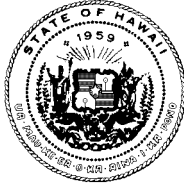


LINDA LINGLE  
GOVERNOR



LILLIAN B. KOLLER, ESQ.  
DIRECTOR

HENRY OLIVA  
DEPUTY DIRECTOR

STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
Med-QUEST Division  
Medical Standards Branch  
P. O. Box 700190  
Kapolei, Hawaii 96709-0190

In reply, please refer to:

In reply, please refer to:

Governor's Referral No.:

May 4, 2004

MEMORANDUM

ACS M04-02

TO: Providers of Durable Medical Equipment (DME)

FROM: Steven S. Kawada, Med-QUEST Division Assistant Administrator */s/ sk*

SUBJECT: CLARIFICATION OF THE PRIOR AUTHORIZATION AND CLAIM  
SUBMITTAL PROCESS FOR CERTAIN DME

To expedite the processing of requests for prior authorization, the Med-QUEST Division (MQD) will be implementing revised procedures for authorization of specific items/services on and after May 1, 2004. In addition, this memorandum provides clarification of certain specific Hawaii Medicaid requirements.

**NEW PROCEDURES: SPECIALTY WHEELCHAIRS AND SEATING SYSTEMS**

The following must be attached to all requests for prior authorizations for specialty wheelchairs and seating systems:

- An assessment by a licensed therapist documenting the medical need and appropriateness of the wheelchair/seating system for the patient. (*Attachment 1 is the MQD's requirements for Wheelchair assessments. It will be published in the next Medicaid Provider Bulletin.*)
- A completed 1144 with appropriate HCPCS coding. If no code specifically identifies an item, the code K0108 may be used. Each K0108 that is used must be clearly described on the 1144 form and listed on separate lines. If more than one item of the same description and charge is requested, this must be clearly indicated and the number of units must be specified.
- The Manufacturer's Suggested Retail Price (MSRP) for all items requested must be attached. All items pertaining to the request must be circled and indexed to the specific line on the 1144 on the MSRP. (*Attachment 2 is an example*)
- A summary of the request in the following format must be attached. It can be a copy of a spreadsheet or handwritten/typed. The summary must include seven (7) separate columns--one for each of the headings listed below:

1. Description;

Providers of Durable Medical Equipment (DME)

May 4, 2004

Page 2

2. Manufacturer's name;
3. HCPCS Code;
4. Page and Line # on the 1144;
5. MSRP or your charge if less than MSRP for 1 unit;
6. # of units requested; and
7. 80% of MSRP for 1 unit.

Example:

Description	Manufacturer	HCPCS Code	Page/Line #	MSRP/Charge	Unit(s)	80% MSRP
Medial Thigh Support--2-pt. Control	Freedom	K0108	1/#5	\$108	2	\$86.40

- If the MSRP for each line and/or the summary are/is not attached to the 1144 and the MQD has enough information to determine that the 1144 should be approved, the MQD will approve the request and assume that the items will be provided and that the provider will submit the approved items on a claim with the manufacturer's invoice.

To expedite claims processing when an invoice is submitted, you must add the codes and modifiers approved by the MQD to each line of the invoice. Payment will be 24% over invoice.

**NEW PROCEDURE: SHIPPING**

If shipping is being billed to you by the manufacturer and you seek Medicaid reimbursement for it, you must do the following:

1. A request for "shipping" must be submitted as the final line on the 1144 for the DME using the code E1399-HX.
2. A written quotation of the shipping charge must be provided by the manufacturer and its letterhead and attached to the 1144.

If all of the above are not present, shipping will not be authorized. If authorized, shipping will be reimbursed at the rate quoted by the manufacturer on its letterhead.

Please do not submit shipping charges in the following situations:

- The item(s) is/are rented.
- Medicaid is not the primary insurer.
- The shipping is not charged to you by the manufacturer.

**NEW PROCEDURE: USE OF MODIFIERS FOR NON-STANDARD DME WITH SPECIFIC HCPCS CODES.**

The MQD discourages use of miscellaneous DME codes. Many new DME codes have been added to HCPCS Level II codes in 2004 and must be used.

In cases when a non-standard item is medically needed, it must be coded with the HCPCS code for the standard item with a modifier 22 instead of a miscellaneous code. Also, you must justify why a non-standard item is medically necessary. Medicaid does not allow brand/manufacture specific non-standard DME's.

Example: You must use E0245 22 for a Rifton Bath System. Do not use E1399.

**CLARIFICATION: NON-COVERED ITEMS**

Attachment 3 is a list of services and items not covered by Hawaii Medicaid. If you receive requests from Medicaid recipients or physicians for these items, please show them this list and do NOT submit an 1144. We do know that some community based programs insist that you submit an 1144 for these items for the purpose of receiving a denial before they cover the item. You can share this list with these agencies and inform them that the list is available on our website [www.med-quest.us](http://www.med-quest.us). We will contact the agencies we know and advise them to refer to this list.

**CLARIFICATION: SERIAL NUMBERS**

We learned that hospital beds may have more than one serial number. Thus, please only use the serial number at the foot of the bed/attached to the motor unit.

**CLARIFICATION: MEDICAID REQUIREMENTS FOR CHARGES**

**Reminder:** Medicaid requires that its providers charge Medicaid no more than they charge the general public.

**CLARIFICATION: URGENT REQUESTS**

Requests marked urgent must be handled in an expedited manner. Very frequently, providers indicate that a request is urgent when it is not. This practice delays the processing of all requests. Please review the following clarification of urgent and non-urgent requests.

