



**QUANTUM<sup>®</sup>**

#1 FOR REHAB POWER

# Product Planning & Reimbursement Guide

April 2024



*Quantum Rehab®*, a division of Pride Mobility Products Corporation, is devoted to customizing the Quantum Rehab power chair line with specialty seating systems, specialty controls, and various rehab accessories based on a client's individual needs and preferences.

*The information contained in this guide is based on the coverage criteria established by the Medicare fee-for-service program. Many insurance carriers and state Medicaid programs have accepted the coverage criteria established by traditional Medicare when determining the eligibility of durable medical equipment (including complex rehab technologies) along with established diagnosis and procedure code designations. Prior to claim submission for any third-party payor, it is important to clearly understand what payor driven documentation is required, what HCPCS billing codes are acceptable, what coverage criteria must be met and the reimbursement rate for each separately billable line item.*

*DME providers are responsible for determining appropriate billing codes when submitting for insurance reimbursement. HCPCS codes should not be considered as legal advice and do not guarantee reimbursement. Payor coding, coverage, and bundling guidelines may apply.*

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# Managing the Intake and Order Process

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The intake and order process for a power mobility device consists of various steps, many being completed concurrently. A smaller business may have one or two individuals handle the process, whereas a larger company may divest parts of the process to different functional departments within the organization. Whether the supplier is large or small, organizational productivity should be paramount.

The first step after initial beneficiary contact is to create a patient file, either electronic or paper, to house information needed to complete the order, obtain, and retain payment, and track and maintain the customer relationship.

The first item placed in the file is usually an intake form that documents the patient's demographic information, including their insurance and treating practitioner or referral source. A record of all conversations and correspondence with the beneficiary and referral source(s) as well as all internal documents related to the order should also be placed in the file. At different intervals during the process the documentation is reviewed and screened. The frequency of review may depend on the number of individuals involved in the intake and order process and their level of responsibility for the documentation. A supplier should develop written operational policies and procedures to ensure that information is handled appropriately, organized, and easily accessible should it need to be retrieved.

Below are suggested guidelines for the Medicare order process. A similar process is used when handling orders for other insurances.

## The Medicare Order Process

1. Conduct an Intake Interview.
  - a. Follow an intake checklist.
  - b. Contact the beneficiary if the checklist cannot be completed. Let them know that information is needed for the order to continue to process. Document the name of the person contacted and/or how a message was left.
2. Insurance Verification
  - c. Make a copy of the beneficiary's Medicare card.
  - d. Confirm Medicare Fee for Service (FFS) coverage.
  - e. Confirm or update the demographic information in the patient's file.
  - f. Add the insurance information to the patient's file.
3. Same/Similar Check
  - g. Check all HCPCS codes through the IVR or Medicare portal. If the information is received via a three-way call with Medicare, make sure the call record # and name of the CSR is documented in the patient's file.
  - h. Document the findings of the same/similar information in the patient's file.
4. Call patient to explain benefits and order process, ask questions as necessary to complete the intake form and obtain insurance information.
5. Provide Beneficiary Information Packet.
  - a. If in person, present the face-to-face information and have them call their treating practitioner to schedule an appointment for a visit to discuss their mobility needs.
  - b. If contact is via telephone, mail the face-to-face patient information and have the client call their treating practitioner to schedule an appointment.
6. Follow-up with the beneficiary.
  - a. Ask questions and answer any questions they may have.

- b. Explain alternatives should they not meet insurance requirements.
7. Educate referral sources if applicable.
  - a. Explain face-to-face process, including inclusion of an LCMP.
  - b. Explain the role of the supplier's ATP.
  - c. Explain the need for the LCMP specialty evaluation.
  - d. Make sure the prescribing clinician is aware of the timeline and request that the documents be sent to you as quickly as possible in case there are discrepancies or additional information is needed.
8. Follow-up regarding required documentation and standard written order(s) with the ordering clinician (and beneficiary if necessary).
9. Collect and date stamp all documents received from the treating practitioner and other clinicians involved in the patient's care. Date stamps are not required, but the use of them is recommended.
10. Ensure that the file includes an attestation of no financial relationship between the supplier and LCMP.
11. Review/prescreen medical records, documentation of face-to-face encounter with the treating clinician, LCMP mobility evaluation, LCMP Specialty Evaluation, ATP report, and the Standard Written Order(s) for compliance and medical necessity.
12. Contact the treating/ordering practitioner, if necessary, to obtain missing/incomplete documents.
13. Conduct and document the on-site home assessment.
  - a. The home assessment for a power mobility device must be completed prior to or at the time of delivery.
  - b. The home assessment should not be completed by the supplier until after receipt of the Standard Written Order for the power chair base.
14. Determine the equipment best suited for the client based on the treating practitioner's order, referral source recommendations (LCMP Specialty Evaluation), and customer preference (supplier ATP report). Take into consideration medical necessity, options and accessories, seating, and upgrades.
15. Generate a Standard Written Order for wheelchair options, accessories, seating, and positioning items not listed on the SWO for the power wheelchair base and send to the treating practitioner for review and signature.
16. Obtain a price quote from the equipment manufacturer.
17. Review any documents not already prescreened.
18. Submit for Prior Authorization.
19. Explain alternatives to the beneficiary and the treating practitioner if insurance requirements are not met.
20. Effectuate ABN if applicable.
21. Order equipment from the manufacturer if necessary.
22. Schedule delivery.
23. Deliver equipment.
24. Place all paperwork in the patient file.
25. Submit claim for payment.
26. Place claim paperwork in file.
27. Monitor claim for payment.
28. Collect any beneficiary responsibility amount due.
29. Keep in touch with the beneficiary on a regular basis to document continued use of the equipment.





# CRT Power Chair HCPCS Coding

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# HCPCS Coding Overview

The Healthcare Common Procedure Coding System, or HCPCS, is a standardized coding system that is used to identify and classify similar products, such as durable medical equipment, for efficient claims processing.

Power Mobility Devices, such as POVs and power wheelchairs, and specialty wheelchair cushions and backs, require an official, written coding verification determination by the Pricing, Data Analysis, and Coding (PDAC) contractor to be covered and reimbursed by the Medicare program.

