MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Distribution: Medical Suppliers 04-07

Issued: December 1, 2004

Subject: Policy Clarification for Power Operated Vehicles (POVs), Seating Systems, Lower Extremity Prostheses and Speech Generating Devices;
New Coverage of HCPCS Codes for Prostheses

Effective: January 1, 2005

Programs Affected: Medicaid, Children's Special Health Care Services

Clarification of "Standards of Coverage" for Wheelchairs and Seating Systems

Power Wheelchairs or Power Operated Vehicles (POVs)

Power wheelchairs or POVs are covered if the beneficiary demonstrates all of the following:

- Lacks ability to propel a manual wheelchair or has a medical condition that would be compromised by propelling a manual one for at least 60 feet over hard, smooth, or carpeted surfaces
- Requires the use of a wheelchair for a least four hours throughout the day
- Able to safely control a wheelchair through doorways and over thresholds up to 1 ½ inches

MDCH may consider coverage of a POV, including custom or modified seating, rather than a more expensive power wheelchair if the beneficiary has sufficient trunk control and balance necessary to safely operate the device.

Seating Systems

Standard or planar seating systems are covered when necessary to assure appropriate positioning in a wheelchair, other economic alternatives have been ineffective, and beneficiary has one of the following conditions:

- Postural deformities
- Contractures
- Tonal abnormalities
- Functional impairment
- Muscle weakness
- Pressure points
- Difficulties with seating balance

Custom fabricated seating systems are covered when both of the following apply:

- The criteria for standard seating system has been met
- A comprehensive written medical evaluation substantiates that a prefabricated seating system is, or would be, inadequate to meet the beneficiary's needs.

Payment for a seating system will be based on the least costly alternative that meets the beneficiary's medical needs. Payment for the seating system includes all repairs and modifications for a two-year period for beneficiaries of all ages.

Prostheses

New Coverage of HCPCS Codes – Effective January 1, 2005

Effective January 1, 2005, the following codes will be covered:

- HCPCS L5675 – Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each

  Item will be covered for either the preparatory or definitive BK prosthesis. Prior authorization is not required if standards of coverage are met.

- HCPCS L5979 – All lower extremity prostheses, multi-axial ankle, dynamic response foot, one-piece system

  Item requires prior authorization (PA). PA request must include a listing of all component parts comprising the appliance.

- HCPCS L6691 – Upper extremity addition, removable insert, each

  Item requires prior authorization (PA) for beneficiaries age 21 and over. PA request must include a listing of all component parts comprising the appliance.

Below Knee (BK) Prosthesis Prior Authorization Requirements

- Preparatory Prosthesis - PA is not required for a BK preparatory prosthesis when the standards of coverage are met and it consists of a base procedure code (e.g., L5510, L5520, or L5530) and the following add-ons:

  - One test socket
  - Insert
  - Standard Suspension System (e.g., L5666, L5670 or L5674)
  - Total Contact
  - Distal Cushion

  The SACH foot is included with the BK preparatory base code. If any prosthetic foot other than a SACH foot is placed on a preparatory prosthesis, it will require prior authorization and must be transferred to the definitive prosthesis.

- **Definitive Exoskeletal BK Prosthesis** – PA is not required for a BK definitive exoskeletal prosthesis when the standards of coverage are met and it consists of a base procedure code (e.g., L5100, L5105, L5050) and the following add-ons:

  - Up to two test sockets
  - Socket material
  - Total Contact
  - Distal Cushion
  - Foot
  - Suspension Locking System
  - Insert
  - Gel Liner

- **Definitive Endoskeletal BK Prosthesis** - PA is not required for a BK definitive endoskeletal prosthesis when the standards of coverage are met and it consists of a base procedure code (e.g., L5301, L5311) and the following add-ons:

  - Up to two test sockets
  - Socket material
  - Total Contact
  - Distal Cushion
  - Foot
  - Suspension Locking System
  - Insert
  - Gel Liner
  - Cover

  Socks and sheaths are not considered as add-ons and would be considered in addition to the other add-on items listed for either the preparatory or definitive prostheses.

- **Prior authorization is required** for either below knee or above knee prosthesis when:

  - The standards of coverage are not met
  - Any component part of the prosthesis requires PA (if so, all components comprising the entire prosthesis must be reviewed for authorization)
  - The beneficiary is over the age of 21 and replacement is required within five years
  - The beneficiary is under the age of 21 and replacement is required within two years

Speech Generating Devices (SGDs)

To improve beneficiary access to low-end devices, a medical supplier without a SGD specialty enrollment with MDCH may provide SGDs with eight minutes or less of speech capability (HCPCS E2500), basic SGD accessories such as switches, buttons, etc. (HCPCS E2599), or SGD wheelchair mounting systems (HCPCS E2512).

A SGD vendor must continue to enroll with MDCH as a medical supplier with a specialty enrollment to provide the full range of SGDs.

Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to Provider Support, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail ProviderSupport@michigan.gov . When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may telephone toll free 1-800-292-2550.

Approved

Paul Reinhart, Director
Medical Services Administration