**URGENT REQUEST:**

- The patient has a medical need for the item/service within 48 working hours because his/her health or medical condition will be jeopardized. Repairs of power wheelchairs are urgent if they are essential to maintain a person's independence.
- Items such as CPAP, wound care (suction) equipment required by the patient upon discharge from the hospital.

SERVICES/ ITEMS THAT ARE NOT URGENT:

- Items such as canes, walkers, wheelchairs, diapers, hospital beds needed before discharge from a hospital or nursing facility. These items can be provided without prior authorization. (See Attachment 4)
- ALL requests for diapers, underpads, and gloves.
- Renewal requests when the authorization end date is imminent or has past and the provider forgot to submit the request in a timely manner.
- Follow-up request(s) marked as urgent on a non-urgent request for which the provider did not receive an approval or denial.
- Non-urgent requests that are faxed as urgent in order to ensure that an 1144 has been received by ACS.

We believe that the processes and clarifications listed above will not only significantly expedite the processing of prior authorizations, but will lead to faster claims processing. For questions and clarification, please contact Dr. Lynette Honbo at 692-8106.

Attachments

In order to expedite the processing of a prior authorization request for a wheelchair or power operated vehicle (POV), the Med-QUEST Division (MQD) has developed a list of specific information that must be included in the evaluation of a Medicaid recipient's medical need for a specialized wheelchair or POV.

## POWER WHEELCHAIRS AND POWER OPERATED VEHICLES

Prior authorization requests for power wheelchairs or POVs should include an evaluation with the following information:

- The recipient's current level of ambulation including the distance the recipient is able to ambulate and the type of adaptive equipment being used.
- The recipient is not currently able to propel a manual wheelchair including a hemi-wheelchair or lightweight or ultralightweight wheelchair with/without modifications. If the recipient currently has a manual wheelchair, documentation of the type of wheelchair the recipient currently is using, the age of the wheelchair, and why it is no longer appropriate is required.

A power wheelchair or POV will not be approved to prevent future injury to the recipient; e.g., injury to wrists and shoulders. The need for a power wheelchair should be based on what the recipient is capable of doing at the time of the evaluation.

- The recipient requires a power wheelchair to access different rooms in his/her place of residence; i.e., that the recipient would be room-confined without the use of a wheelchair or POV. In general, a power wheelchair or POV that is for community use only will not be considered to be medically necessary.
- The recipient will be independent in mobility with the use of the power wheelchair or POV being requested. In general, if the recipient will not be independent in mobility, a power wheelchair will not be considered to be medically necessary.
- If a specific brand of power wheelchair or POV is recommended, the evaluator must provide justification for the recommendation.
- The home is accessible by the power wheelchair or POV being requested. In addition to the entry being accessible, the wheelchair or POV should be able to access the areas of the house that the recipient needs to access; e.g., bathroom. Preferably, the wheelchair evaluator should conduct a home visit with the recipient and wheelchair/POV being requested.

The MQD is currently seeking providers to perform home assessments for POVs, power wheelchairs and other custom wheelchairs. Until we identify providers capable of providing these assessments, the wheelchair evaluator (if he/she does not do a home visit) must indicate in the evaluation that a review of measurements of widths of doorways and sizes of specific rooms provided by the recipient or caregiver was completed and that the wheelchair or POV can access these rooms and that sufficient turn around space exists.

- If a power wheelchair is being requested, documentation should include why the recipient is not able to use a POV, i.e., scooter (if the reason is not clearly evident).
- If specialized wheelchair options and/or accessories are required, the evaluation should state what is needed and provide justification as to why the options and/or accessories are necessary for the recipient to function in the home or to perform activities of daily living.
- Signature of the requesting physician attesting that the evaluation was reviewed and that he/she concurs with the stated information and recommendations.

#### SPECIALIZED AND CUSTOM MANUAL WHEELCHAIRS

A wheelchair evaluation is needed for a specialized or custom wheelchair.

A prior authorization request for a specialized or custom manual wheelchair should include an evaluation with the following information:

- The recipient's current level of ambulation including the distance the recipient is able to ambulate and the type of adaptive equipment being used.
- The recipient is not currently able to propel a standard manual wheelchair (if a lightweight or ultralightweight wheelchair is being requested).
- The recipient requires a specialized or custom wheelchair to access specific rooms in his/her place of residence; i.e., that the recipient would be room-confined without the use of the wheelchair. In general, a specialized or custom wheelchair that is for community use only will not be considered to be medically necessary.
- The recipient will be independent in mobility using the specialized wheelchair that is being requested. If the recipient will still require a full-time caregiver and/or will not be independent in mobility, the specialized wheelchair will not be considered to be medically necessary.

- The expectation is that the patient was tested for his/her ability to use the category of wheelchair being requested. For example, if an ultralightweight wheelchair is being requested, then the evaluation should include the recipient's effective and safe use of an ultralightweight and not just a lightweight wheelchair. If the recommendation is for a different category from that in which the patient was tested, this should be clearly stated and reasons must be given as to why testing on the requested category of wheelchair was not carried out.
- If the recipient currently has a wheelchair, documentation of the type of wheelchair the recipient currently is using, the age of the wheelchair, and why it is no longer appropriate is required.
- If specialized wheelchair options and/or accessories are required, please state what is needed and provide justification as to why the options and/or accessories are necessary for the recipient to function in the home or to perform activities of daily living.
- Signature of the requesting physician attesting that the evaluation was reviewed and that he/she concurs with the stated information and recommendations.