Not all Durable Medical Equipment requires an official PDAC code verification for Medicare coverage or reimbursement. Equipment such as wheelchair options and accessories and seat-lift mechanisms, for example, do not require an official PDAC code verification.

Some funding sources do not use PDAC codes or require PDAC code verification, so be sure to verify coding requirements and guidelines with all third-party payors.

Each supplier is ultimately responsible for the HCPCS code they select to bill for the item provided. A supplier must use their best judgement in selecting the code used for billing.

A Product Classification List with devices which have received a coding verification determination can be found on the PDAC web site at <https://www.dmepdac.com/>

## Power Mobility Device Coding

Power mobility devices include both power wheelchairs and power operated vehicles (POVs). A power operated vehicle is a chair-like battery-powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four-wheel non-highway construction. A power wheelchair is a chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated or modular seating system, electronic steering, and four-or-more wheel non-highway construction.

Medicare, and most third-party insurers, require that power mobility devices be officially code verified by the Pricing Data Analysis and Coding Contractor, PDAC, for them to be covered. A POV or power wheelchair which has not been reviewed by the PDAC or which has been reviewed by the PDAC and found not to meet the definition of a specific power mobility device must be billed with HCPCS K0899 and will be denied by Medicare as not reasonable and necessary. Keep in mind that not all funding sources require PDAC code verification.

## Power Wheelchair HCPCS Codes

Power wheelchairs are divided into six groups based on performance characteristics such as top end speed, range, obstacle climb, dynamic stability and turning radius. Each group is then subdivided based on patient weight capacity, seat type, portability, and/or power seating capability. A device is not required

to carry all the weight listed in the class of the device, but it must have a weight capacity within the range to be included.

Group 1 and 2 power chairs are usually referred to as “standard” or “consumer” power chairs. Group 2 power chairs with single and power options, like power tilt and recline, can be considered rehab power chairs. Group 3 and 4 power chairs have performance characteristics, electronics and seating capabilities used for complex rehab clients. Group 5 are pediatric power chairs.

## Code Specific Requirements

All PWCs (K0813 – K0891, K0898) must have the specified components and meet the following requirements:

- Have all components in the PWC Basic Equipment Package
- Have the seat option listed in the code descriptor
- Seat Width: Any width appropriate to weight group
- Seat Depth: Any depth appropriate to weight group
- Seat Height: Any height (adjustment requirements-none)
- Back Height: Any height (minimum back height requirement-none)
- Seat to Back Angle: Fixed or adjustable (adjustment requirements – none)
- May include semi-reclining back

All Group 2 PWCs (K0820 – K0843) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- May have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain’s chairs)
- **Length - less than or equal to 48 inches**
- **Width - less than or equal to 34 inches**
- Minimum Top End Speed - 3 MPH
- **Minimum Range - 7 miles**
- **Minimum Obstacle Climb - 40 mm (Slightly more than 1 1/2")**
- Dynamic Stability Incline - 6 degrees

Group 2 seat elevator PWCs (K0830, K0831) must have the specified components and meet the following requirements:

- Non-expandable controller
- Incapable of upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- Accommodates only a power seat elevating system

Group 2 SINGLE POWER option PWCs (K0835 – K0840) must have the specified components and meet the following requirements:

- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices

- See SINGLE POWER OPTION definition for seating system capability

Group 2 MULTIPLE POWER option PWCs (K0841 – K0843) must have the specified components and meet the following requirements:

- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- See MULTIPLE POWER OPTIONS definition for seating system capability
- Accommodates a ventilator

All Group 3 PWCs (K0848 – K0864) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- May not have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs)
- **Drive wheel suspension to reduce vibration**
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- **Minimum Top End Speed - 4.5 MPH**
- **Minimum Range - 12 miles**
- **Minimum Obstacle Climb - 60 mm (Approx. 2 3/8")**
- **Dynamic Stability Incline - 7.5 degrees**

All Group 4 PWCs (K0868 – K0886) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- May not have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs)
- **Drive wheel suspension to reduce vibration**
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- **Minimum Top End Speed - 6 MPH**
- **Minimum Range - 16 miles**
- **Minimum Obstacle Climb - 75 mm (Slightly less than 3")**
- **Dynamic Stability Incline - 9 degrees**

All Group 5 PWCs (K0890, K0891) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- Seat Width: minimum of 5 one-inch options
- Seat Depth: minimum of 3 one-inch options
- Seat Height: adjustment requirements-≥ 3 inches
- Back Height: adjustment requirements minimum of 3 options
- Seat to Back Angle: range of adjustment-minimum of 12 degrees
- Accommodates non-powered options and seating systems
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- Adjustability for growth (minimum of 3 inches for width, depth and back height adjustment)
- Special developmental capability (i.e., seat to floor, standing, etc.)
- Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 4 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm
- Dynamic Stability Incline - 9 degrees
- Crash testing - Passed

Group 3 No Power Option PWCs (K0848 – K0855) must have the specified components and meet the following requirements:

- Incapable of accommodating a POWER tilt, recline, seat elevation, standing system
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating legrests)

Group 3 SINGLE POWER option PWCs (K0856 – K0860, K0877 – K0880) must have the specified components and meet the following requirements:

- See SINGLE POWER option definition for seating system capability

Group 3 and 4 MULTIPLE POWER option PWCs (K0861 – K0864, K0884 – K0886) must have the specified components and meet the following requirements:

- See MULTIPLE POWER options definition for seating system capability
- Accommodates a ventilator

**Note:** The PDAC places code verified PWCs in the Group in which the device meets ALL the performance characteristics for the group.

# Medicare Definitions

## Single Power Option

A category of PWCs with the capability to accept and operate a power tilt or power recline or power standing or, for Groups 3, 4, and 5, a power seat elevation system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating legrests, seat elevator, and/or standing system in combination with a power tilt or power recline. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a power wheelchair that can only accommodate a power tilt could qualify for this code.

