All policy standards of coverage, documentation, and billing policy requirements remain unchanged. Refer to the Medical Supplier chapter of the Medicaid Provider Manual: www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Medicaid Provider Manual. HCPCS code parameters are further indicated in the CHAMPS Medicaid Code Rate and Reference tool. This is not a policy change; therefore, MDHHS suggests providers retain this letter until notified otherwise.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Director
Behavioral and Physical Health and Aging Services Administration