In general, only one wheelchair will be allowed. If the recipient has a wheelchair that is appropriate for his/her needs that was purchased with or without Medicaid funds, the MQD will deny a second wheelchair as not being medically necessary.

All wheelchair evaluations must be performed by therapists working within their scope of practice and licensed in the State of Hawaii.

<b>ACS USE ONLY</b>
PA No.: _____

Urgent Request       Extension Request       New Request

**REQUEST FOR MEDICAL AUTHORIZATION**

**Check only ONE – Different Types of Services Must Be Requested on Separate 1144 Forms.**

- BH – Psych. Testing/ & Detox       GT – Transportation       LT – Long Term Care       OS- Out of State Services  
 DE – Dental       HE- Home Health       MD- Professional Services       RE – Rehabilitation Services  
 DM – Appl./DME/ Supplies       LN – Sign Language Interpretation       OP – Outpatient Facility       SR – Hospice

\*\*\* **This Form should NOT be used for: Incontinence Supplies, EPSDT Medically Fragile Services and Drugs.** \*\*\*

**NOTE: INCOMPLETE FORM WILL DELAY THE AUTHORIZATION PROCESS.** Approval of this request is not an authorization for payment or an approval of charges. Payment by the Medicaid Program is contingent on the patient being eligible and the provider of service being certified by Medicaid. The provider of service must verify patient eligibility at the time the service is rendered. Authorization expires 60 days from date of approval unless otherwise noted by the consultant.

**PLEASE PRINT INFORMATION CLEARLY**

Medicaid Identification Number:	Patient Name (Last, First, M.I.):	Gender [ ] M [ ] F	Date of Birth ____ / ____ / ____
Medicare Coverage? [ ] Yes [ ] No Is Patient receiving Medicare Home Health Benefits? [ ] Yes [ ] No	Currently at: [ ] Home [ ] SNF/ICF/ICF-MR Facility [ ] Other: _____ Patient Mailing Address (St., Apt. No., City, Zip Code) _____ name		

Physician Section			Supplier Section (Circle Rent or Repair)			
Service Description	Procedure Code	QTY	Purchase Price	Rent/Repair	Period Requested From To	
1 Quickie TS WC	K0009	1				
2 Growing Base & Seat Frame	E1399	1				
3 Frog Leg w/Alum Wheel 6 x 1.5 Cstrs	E1399 NV	1				
4 Removable Stroller Handles	E1399 V1	1				
5						

<b>Physician Section</b>	<b>Physician/ Supplier Comments</b>
Diagnosis(es):	
Justification:	
Attachment: [ ] Yes [ ] No	If applicable: Serial No.: MSRP Attached: [ ] Yes [ ] No

**I certify that the items and quantities above are prescribed by the physician indicated below and will be provided by the supplier.**

Physician/Provider Signature:	Date:	
Print Physician/ Provider Name:	Provider Number:	
Print Contact Name: (if different from Physician)	Telephone Number:	Fax Number:

**I certify that the items and quantities above are prescribed by the physician indicated above and will be provided by the supplier.**

Supplier Signature:	Date:	
Print Supplier/ Company Name:	Supplier Number:	
Print Contact Name:	Telephone Number:	Fax Number:

To be completed by Medicaid (A= Approved P= Pended D= Denied R= Revoked)						
Code Line	Modifier(s)	QTY	Auth. Code	Approved Period From To	Consultant Comments:	

1						
2						
3						
4						
5						

Medicaid Form 1144 (Revised 09/03)

www.southwestmedical.com  
www.quickie-wheelchairs.com

(EIZ1)

July, 2003

<b>Account Information:</b> _____	<b>Account No.:</b> _____	<b>Drop Ship/Ship To:</b>
<b>Date:</b> _____		<b>Name:</b> _____
<b>P.O.#</b> _____		<b>Address:</b> _____
<b>Buyer:</b> _____		<b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Marked For:</b> _____		<b>Phone:</b> ( _____ ) _____

**TRANSIT OPTIONAL  
FRAMES**

**Frame Style**

- 123FS3 Folding Growing 1 ..... \$1,903
- 123FS7 Rigid Growing 1 ..... \$1,790

**Transit System**

- 123TO8 Transit Tie-Down Locations with Seating ..... \$150  
(Requires Selection of Seat and Back)
- 123TO9 Transit Tie-Down Locations without Seating ..... \$150
- 123TO10 Without Transit Tie Down Locations ..... NC

**TILT Option**

- 123TT5 Tilt in Space with Dual Mech Locks ..... NC

**Frame Color**

- 123C2 Black ..... NC
- 123C10 Black Opal ..... NC
- 123C1 Blue ..... NC
- 123C38 Blue Opal ..... NC
- 123C12 Blue Velvet ..... NC
- 123C36 Candy Blue ..... NC
- 123C35 Candy Red ..... NC
- 123C39 Candy Turquoise ..... NC
- 123C6 Forest Green ..... NC
- 123C4 Midnight Purple ..... NC
- 123C37 Orange ..... NC
- 123C5 Pearl Pink ..... NC
- 123C40 Razzleberry ..... NC
- 123C11 Toxic Green ..... NC
- 123C8 Yellow ..... NC

**Custom Colors**

- 123C41 Berry Vibrations ..... \$210
- 123C20 Graphite ..... \$210
- 123C42 Stars and Stripes ..... \$210
- 123C43 Mossy Oak Camouflage ..... \$210