## Multiple Power Option

A category of PWCs with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating legrests, a power seat elevator, and/or a power standing system. A PWC does not have to accommodate all features to qualify for this code.

# Medicare Power Wheelchair Basic Equipment Package

Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage. If any of these items are billed on initial issue of a power chair they will be denied as not separately payable.

- Lap belt or safety belt
  - Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode
- Complete set of tires and casters, any type
- Leg rests
  - There is no separate billing/payment if fixed, swing-away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be billed separately.
- Footrests/foot platform
  - There is no separate billing/payment if fixed, swing-away, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs.
- Armrests
  - There is no separate billing/payment if fixed, swing-away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by beneficiary weight capacity
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
  - For Standard Duty, seat width and/or depth greater than 20 inches;
  - For Heavy Duty, seat width and/or depth greater than 22 inches;
  - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
  - For Extra Heavy Duty, no separate billing

- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
  - For Standard Duty, back width greater than 20 inches;
  - For Heavy Duty, back width greater than 22 inches;
  - For Very Heavy Duty, back width greater than 24 inches;
  - For Extra Heavy Duty, no separate billing
- Controller and Input Device
  - There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

For all power wheelchair groups, manual semi-reclining backs are included in the base code and may not be billed separately.

## Captain's Seat (C) versus Sling/Solid/Seat Back (SS)

One of the subdivisions within the power wheelchair codes is seating. A power chair is coded with either a captain's chair style seat or a sling/solid/seat/back (solid seat pan).

With fee for service Medicare, a separate seat and/or back cushion will be denied as not reasonable and necessary if a beneficiary has a power wheelchair with a captain's chair seat. If a skin protection and/or positioning seat or back cushion that meets coverage criteria is provided with a power wheelchair with captain's chair, the PWC will be denied by Medicare as not reasonable and necessary.

For beneficiaries who do not have special skin protection or positioning needs, a power wheelchair with captain's chair provides appropriate support.

If a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of captain's chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a captain's chair model (codes K0839, K0840, K0843, K0860 – K0864); or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

Conversely, a power wheelchair with a sling/solid/seat/back will only be reimbursed when provided for use with a medically necessary skin protection or positioning cushion and/or back.

# Complex Rehab Power Wheelchair HCPCS Codes

## *Group 2 with Power Options, Group 3, Group 4, Group 5*

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### **K0835**

GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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### **K0836**

GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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### **K0837**

GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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### **K0838**

GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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### **K0839**

GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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### **K0840**

GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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### **K0841**

GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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### **K0842**

GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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### **K0843**

GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0848**

GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0849**

GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0850**

GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0851**

GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0852**

GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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**K0853**

GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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**K0854**

GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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**K0855**

GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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**K0856**

GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0857**

GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0858**

GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0859**

GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0860**

GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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**K0861**

GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0862**

GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301-450 POUNDS

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**K0863**

GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451-600 POUNDS

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**K0864**

GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

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**K0868\***

GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0869\***

GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0870\***

GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0871\***

GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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**K0877\***

GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0878\***

GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0879\***

GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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**K0880\***

GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

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**K0884\***

GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0885\***

GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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**K0886\***

GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 - 450 POUNDS

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**K0890**

GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

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**K0891**

GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

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**K0898**

POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

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**K0899\*\***

POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA

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\*Medicare does not cover Group 4 power wheelchairs. They are considered to have added capabilities that are not needed for use in the home.

**\*\*A power wheelchair which has not been reviewed by the PDAC or which has been reviewed by the PDAC and found not to meet the definition of a specific power wheelchair (HCPCS K0899) will be denied by Medicare as not reasonable and necessary. Keep in mind that not all funding sources require PDAC code verification.**

NOTE: The only products that may be billed to Medicare, or insurances that follow Medicare guidelines, using codes K0800-K0898 are those products for which a written coding verification determination has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor. A Product Classification List with devices which have received a coding verification determination can be found on the PDAC web site at [https://www4.palmettogba.com/pdac\\_dmecs/initProductClassificationResults.do](https://www4.palmettogba.com/pdac_dmecs/initProductClassificationResults.do)

## Wheelchair Options & Accessories HCPCS Codes

(See Wheelchair Cushion and Positioning for Wheelchair Seating HCPCS)

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### **E0973**

ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH

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### **K0020**

FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

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### **E2209**

ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH

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### **E0951**

HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH

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### **E0952**

TOE LOOP/HOLDER, ANY TYPE, EACH

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### **E0954**

FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT

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### **E0990**

ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH

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### **K0195**

ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

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### **E1020**

RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE

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**K0038**

LEG STRAP, EACH

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**K0039**

LEG STRAP, H STYLE, EACH

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**K0040**

ADJUSTABLE ANGLE FOOTPLATE, EACH

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**K0733**

12 TO 24 AMP SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

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**E2359**

GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

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**E2361**

NF-22 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

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**E2363**

GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

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**E2365**

U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

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**E2371**

GROUP 27 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

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**E1002**

POWER SEATING SYSTEM, TILT ONLY

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**E1004**

POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION

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**E1007**

POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION

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**E1010**

ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR

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**E1012**

ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH

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**E2298**

COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE

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**E2301**

POWER STANDING SYSTEM, ANY TYPE

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**E2310**

ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE

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**E2311**

ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE

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**E2312**

HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

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**E2313**

HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH

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**E2321**

HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

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**E2322**

HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

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**E2323**

SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED

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**E2324**

CHIN CUP FOR CHIN CONTROL INTERFACE

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**E2325**

SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE

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**E2326**

BREATH TUBE KIT FOR SIP AND PUFF INTERFACE

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**E2327**

HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE

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**E2328**

HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, AND FIXED MOUNTING HARDWARE

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**E2329**

HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE

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**E2330**

HEAD CONTROL INTERFACE, PROXIMETRY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE

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**E2331**

ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE

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**E2373**

HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

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**E2377**

EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE

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**E2351**

ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE

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**E0705**

TRANSFER DEVICE, ANY TYPE, EACH

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**E0950**

WHEELCHAIR ACCESSORY, TRAY, EACH

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**E1028**

MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY

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**E1029**

VENTILATOR TRAY, FIXED

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**E1030**

VENTILATOR TRAY, GIMBALED

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**E1226**

MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH

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**E2207**

CRUTCH AND CANE HOLDER, EACH

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**E2208**

CYLINDER TANK CARRIER, EACH

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**K0105**

IV HANGER, EACH

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**K0108**

WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

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**A9270**

MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE

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# Replacement Only - Wheelchair Options & Accessories

## HCPCS Codes

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**K0015**

DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH

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**K0017**

DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH

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**K0018**

DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH

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**K0019**

ARM PAD, REPLACEMENT ONLY, EACH

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**K0042**

STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH

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**K0043**

FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH

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**K0044**

FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH

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**K0045**

FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH

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**K0046**

ELEVATING LEG REST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH

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**K0047**

ELEVATING LEG REST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH

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**K0050**

RATCHET ASSEMBLY, REPLACEMENT ONLY, EACH

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**K0051**

CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH

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**K0052**

SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH

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**K0053**

ELEVATING FOOT RESTS, LEG REST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH

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**E2366**

BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH

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**K0046**

ELEVATING LEG REST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH

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**E2374**

HAND OR CHIN CONTROL INTERFACWE, STANDARD REMOTE JOYSTICK (NOT INLCUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE REPLACEMENT ONLY

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**E2375**

NON-EXPANDABLE CONTOLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

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**E2376**

EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY

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**E2368**

DRIVE WHEEL MOTOR, REPLACEMENT ONLY

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**E2369**

DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY

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**E2370**

INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, EACH

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**E2378**

ACTUATOR, REPLACEMENT ONLY

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**E2381**

PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2382**

TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2383**

INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH

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**E2384**

PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2385**

TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2386**

FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2387**

FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2388**

FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2389**

FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2390**

SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2391**

SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH

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**E2392**

SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2394**

DRIVE WHEEL, EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2395**

CASTER WHEEL, EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

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**E2396**

CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH

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# Coverage Criteria & Documentation Requirements

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# PMD Medical Documentation & Coverage Criteria

Medical documentation in the contemporaneous medical record (i.e., treating practitioner chart notes, therapy notes, hospital or skilled nursing facility notes, etc.) that justifies the need for a wheelchair and accessories is essential for any funding source. It is important to remember that documentation should focus on the mobility aspects of the individual patient's condition and be specific as to how the individual patient will benefit from the equipment. There is an algorithmic approach to determining the appropriate mobility assistive equipment (MAE) such that a "lower level" technology must either be considered and ruled out or tried and documented as failing to meet the identified mobility challenges of the individual.

Keep in mind that although Medicare coverage is based on the need for the equipment "in the home", that does NOT mean that the beneficiary cannot, should not, or will not use the device at school, work or in the community. Some Medicaid plans, private insurers, and other funding sources may provide for a power wheelchair to be used exclusively outside the home or approve an upgrade to the mobility product for community use.

## Medicare Documentation Requirements

The documentation process for a power mobility device, whether it be a POV, a standard use power chair, or a complex rehab power wheelchair begins with a face-to-face mobility examination conducted by the physician (MD, DO) or non-physician practitioner (PA or NP) who will ultimately write the order for the equipment. The practitioner may elect to refer the beneficiary to another medical professional, such as a physical therapist or occupational therapist, to perform part of the evaluation, so long as that individual has no financial relationship with the wheelchair supplier. There are special rules that apply when part of the face-to-face is conducted by another medical professional.

A power mobility device cannot be prescribed by a podiatrist or a chiropractor, and the prescribing clinician must be registered in PECOS (Provider Enrollment, Chain, and Ownership System) in a specialty eligible to order and refer to the Medicare program.

CMS Ordering and Referring Database for PMDs

<https://data.cms.gov/provider-characteristics/medicare-provider-supplier-enrollment/order-and-referring>

There are several statutory requirements that must be met for Medicare to reimburse for a power mobility device.

1. There must be an in-person visit with the treating practitioner specifically addressing the patient's mobility needs.

*The treating practitioner conducting the in-person visit should record the encounter in their usual record keeping format.*

2. There must be a history and physical examination by the treating practitioner or other medical professional focusing on the assessment of the patient's mobility limitation and needs. The results of this evaluation must be recorded in the patient's medical record in the clinician's usual record

keeping format. A prescription, referred to as the standard written order, must be written after the medical evaluation is complete and within six months after the treating practitioner's in-person visit.

*The treating practitioner should also include additional medical records, such as chart notes from previous office visits, that support coverage for the equipment being prescribed.*

3. Group 2 single and multiple power option chairs, and all Group 3 power wheelchairs require a specialty evaluation by a licensed/certified medical professional (LCMP) and be provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Medicare Clinical Criteria for Coverage of a Power Mobility Device

1. Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home?
  - A mobility limitation is one that:
    - Prevents the beneficiary from accomplishing an MRADL entirely (**independently**), or
    - Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL (**safely**); or
    - Prevents the beneficiary from completing an MRADL within a reasonable time frame (**timely**).
2. Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?
  - The cane or walker should be appropriately fitted to the beneficiary for this evaluation.
    - Assess the beneficiary's ability to safely use a cane or walker.
3. Does the beneficiary have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day?
  - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
  - An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.
    - A beneficiary with sufficient upper extremity function may qualify for a manual wheelchair. The appropriate type of manual wheelchair, i.e. light weight, power assisted, etc. should be determined based on the beneficiary's physical characteristics and anticipated intensity of use.