**Frame Width**

- 123W25 Small**
- 123S1 10" ..... NC
- 123S2 11" ..... NC
- 123S3 12" ..... NC
- 123W26 Medium**
- 123S3 12" ..... NC
- 123S4 13" ..... NC
- 123S5 14" ..... NC
- 123W27 Large**
- 123S5 14" ..... NC
- 123S6 15" ..... NC
- 123S7 16" ..... NC
- 123W28 X-Large**

**Frame Width, cont'd**

- 123S7 16" ..... NC
- 123S8 17" ..... NC
- 123S9 18" ..... NC

**Frame Depth and Back Post Location**

(See Diagram on Back)

- 123FD13 Regular**
- 123FD4 13" ..... NC
- 123FD5 14" ..... NC
- 123FD6 15" ..... NC
- 123FD14 Long**
- 123FD7 16" ..... NC
- 123FD8 17" ..... NC
- 123FD9 18" ..... NC
- 123FD15 X-Long**
- 123FD10 19" 2 ..... NC
- 123FD11 20" 2 ..... NC

**SEATING**

**Seats**

- 123ST16 Solid Seat (Requires Solid Back) ..... \$100
- 123ST14 Growing Seat Pan ..... \$150
- 123ST28 Conventional Seat (Attach Seating Order Form) .. NC
- 123ST29 Jay Fit Seat (Attach Seating Order Form) ..... NC

**Backs**

- 123BT37 Short Solid Back (12") ..... \$100  
(Seat Depth 2" Less Than Frame Depth)
- 123BT38 Medium Solid Back (14") ..... \$100  
(Seat Depth 2" Less Than Frame Depth)
- 123BT39 Tall Solid Back (16") ..... \$100  
(Seat Depth 2" Less Than Frame Depth)
- 123BT40 Conventional Back(Attach Seating Order Form) .. NC
- 123BT41 Jay Fit Back (Attach Seating Order Form) ..... NC

**Transit Tie-Down Locations With Seating Requires**

Solid Seat and Solid Back or,  
Growing Seat Pan and Solid Back or,  
Growing Seat Pan and Jay Fit or Conventional Back or,  
Jay Fit and/or Conventional Seat & Back

**Stroller Handle Back Post**

- 123BP9 Low (25¼" Ht) ..... NC
- 123BP10 Medium (28¼" Ht) ..... NC
- 123BP11 Tall (31¼" Ht) ..... NC
- 123BP15 Swing Away Adjustable Stroller ..... \$100

**SUB-TOTAL PRICE PAGE 1** \$ \_\_\_\_\_

**FOOTNOTES**

1. All models grow in width and depth.
2. Frame depths use rear frame extension plug.

**CUSTOMER SERVICE**

Phone:  
Fax:

E1233  
Line 1  
Page 1

E0108  
Line 3  
Page 1

**Stroller Handle Back Post, cont'd**

**Stroller Handle Options**

<input type="checkbox"/>	123BP13	Removable Stroller Handle Extension 1.	\$85
<input type="checkbox"/>	123RG1	Folding Adjustable Rigidizer	\$175

**ARMREST**

**Armrest and Arm Pad**

<input type="checkbox"/>	123AA12	T-Post Armrest Regular with Foam	NC
<input type="checkbox"/>	123AA13	T-Post Armrest Tall with Foam	NC
<input type="checkbox"/>	123AA3	Flip-Up	NC
<input type="checkbox"/>	123AA1	Adjustable Locking Flip-Up	\$195
<input type="checkbox"/>	123AA10	Single-Post Height Adj. Pediatric 2.	\$195
<input type="checkbox"/>	123AM1	Desk Length (10")	NC
<input type="checkbox"/>	123AM2	Full Length (14")	NC
<input type="checkbox"/>	123AA9	Single-Post Height Adj. Kids 2.	\$195
<input type="checkbox"/>	123AM1	Desk Length (10")	NC
<input type="checkbox"/>	123AM2	Full Length (14")	NC
<input type="checkbox"/>	123AA8	Single-Post Height Adj. Adult 2.	\$195
<input type="checkbox"/>	123AM1	Desk Length (10")	NC
<input type="checkbox"/>	123AM2	Full Length (14")	NC
<input type="checkbox"/>	123AA7	Length Adjustable Locking Flip-Up	\$215
<input type="checkbox"/>	123AM1	Desk Length (10")	NC
<input type="checkbox"/>	123AM2	Full Length (14")	NC
<input type="checkbox"/>	123AM14	Foam	NC
<input type="checkbox"/>	123AM9	Short	NC
<input type="checkbox"/>	123AM10	Long	NC

**Armrest Receiver**

<input type="checkbox"/>	123AR2	Kids	NC
<input type="checkbox"/>	123AR1	Adult	NC

**FOOTREST**

**1. Hanger Mounted Footrest**

(Footplates Mount to Hanger Tubing)

**Hanger Type**

<input type="checkbox"/>	123H7	70° Swing Away Front Mount	NC
<input type="checkbox"/>	123H8	80° Swing Away Front Mount	NC
<input type="checkbox"/>	123H6	90° Swing Away Front Mount	NC
<input type="checkbox"/>	123H9	70° Heavy Duty Front Mount Lift Off	NC
<input type="checkbox"/>	123H10	80° Heavy Duty Front Mount Lift Off	NC
<input type="checkbox"/>	123H11	90° Heavy Duty Front Mount Lift Off	NC
<input type="checkbox"/>	123H23	90° Elevating	\$185