*Once it has been determined and documented that the beneficiary has a mobility limitation that significantly impairs the beneficiary's ability to participate in MRADLs in the home, and the use of a cane, walker and optimally configured manual wheelchair have been ruled out, a power operated vehicle (POV) must be considered.*

## Power Operated Vehicle (Scooter) Coverage Criteria

1. Are the basic coverage criteria for a power mobility device met? (see above)
2. Is the beneficiary able to:
  - Safely transfer to and from a POV? and
  - Operate the tiller steering system? and
  - Maintain postural stability and position while operating the POV in the home?
3. Does the beneficiary have sufficient mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) for safe mobility using a POV in the home?
4. Does the beneficiary's home provide adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is being provided?
  - Determine whether the beneficiary's environment will support the use of these mobility assistive equipment.
  - Keep in mind such factors as physical layout, surfaces, and obstacles, which may render an item of mobility assistive equipment unusable in the beneficiary's home.
5. Is the beneficiary's weight less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV?
  - A Heavy Duty POV is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.
6. Will the use of a POV significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home?
  - The beneficiary has not expressed an unwillingness to use a POV in the home.

*If the beneficiary does not meet the coverage criteria specific to a power operated vehicle/POV or requires additional features that are not provided on a POV, a power wheelchair can then be considered.*

## Power Wheelchair Coverage Criteria

1. Are the basic coverage criteria for a power mobility device met? (see above)
2. Does the beneficiary NOT meet the coverage criteria for a POV?
3. Does the beneficiary have the mental and physical capabilities to safely operate the power wheelchair that is provided? If the beneficiary is unable to safely operate the power wheelchair, does the beneficiary have a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided?
4. Is the beneficiary's weight less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC?
  - A Heavy Duty PWC is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a beneficiary weighing 428 – 600 pounds; an Extra Heavy Duty PWC is covered for a beneficiary weighing 570 pounds or more.
5. Does the beneficiary's home provide adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided?
6. Will the use of a power wheelchair significantly improve the beneficiary's ability to participate in MRADLs and will the beneficiary use it in the home?
  - For beneficiaries with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
7. The beneficiary has not expressed an unwillingness to use a power wheelchair in the home.



# Additional Criteria for CRT Power Wheelchairs

In addition to the coverage requirements above, specific types of power wheelchairs, such as Group 2 single and multiple power option, all Group 3, and Group 5 power chairs have additional criteria for coverage.

## Group 2 Single Power Option Power Wheelchair

1. The beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick (head control, sip and puff, switch control); **or**
2. The beneficiary meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair; **and**
3. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
4. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Group 2 Multiple Power Option Power Wheelchair

1. The beneficiary meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; **or**
2. The beneficiary uses a ventilator which is mounted on the wheelchair; **and**
3. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
4. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Group 3 Power Wheelchair with No Power Options

1. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **and**
2. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Group 3 Single Power Option Power Wheelchair

1. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **and**
2. The beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick (head control, sip and puff, switch control); **or**
3. The beneficiary meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair; **and**
4. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
5. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Group 3 Multiple Power Option Power Wheelchair

1. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **and**
2. The beneficiary meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; **or**
3. The beneficiary uses a ventilator which is mounted on the wheelchair; **and**
4. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
5. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Group 4 Power Wheelchairs

Group 4 PWCs (K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886) are not covered by FFS Medicare. They have added capabilities that are not needed for use in the home. Therefore, if these wheelchairs are provided to a FFS Medicare beneficiary they will be denied as not reasonable and necessary.

## Group 5 (Pediatric) Single Power Option Power Wheelchair

1. The beneficiary is expected to grow in height; **and**
2. The beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick (head control, sip and puff, switch control); **or**
3. The beneficiary meets coverage criteria for a power tilt or power recline seating system and the system is being used on the wheelchair; **and**
4. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
5. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

## Group 5 (Pediatric) Multiple Power Option Power Wheelchair

1. The beneficiary is expected to grow in height; **and**
2. The beneficiary meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; **or**
3. The beneficiary uses a ventilator which is mounted on the wheelchair; **and**
4. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The PT, OT, or practitioner may have no financial relationship with the supplier; **and**
5. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

*The question is... What chair will accommodate all settings of anticipated use?*

*Individuals with neurological conditions often have limited or absent motor control; therefore, drive wheel suspension on a Group 3 chair may be necessary to reduce spasticity or reflex activity brought on by the jolting forces created by traversing uneven terrain or negotiating thresholds. Or it may be necessary to limit/eliminate the jolting forces so that the individual can maintain contact with postural support components or the drive control device.*

*For an individual with a neurological condition where they will use the chair “all day, every day as their ONLY way of getting around” the distance per charge is extremely important, especially if they are traversing a multitude of terrains, are closer to the top end of the chair’s weight capacity, must cover fairly long distances or a combination of all 3, which draws a lot more power from the batteries.*

*If the individual traverses mostly level terrain, and the environments they encounter consist of minimal transitions a group 2 base may meet their needs. However, if the environment they will, or are likely to encounter once they are provided with an appropriately configured PWC includes uneven concrete, grass, gravel etc.... then a Group 3 chair would be necessary for safe navigation in these areas.*

*If the individual has absent or impaired sensation and/or balance limitations the ability to safely negotiate a 7.5 degree incline (whether that be a ramp or the landscape of mother earth) is essential for safety as an individual with an impaired sensory-motor feedback system may be unable to sense a Group 2 base tipping, which puts them at risk for injury when they encounter a hill or steep ramp.*

## Medicare PMD Documentation Requirements

### Face-to-Face Encounter

For a power mobility device to be covered by Medicare, the treating practitioner must conduct a face-to-face encounter with the beneficiary to document and determine the need for the device.

The encounter must be documented by the practitioner in a detailed narrative note in their chart in the format that they use for other chart entries. The chart must clearly indicate that a reason for the encounter was a mobility examination.

The face-to-face encounter should address the individual beneficiary’s conditions, functional abilities and limitations relative to mobility related activities of daily living in their home on a typical day. The report should include as much objective (unbiased), quantitative (measurable), information as possible, and the physical examination should focus on the body systems responsible for the limitations that impact ambulatory ability.

The treating practitioner may refer the beneficiary to a licensed/certified medical professional (LCMP) such as a physical or occupational therapist, who has experience and training in mobility evaluations to perform part of the face-to-face examination.

In order for the LCMP evaluation to be considered part of the face-to-face, there can be no financial relationship between the DME supplier and the LCMP. There must be a signed and dated attestation by the supplier or LCMP that the LCMP has no financial relationship with the supplier.

There is an exception to this rule. If the DME supplier is owned by a hospital, a PT or OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face. An evaluation performed by an LCMP that does have a financial relationship with the supplier will not be considered as part of the face-to-face but can be provided as additional clinical documentation.

Keep in mind that a referral to an LCMP cannot replace the treating practitioner's face-to-face mobility focused encounter.

*To accommodate the requirements at 42 CFR 410.38, when the treating practitioner sees the beneficiary, regardless of whether a referral to an LCMP is made, that visit date starts the six (6) month timeline for completion of the SWO for the wheelchair base. If the treating practitioner chooses to refer the beneficiary to an LCMP for a mobility evaluation, the treating practitioner's co-signature, dating and indicating agreement or disagreement with the LCMP evaluation must occur within this six (6) month timeframe. In cases where the LCMP evaluation is being adopted into the practitioner's documentation to substantiate the need for the base item, the SWO may not be written until the LCMP report is signed, dated and agreement/disagreement indicated.*

The treating practitioner must complete the standard written order (SWO) for the mobility device within six months of the face-to-face encounter. The DME supplier must receive the SWO for the power mobility device prior to dispensing the equipment.

It is recommended that supplier receipt of the SWO for the power base be documented by using a date stamp or equivalent. This is not a Medicare requirement, but it is highly recommended.

Refer to the Medical Documentation and Coverage Criteria section of this guide for detail on what content the report of the face-to-face encounter should include.

# Medical Documentation

Medical documentation in the contemporaneous medical record (i.e., physician chart notes, therapy notes, hospital or skilled nursing facility notes, etc.) that justifies the need for a wheelchair and accessories is essential for any funding source. It is important to remember that documentation should focus on the mobility aspects of the individual patient's condition and be specific as to how the individual patient will benefit from the equipment. There is an algorithmic approach to determining the appropriate mobility assistive equipment (MAE) such that a "lower level" technology must either be considered and ruled out or tried and documented as failing to meet the identified mobility challenges of the individual.

Keep in mind that although Medicare coverage is based on the need for the equipment "in the home", that does NOT mean that the beneficiary cannot, should not, or will not use the device at school, work or in the community. Some Medicaid plans, private insurers, and other funding sources may provide for a power wheelchair to be used exclusively outside the home or approve an upgrade to the mobility product for community use.

## Standard Written Order

Once the face-to-face mobility encounter is complete, the treating practitioner must then write a Standard Written Order (SWO) for the power mobility device. The SWO may be handwritten or totally electronic, but it must be completed in its entirety by the treating practitioner. It is acceptable for the DME supplier to provide the practitioner with a template listing the required elements, but the supplier cannot complete any portion of it.

The SWO must be written by the treating practitioner completing the face-to-face requirements within six months of the face-to-face encounter. The supplier must receive the SWO for a power mobility device prior to delivery.

The Standard Written Order for a power mobility device must include all the following:

1. Beneficiary's name or Medicare Beneficiary Identifier (MBI)
2. Order Date
3. Description of the item that is ordered
  - a. The description can be either a general description, a HCPCS code, a HCPCS code narrative, or a brand name/model number
  - b. For equipment – In addition to the description of the base item, the SWO *may* include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (list each separately)
4. Quantity to be dispensed (if more than one)
5. Treating practitioner name or NPI (National Provider Identifier)
6. Treating practitioner's signature

Signature and date stamps are not allowed. Signatures must comply with CMS signature requirements.

## Orders for Options/Accessories and Wheelchair Seating

Once the supplier has received the Standard Written Order, the report of the face-to-face encounter, and the LCMP specialty evaluation, they will determine the specific power mobility device that is most appropriate including any options, accessories or seating that will be provided along with the power mobility device base. If the treating practitioner does not list on the SWO for the base equipment any options, accessories or additional features that will be separately billed, the supplier may create a separate SWO for these items and send it to the treating practitioner for signature.

The treating practitioner who reviews and signs the SWO for separately billable options, accessories, and/or supplies does not need to be the same practitioner who completed the SWO for the power chair base and conducted the face-to-face encounter but there are certain criteria that must be met.

The treating practitioner who orders the options, accessories, and/or supplies must:

- Verify that a qualifying face-to-face encounter occurred within 6-months prior to the date of the SWO for the base item; and,
- Have documentation of the qualifying face-to-face encounter that was conducted for the base item; and
- Review and sign their order.

## LCMP Specialty Evaluation and ATP Requirements

Additional requirements apply to Group 2 Single Power Option, Group 2 Multiple Power Option power chairs, and all Group 3 and Group 5 power chairs.

### LCMP Specialty Evaluation

Medicare defines an LCMP as a licensed/certified medical professional such as a physical or occupational therapist, or a practitioner who has specific training and experience in rehabilitation wheelchair evaluations.

A specialty evaluation by an LCMP is required for a beneficiary who will receive a Group 2 single or multiple power option power wheelchair or a Group 3 or 5 power wheelchair. An LCMP specialty evaluation is also required for power positioning, such as tilt, recline, power leg elevation and seat elevation as well as custom seat and back cushions.

This requirement is in addition to the requirement for the face-to-face examination which must be conducted by the prescribing practitioner and may include, in part, a mobility and seating evaluation by a physical or occupational therapist.

The written report of the specialty evaluation must provide detailed information explaining why the wheelchair base and each option and accessory is needed to address the individual beneficiary's mobility limitation.

## Supplier ATP Report

Medicare's Power Mobility Device policy requires that a complex rehabilitative power wheelchair base be provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and has direct, in-person involvement in the wheelchair selection for the beneficiary. The ATP must be a W-2 employee of the supplier.

The role of the supplier ATP is to analyze the needs of a patient with disabilities, assist in the selection of appropriate equipment based on the recommendations of the LCMP, and train the individual on how to properly use the equipment. This analysis often includes taking trunk and limb measurements, evaluating seating and positioning requirements, and documenting any other observations about the patient's needs and ability to use the equipment.

The supplier ATP must have direct in-person involvement with the patient. The assessment cannot be conducted prior to the face-to-face examination or at the time of delivery.