**Extensions**

<input type="checkbox"/>	123E23	2"	\$30
<input type="checkbox"/>	123E24	4"	\$30
<input type="checkbox"/>	123E16	High Mount	\$55

**Footplate**

<input type="checkbox"/>	123F9	Kids Angle Adjustable w/ Leg Strap	NC
<input type="checkbox"/>	123F8	Adult Angle Adjustable w/ Heel Loops	\$105
<input type="checkbox"/>	123F62	90° Footboard w/ Leg Strap	NC

**Hanger Type**

**2. Extension Tube Mounted Footrests**

(Footplates Mount to Extension Tube)

<input type="checkbox"/>	123H1	60° Swing Away	NC
<input type="checkbox"/>	123H2	70° Swing Away	NC
<input type="checkbox"/>	123H14	Elevating 3.	\$185
<input type="checkbox"/>	123H24	Articulating 4.	\$275

**Extension Tube**

<input type="checkbox"/>	123E1	Short (11.5"-14")	NC
<input type="checkbox"/>	123E2	Medium (14"-17")	NC
<input type="checkbox"/>	123E5	Long (17"-19")	NC

**Footplate**

<input type="checkbox"/>	123F1	Composite w/ Heel Loops	NC
<input type="checkbox"/>	123F4	Kids Angle Adjustable w/ Leg Strap	NC

**Footplate, cont'd**

<input type="checkbox"/>	123F3	Adult Angle Adjustable w/ Heel Loops	\$105
<input type="checkbox"/>	123F5	Aluminum 5.	NC
<input type="checkbox"/>	123F48	Platform Flip Up w/ Leg Strap 6.	\$125

**Heel Loop**

<input type="checkbox"/>	123HL4	Heel Loop Omit	NC
<input type="checkbox"/>	123HL1	Heel Loop	NC
<input type="checkbox"/>	123HL6	Single Leg Strap Omit	NC
<input type="checkbox"/>	123HL5	Single Legstrap	NC

**Footrest / Hanger Options**

<input type="checkbox"/>	123IG2	Neoprene Covers 7.	\$35
<input type="checkbox"/>	123A110	Toe Loops 8.	\$20
<input type="checkbox"/>	123A54	Leg Strap	\$30
<input type="checkbox"/>	123H32	Omit Hanger	-\$15
<input type="checkbox"/>	123F7	Omit Footplate & Extension Tube	-\$15
<input type="checkbox"/>	123HL4	Omit Heel Loop	NC
<input type="checkbox"/>	123HL6	Omit Single Leg Strap	NC

**CASTERS**

**Caster Wheel**

<input type="checkbox"/>	123CW30	3" Micro Light Up	\$55
<input type="checkbox"/>	123CW31	4" Micro Light Up	\$65
<input type="checkbox"/>	123CW5	5" Low Profile Polyurethane	NC
<input type="checkbox"/>	123CW7	5" x 1.5" Semi Pneumatic 9.	\$65
<input type="checkbox"/>	123CW33	6" Pneumatic	\$65
<input type="checkbox"/>	123CW34	6" Semi Pneumatic (Polyurethane)	NC
<input type="checkbox"/>	123CW35	6" x 1.5 Semi Pneumatic 9.	\$65
<input type="checkbox"/>	123CW21	8" Pneumatic 10.	NC
<input type="checkbox"/>	123CW32	8" Semi Pneumatic (Polyurethane) 10.	\$75
<input type="checkbox"/>	123CW39	8" x 1.5 Semi Pneumatic 10.	\$75
<input type="checkbox"/>	123CW36	8" x 2" Pneumatic 10.	\$145
<input type="checkbox"/>	123CW37	8" x 2" Pneumatic with Insert 10.	\$225

**Caster Options**

<input type="checkbox"/>	123CS5	3/4" Longer Fork Stem Bolt	NC
<input type="checkbox"/>	123CS3	Caster Pin Locks 11.	\$90
<input type="checkbox"/>	123CS4	Quick Release Caster Stems 12.	\$160
<input type="checkbox"/>	123CW12	Omit Caster, Wheel & Tire	NC

**SUB-TOTAL PRICE PAGE 2**

\$\_\_\_\_\_

**FOOTNOTES**

1. Not available with swing-away adjustable stroller handles.
2. Not available with 24" wheels.
3. Not available with composite or platform footplates.
4. Only available for 15"-18" frame widths and not available with short footrest extension.
5. Only available with elevating legrests.
6. Not available with elevating or articulating legrests
7. Available on 60° and 70° extension mount hangers only.
8. Only available with adult angle adjustable footplates.
9. Caster may interfere with fork in upper hole position.
10. Not available with 90° hangers.
11. Not available with 8" x 2" and 8" X 1.5" casters.
12. Not available with 3/4" or 1 1/2" fork stem bolt, caster pin locks or 8" X 2" front casters.

**CUSTOMER SERVICE**

Phone:  
Fax:

**AXLE AND WHEEL**

<b>Axle Plate</b>		
<input type="checkbox"/>	12" Rear Wheel Axle Plate .....	Std
<input type="checkbox"/>	123AL2 Short Adjustable .1.....	NC
<input type="checkbox"/>	123AL14 Long Adjustable .1.....	NC
<input type="checkbox"/>	123AL17 One Arm Drive .2.....	\$795
<input type="checkbox"/>	123OA2 One Arm Drive Standard Handrim .....	NC
<input type="checkbox"/>	123HM1 Right Hand Mount .....	NC
<input type="checkbox"/>	123HM2 Left Hand Mount .....	NC
<input type="checkbox"/>	123OA1 One Arm Drive Small Handrim .....	NC
<input type="checkbox"/>	123HM1 Right Hand Mount .....	NC
<input type="checkbox"/>	123HM2 Left Hand Mount .....	NC
<b>Axle</b>		
<input type="checkbox"/>	123AX26 1 Arm Drive Axles .3.....	NC
<input type="checkbox"/>	123AX1 Quick Release .....	NC
<input type="checkbox"/>	123AX11 Quad Quick Release .....	\$90
<b>Rear Wheel</b>		
<input type="checkbox"/>	123RW11 12" Mag Wheel .4.....	Std
<input type="checkbox"/>	123RW14 16" Mag Wheel .4.....	\$40
<input type="checkbox"/>	123RW3 20" Mag Wheel .....	NC
<input type="checkbox"/>	123RW8 22" Mag Wheel .....	NC
<input type="checkbox"/>	123RW1 24" Mag Wheel .....	NC
<input type="checkbox"/>	123RW12 18" Spoke Wheel .....	\$100
<input type="checkbox"/>	123RW4 20" Spoke Wheel .....	\$200
<input type="checkbox"/>	123RW9 22" Spoke Wheel .....	\$200
<input type="checkbox"/>	123RW2 24" Spoke Wheel .....	\$100
<input type="checkbox"/>	123RW10 Omit Rear Wheel & Axle .....	-\$55
<b>Rear Wheel Tire</b>		
<input type="checkbox"/>	123RT1 Pneumatic Tire .....	NC
<input type="checkbox"/>	123RT2 Pneumatic Airless Insert Tire .....	\$125
<input type="checkbox"/>	123RT3 Full Polyurethane Tire .5.....	\$50
<input type="checkbox"/>	123RT4 Low Polyurethane Tire .8.....	NC
<input type="checkbox"/>	123RT6 High Pressure Clincher Tire .7.....	\$45
<input type="checkbox"/>	123RT8 Kevlar Tire .9.....	\$45
<b>Handrim <sup>8</sup></b>		
<input type="checkbox"/>	123HR1 Aluminum Anodized .....	NC
<input type="checkbox"/>	123HR4 Plastic Coated .....	\$85
<input type="checkbox"/>	123HR7 Omit .9.....	-\$20
<b>Projections (Not Available on Plastic Coated)</b>		
<input type="checkbox"/>	123HR8 8 Oblique .6.....	\$195
<input type="checkbox"/>	123HR9 8 Vertical .8,10.....	\$195
<input type="checkbox"/>	123HR10 12 Oblique .8.....	\$195
<input type="checkbox"/>	123HR11 12 Vertical .8,10.....	\$195
<b>Wheel Lock</b>		
<input type="checkbox"/>	123WL1 High Mount Push .....	NC
<input type="checkbox"/>	123WL2 High Mount Pull .....	NC
<input type="checkbox"/>	123WL11 Foot Lock .11.....	NC
<input type="checkbox"/>	123WL10 Omit .....	NC
<b>Extension Handle</b>		
<input type="checkbox"/>	123EH1 6 Pair .....	\$50
<input type="checkbox"/>	123EH3 6" Left .....	\$25
<input type="checkbox"/>	123EH2 6" Right .....	\$25
<b>Grade Aid</b>		
<input type="checkbox"/>	123GA1 Grade Aid .12.....	\$90
<b>Anti-Tip</b>		
<input type="checkbox"/>	123AO1 Front Anti-Tip .13.....	\$105
<input type="checkbox"/>	123AT1 Rear Anti-Tip .....	\$95

**ACCESSORIES**

<b>Backpack</b>		
<input type="checkbox"/>	123A2 Black/Charcoal Kids .....	\$50
<input type="checkbox"/>	123A1 Black Utility Backpack .....	\$55

<b>Seat Pouch</b>		
<input type="checkbox"/>	123A8 Black .....	\$45
<b>Misc</b>		
<input type="checkbox"/>	123A83 Tool Kit .....	\$25
<b>Positioning Belt</b>		
<input type="checkbox"/>	123A112 1" Dual Pull Side Squeeze Padded ..	\$65
<input type="checkbox"/>	123A12 2" Aircraft Buckle .....	\$85
<input type="checkbox"/>	123A13 2" Aircraft Buckle Padded .....	\$115
<input type="checkbox"/>	1.5" Auto Buckle with Clamps .....	\$60
<b>Spoke Guard</b>		
<input type="checkbox"/>	123A24 Spoke Guard - Clear .5.....	\$90
<input type="checkbox"/>	123A23 Spoke Guard - Black .5.....	\$90
<b>ACC Toe Loop</b>		
<input type="checkbox"/>	123A110 Toe Loop .....	\$20
<b>Touch-Up Paint</b>		
<input type="checkbox"/>	123A27 Frame .....	\$25
<b>Upper Extremity Support Tray</b>		
<input type="checkbox"/>	123A29 Extra-Small (10"-12") .....	\$200
<input type="checkbox"/>	123A30 Small (13"-14") .....	\$200
<input type="checkbox"/>	123A31 Medium (15"-17") .....	\$200
<input type="checkbox"/>	123A32 Large (18"-20") .....	\$200
<b>Side Guard</b>		
<input type="checkbox"/>	123SG3 Plastic Regular .14.....	\$120
<input type="checkbox"/>	123SG4 Plastic Kids .14.....	\$120
<b>SUB-TOTAL PRICE PAGE 1</b>		
		\$ _____
<b>SUB-TOTAL PRICE PAGE 2</b>		
		\$ _____
<b>SUB-TOTAL PRICE PAGE 3</b>		
		\$ _____
<b>TOTAL CHAIR PRICE</b>		
		\$ _____