For a list of RESNA certified ATPs please visit <http://www.resna.org/>.

## Home Assessment

An on-site home assessment must be conducted prior to or at the time of delivery by either the supplier or the practitioner. The purpose of the home assessment is to ensure that the home provides adequate access for the safe operation of the item being provided.

The home assessment must be in the form of a written report and provide detailed information regarding the physical layout of the home, doorway widths, doorway threshold and surfaces. It should be dated and signed by the individual completing the assessment.

It is not appropriate for a supplier to conduct the on-site home assessment prior to receiving the Standard Written Order for the power mobility device base. Preliminary questions regarding the layout and size of the home and doorways can be asked during the intake process. This is especially important if it is not possible or feasible to conduct the on-site home assessment until the time of delivery.



# CRT Options & Accessories

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## Coverage for CRT Options & Accessories

Options and accessories for power wheelchairs are covered if the beneficiary has a wheelchair that meets coverage criteria, and the option itself is medically necessary. Options and accessories that are beneficial primarily in allowing the patient to perform leisure or recreational activities are non-covered.

The medical necessity for all options and accessories must be documented in the patient's medical record and be available to the payor upon request. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be made available upon request. Certain options and accessories may require a written order prior to delivery.

For information on HCPCS codes included in the allowance for another HCPCS code when provided at the same time please refer to Medicare's Wheelchair Options & Accessories and Wheelchair Seating policies.

## Upper Extremities

### **Adjustable Height Armrest**

**E0973 - Adjustable height, detachable armrest, complete assembly, each**

**K0020 - Fixed adjustable height armrest, pair**

#### **Coverage Criteria**

An adjustable height armrest is covered if the beneficiary requires an arm height that is different than that available using nonadjustable arms and the beneficiary spends at least 2 hours per day in the wheelchair.

#### **Clinical Benefit**

Height adjustable armrests are recommended to position and support the client's arms properly. The documentation should detail the upper extremity or trunk deformities or contractures that necessitate the adjustable height armrests, particularly when one side needs to be placed at a different level than the other. The use of fixed height armrests should be ruled out.

Caution: Adjustable height armrests are NOT separately billable at initial issue when they are provided with a power tilt (E1002), power recline (E1003 - E1005) or combination power tilt/recline (E1006 - E1008) system as they are included with the billing of those options.

### **Arm Trough**

**E2209 - Arm trough, with or without hand support, each**

#### **Coverage Criteria**

An arm trough is covered if the beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements. This code includes hand support, such as a hand pad or palm extensor.

### **Clinical Benefit**

An arm trough is a device that is mounted to the armrest used to cradle or support the forearm. It may also be referred to as an arm channel. It may be recommended to properly position the extremity or to prevent the extremity from slipping off the chair. The documentation should detail the client's upper extremity involvement relative to the need for this type of support. An arm trough may be necessary to decrease shoulder subluxation or to allow for increased stability and access to the power wheelchair drive controls.

Caution: A hand pad or palm extensor is NOT separately billable at initial issue when provided with an arm trough.

### **Hand Pad - Palm Extensor**

**K0108 (Reimbursed as replacement only) - Wheelchair component or accessory, not otherwise specified**

A hand pad or palm extensor is included in the allowance for an arm trough/arm channel.

## **Lower Extremities**

### **Angle Adjustable Footplates**

**K0040 - Adjustable angle footplate, each**

#### **Clinical Benefit**

Angle adjustable footplates allow for independent anterior/posterior and internal and external adjustment due to foot deformities or contractures that have resulted in a malposition of one or both feet. The documentation should detail the lower extremity deformities. Range of motion measurements may also be provided.

For Groups 3, 4, and 5 power chairs, angle adjustable footplates are separately reimbursable. There is no separate payment for angle adjustable footplates on Group 1 or 2 power chairs.

### **Elevating Leg Rests**

**E0990 - Elevating leg rests, complete assembly, each**

#### **Coverage Criteria**

Elevating leg rests are covered if the following coverage criteria are met:

- The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee, or
- The beneficiary meets the criteria for and has a reclining back on the wheelchair, or
- The beneficiary has significant edema of the lower extremities that requires an elevating leg rest.

### **Clinical Benefit**

Elevating leg rests can help to reduce lower extremity edema or position a fixed knee contracture, fusion, or range of motion limitation. When utilized with a reclining back or manual tilt, they allow the client to increase their sitting tolerance by placing the client in a more natural position which should place the lower extremities above the head to increase lower extremity drainage. They may also assist the client who fatigues and required rest periods throughout the day but has difficulty transferring to their bed.

### **Foot Box**

#### **E0954 – Foot box, any type, includes attachment and mounting hardware, each foot**

A foot box is a padded box designed to position the foot. It may be for a single foot or for both feet. The code for a footbox includes both prefabricated and custom fabricated products and all mounting hardware, including E1028.

### **Coverage Criteria**

Medical need to position and protect the foot from injury and skin breakdown by containing the foot. High tone, or skin breakdown resulting from continuous contact with foot riggings may require this device to position the lower extremities.

### **Clinical Benefit**

To position, protect and provide a place to support the foot safely on the footrest to increase stability of the seated position.

### **Heel Loop with or without Ankle Strap**

#### **E0951 - Heel loop/holder, any type, with or without ankle strap, each**

### **Coverage Criteria**

Contracture or deformity of the lower extremity resulting in malposition of the foot. Uncontrolled leg movement, spasticity, or flaccid lower extremities may require these devices to position the lower extremities.

### **Clinical Benefit**

To position and hold the foot safely on the footrest and assist with maintaining proper foot alignment to increase the stability of the seated position.

### **Leg Strap**

#### **K0038 - Leg strap, each**

#### **K0039 - Leg strap, H style, each**

A leg strap is a fabric strap placed over the legs to secure the lower extremities to the leg rests to aid in the positioning and stability of the client in the seated position.

### **Coverage Criteria**

The documentation should address poor lower extremity strength and control. Strength measurements should be provided. A client with uncontrolled leg movements or severe spasticity or increased tone may require a leg strap for safe positioning.