**FOOTNOTES**

1. Not available with 12" rear wheels.
2. Available with 20", 22" or 24" Mag Rear Wheels..
3. Only available with One Arm Drive Option.
4. Not available with handrims.
5. Not available with 12", 16" and 18" rear wheels.
6. Only available with 24" wheels.
7. Only available with 24" spoke wheels.
8. Not available with 12" and 16" rear wheels.
9. Not available with wheel/axle credit.
10. Not available with low profile poly tires.
11. Not available on folding frame, and available on 12" rear wheels only.
12. Not available with low profile polyurethane, high profile polyurethane, or high pressure clincher tires.
13. Not available with caster pin locks.
14. Not available with height adjustable armrests.

**CUSTOMER SERVICE**

Phone:  
Fax:

## **SERVICES AND ITEMS NOT COVERED BY THE HAWAII MEDICAID PROGRAM**

### **General**

- Services, procedures, drugs, devices, equipment, and treatment that are experimental, investigational, or of generally unproven benefit, excluded by federal regulations or state rules, and/or not medically necessary.
- All medical, surgical, and/or psychiatric services, drugs (including hormones needed for changing the sex of an individual), equipment/devices and supplies related to gender reassignment.
- All medical and surgical procedures, therapies, supplies, drugs, equipment for the treatment of sexual dysfunction.

### **Medical and Surgical Services**

- Stand-by services by stand-by physicians, telephone consultations, telephone calls, writing of prescriptions, and stat charges.
- Psychiatric care and treatment for sex and marriage problems, weight control, employment counseling, primal therapy, long term character analysis, marathon group therapy, and/or consortium.
- Long term psychiatric institutional treatment.
- Routine foot care, treatment of flat feet.
- Physical exams for employment when the patient is self-employed or as a requirement for continuing employment (i.e., truck and taxi drivers' licensing, other physical exams as a requirement for continuing employment by the State or Federal Government or by private business.
- Physical exams, psychological evaluations and/or immunizations as a requirement for Hawaii or other states' drivers' licenses or for the purpose of securing life and other insurance policies or plans.
- Physical exams and/or immunizations for travel—domestic or foreign.
- In vitro fertilization, reversal of sterilization, artificial insemination, sperm banking procedures and all drugs and devices to treat infertility or enhance fertilization.

- Cosmetic surgery or treatment to improve appearance and not bodily function, including but not limited to cosmetic rhinoplasties, reconstructive/plastic surgery such as face lifts to improve appearance and not bodily function, liposuction, paniclectomies, and other body sculpturing procedures, piercing of ears and other body areas, electrolysis, hair transplantation or removal, tattooing or removal of tattoos.
- Cosmetic, reconstructive, or plastic surgery procedures performed primarily for psychological reasons or as a result of the aging process.
- Augmentation mammoplasties except following medically indicated mastectomies for carcinoma, precancerous conditions, or extensive fibrosis or traumatic amputation.
- Reduction mammoplasties unless there is medical documentation of intractable pain not amenable to other forms of treatment as a result of large pendulous breasts.
- Jejunio-ileal by-pass procedures for morbid obesity.
- Tuberculosis services when provided free to the general public.
- Hansen's disease treatment or follow-up.
- Treatment of persons confined to public institutions.
- In vitro fertilization, reversal of sterilization, artificial insemination, sperm banking procedures, procedures, devices, and drugs to treat infertility or enhance fertilization.
- Orthoptic training.
- Ambulatory Blood Pressure Monitoring.

### **Drugs**

- Drugs not approved by the Food and Drug Administration (FDA).
- Drugs from manufacturers that do not have a current rebate agreement with the Health Care Financing Administration (HFCA) also called the Centers for Medicare and Medicaid Services (CMS).
- Drugs determined to be "less than effective" by the federal government. (Drug Effectiveness Studies In? DESI 5 and 6.

### **Equipment, Supplies, and Devices**

- Equipment, supplies, and devices not primarily medical in nature.
- Penile and testicular prostheses and related services.

- Personal care items including but not limited to shampoos, toothpaste, toothbrushes, mouth washes, denture cleansers and adhesives, shoes, slippers, clothing, laundry services, baby oil and powder, sanitary napkins, soaps, lip balm, and band aids.
- Car seats (including booster seats) and infant or child strollers used by recipients of all ages.
- Personal use of physical therapy equipment customarily used by a physical therapist in a physical therapy treatment or modality including, but not limited to, tilt tables, whirlpools, mats, play equipment, PT mats, exercise balls, hand pump for balls, vinyl wedges, movable mirrors, rolling stools (to be used by person aiding in PT), corner chairs with table top, 4 wheel scooter for prone work, tricycles, bicycles, gait trainers, tumble forms, and exercise equipment.
- Non-medical items including but not limited to books, telephone, beepers, radios, linens, clothing, television sets, computers, air conditioners, air purifiers, air filters, and fans.
- Educational supplies.
- Orthopedic and therapeutic shoes except for recipients with diabetes or when the shoe is attached to a brace.
- Durable Medical Equipment (DME) that requires modification to the house including, but not limited to, ceiling lifts, wheelchair lifts, elevators, and stair climbers.
- Household modifications that may or not be associated with DME.
- Activities of Daily Living (ADL) aids for general household chores including, but not limited to potato peelers, jar openers, and reachers/grabbers.
- Modifications to motor vehicles.
- Equipment to access motor vehicles and modifications to access motor vehicles.
- More than one wheelchair of any kind (unless there is a significant change in the recipient's medical condition that justifies another wheelchair).
- Feeder chairs when recipient has another seating system, e.g., wheelchair.
- 
- High chairs (chairs used for feeding).
- Standard household items including but not limited to cooking utensils, blenders, and furniture.
- Beds including but not limited to lounge beds, bead beds, water beds, day beds; overbed tables, bed lifters, bed boards, bed side rails if not an integral part of a hospital bed.

- Food, health foods, and food supplements.
- Tinted lenses except for aphakia.
- Contact lenses for cosmetic purposes; bifocal contact lenses.
- Oversized lenses.
- Blended or progressive bifocal lenses.
- Tinted or absorptive lenses (except for aphakia, albinism, glaucoma, medical photophobia).
- Trifocal lenses (except as a specific job requirement).
- Spare glasses.
- In the ear hearing aids, hearing aid glasses.
- Prosthetic Wigs.

### **Dental Services**

- All non-emergency dental services for recipients over 20 years of age.
- For recipients under 21 years of age:
  1. Orthodontic services except following repair of a cleft palate or other severe developmental defect or injury in a child for which the functions of speech, swallowing, or chewing cannot be restored.
  2. Fixed bridge work.
  3. Plaque control and nutritional counseling.
  4. Gold crowns and gold inlays.
  5. Procedures appliances or restorations solely for cosmetic purposes.

### **Miscellaneous Services and Items**

- Acupuncture.
- Biofeedback.
- Chiropractic Services.

- Christian Science services.
- Faith healing.
- Hypnosis.
- Massage treatment by masseurs.
- Naturopathic Services.
- Physician assistant services.
- Certified registered nurse anesthetist (CRNA) services.
- Dietician/nutritionist services.
- Obesity treatment such as weight control classes, weight loss programs, specially prepared diets and special foods.
- Swimming lessons, summer camp, gym membership, and smoking cessation classes.
- Topical application of oxygen.
- HCPCS codes in the range C0001-C9999—Temporary Codes for Use with only with Medicare Outpatient PPS except C1775 --radiological diagnostic contrast agent used in Positron Emission Tomography (PET).
- HCPCS codes in the range S0001-S9999—codes developed by Blue Cross/Blue Shield and other commercial payers to report drugs, services, and supplies and not for use to bill services paid under Medicare.

**✘ MEDICAID PROVIDER MANUAL****Date Issued: October 18, 2002****CHAPTER 10****Date Revised: October 18, 2002****DURABLE MEDICAL EQUIPMENT, PROSTHETIC AND ORTHOTIC DEVICES, AND MEDICAL SUPPLIES (DMEPOS)****Page No. 8 of 18***10.5.3 Incontinence Supplies –Diapers, Underpads, and Gloves*

- a) Specific authorization, coding and billing requirements apply. Refer to the specific guidelines in Appendix 6.

*10.5.4 DME and Medical Supplies for Patients Being Discharged from an Acute Care Hospital or Nursing Facility (NF) to a Home/Care Home or to a Home and Community-Based Program*

- a) To facilitate the prompt discharge from an acute care hospital or a NF, certain DME and medical supplies can be provided for up to sixty (60) calendar days when provided to a patient upon discharge from an acute care hospital or a NF to his/her home or other non-institutional setting.
- b) A conditional authorization can be given when a physician's signature is not available, however a medical authorization form must be submitted within 30 days after discharge.
- c) If a conditional authorization was not obtained, a Request for Medical Authorization 1144 form listing the item(s) and code(s), signed and dated by the physician must be submitted within ten (10) working days after discharge. Medical justification of the patient's need for the item(s), the name of the hospital or NF, and the date of discharge must be provided.
- d) If the item(s) are needed more than 60 days after discharge, a new authorization form must be submitted.
- e) The special authorization process applies only to the following DME and medical supplies:

*10.5.4.1 Standard DME*

<b>Item</b>	<b>Comments</b>
Hospital bed	Rental toward purchase
Trapeze	Rental or purchase
Wheelchair*	Rental toward purchase
Walker*	Rental or purchase
Cane*	Rental or purchase
Commode	Rental or purchase
Suction machine	Rental toward purchase
Shower chair w/without back	Rental or purchase
Oxygen concentrator	Rental
Oxygen (portable)	Rental
IV pole	Rental or purchase
Enteral feeding pump	Rental toward purchase

\*Only ONE (1) of the three (3) can be approved unless specific medical justification is provided.

*10.5.4.2 Standard Supplies*

<b>Item</b>	<b>Comments</b>
Safety belt (gait training)	One only
Enteral feeding supply kits	Maximum of 30 per month
Enteral feeding formula	Only payable for tube-fed patients
Suction catheters	Quantity requested must be justified
Foley (indwelling) catheter tray	One only (includes foley and drainage bag)
Condom catheters	Maximum of 3 dozen per month
Urinary drainage bag	One only
Gloves, nonsterile	Maximum of 50 pairs per month
Underpads	Maximum of 50 per month
Diapers	Maximum of 200 per month

*10.5.5 Oxygen for Home Use and for Use in Nursing Facilities*

- a) Medicare criteria for the need for oxygen are followed.
- b) Oxygen must be prescribed by a physician and requires authorization.