### **Clinical Benefit**

Leg straps can be recommended to assist with positioning and alignment and/or prevent the legs from slipping off the leg rests. The H-style strap covers more of the leg surface and provides increased stability and positioning for the client with severely impaired lower extremity functioning. The conditions that may present with the involvement include quadriplegia, paraplegia, hemiplegia, cerebral palsy, and advanced stages of neurological disease.

## **Residual Limb Support System**

### **E1020 - Residual limb support system for wheelchair, any type**

#### **Coverage Criteria**

Below knee amputation that requires support.

#### **Clinical Benefit**

The residual limb support will maintain comfort and proper position of the remaining portion of the leg after amputation. It will assist in preventing knee flexion contractures and edema in the residual limb.

## **Toe Loop**

### **E0952 - Toe loop/holder, any type, each**

#### **Coverage Criteria**

Contracture or deformity of the lower extremity resulting in malposition of the foot. Uncontrolled leg movement, spasticity, or flaccid lower extremities may require these devices to position the lower extremities.

#### **Clinical Benefit**

To position and hold the foot safely on the footrest and assist with maintaining proper foot and seated alignment.

## **Power Leg Elevation**

### **Power Elevating Leg Rests**

#### **E1010 - Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair**

A power leg elevation feature (E1010) involves a dedicated motor and related electronics with or without variable speed programmability which allows the legrest(s) to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s). It includes either articulating or non-articulating legrests.

Types of elevating leg rest actuators:

- Combined - The leg rests elevate in unison, keeping the right and left legs at the same height.
- Coordinated - The leg rests elevate in conjunction with the power recline. As the client reclines, the leg rests elevate automatically.
- Independent - The leg rests elevate separately allowing the right and left legs to be positioned at different heights, independent of each other and the back position.

### **Clinical Benefits**

Elevating leg rests can help to reduce lower extremity edema, or to position a fixed knee contracture, fusion, or limitation in range of motion of the knee. When utilized with a reclining back or tilt, they allow the client to increase their sitting tolerance by placing the client in a more natural position. They may also assist the client who fatigues and requires rest periods throughout the day but has difficulty transferring to their bed. Power elevating leg rests independently elevate the lower extremities through the wheelchair's electronics. The power function allows the patient to raise the leg rests when the patient is unable to manually lift the leg rests. If the patient qualifies for manual elevating legrests, but is not able to independently raise, lower, and remove the legrests secondary to a physical limitation a power elevating legrest may be recommended for coverage.

The use of elevating leg rests in combination with recline allows extension of the hip and reduce seating pressure. Leg elevation used in combination with tilt may allow elevation of the legs above heart level. The addition of ELRs may also allow the user to remain in contact with the seat back for positioning.

### **The advantages of power leg elevation also include the following:**

- Allows for independent operation, especially if there are differences in the available range of motion between the right and left legs
- Assists in managing flexor spasticity by providing a sustained stretch of the hamstring muscles (exercise caution)
- Provides an outlet for extensor spasticity
- Allows passive range at the hips and knees when used in combination with recline
- Swing-away for transfers

## **Center Mount Power Articulating Foot Platform**

**E1012 – Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each.**

HCPCS code E1012 includes all components of the leg rest, including fixed angle footplates and foot platforms. Angle adjustable footplates coded K0040 are separately payable when provided with leg rests coded E1012.

### **Clinical Benefits**

A power articulating foot platform can help reduce lower extremity edema, or position a fixed knee contracture, fusion, or range of motion limitation of the knee. It may also assist the client who fatigues and requires rest periods throughout the day but has difficulty transferring to their bed. The power function allows the client to independently extend/elevate the lower extremities through the wheelchair's electronics. When utilized with a reclining back or tilt, the power AFP allows the client to increase their

sitting tolerance while positioning the client in a more natural position. The platform moves with the tilt to ensure the legs are continuously supported with the knees at a 90° angle.

It is important to note from a clinical standpoint that there are instances when a power AFP is more medically appropriate than separate power elevating legrests.

1. Positioning the lower extremities closer to the body, and closer to the front of the wheelchair frame, provides for better access from the front of the chair, i.e., pulling up to counters, ease of transfers.
2. The lower extremities can be positioned in a more neutral alignment on a center mounted foot platform.
3. The lower extremities on the power AFP will rise in conjunction with power tilt & recline for better positioning.
4. The power allows for better access for front transfers with the ability to flip up the footplate versus the need to swing away the leg rests.
5. The client's feet may be too close together to use individual footplates. This may be due to insufficient hip range (not enough abduction).
6. A bariatric client may be wider at the knees than at the hips, and their legs may be too wide to fit in between the hinge points of the standard elevating leg rest.
7. The person's home is too small to accommodate standard power elevating leg rests, so the center mount gives a smaller footprint.

## Other Options

### **Accu-Trac Motor Technology**

**K0108 - Wheelchair component or accessory, not otherwise specified**

#### **Coverage Criteria**

The documentation should address the client's need for the tracking technology due to their physical limitations.

#### **Clinical Benefit**

Accu-Trac technology synchronizes power to the motors for straighter tracking and better traction while automatically distributing torque for enhanced obstacle climbing.

- Improved traction makes it possible for the power wheelchair user to drive straight on an intended path with fewer veer corrections, regardless of terrain or obstacles that may cause the chair to turn toward one side or the other.
- Improved traction has the most impact at slow driving speeds and allows the power chair to maintain both speed and direction when driving over changing surfaces – whether the change is outdoors – from sidewalk to ground – or indoors, from linoleum to thick carpet.

Individuals who would benefit from this technology typically use digital or switch controls which have fixed speed and acceleration settings and are limited to a finite number of set direction changes. Redirecting a chair that has been pushed off course by terrain (side-slope, obstacle, uneven surface, etc.) can be difficult for these users. Frequent re-direction can become mentally frustrating and

physically fatiguing. Reducing the number of veer corrections can increase both driving safety and end-user independence.

**Reducing the number of corrections needed can:**

- Improve driving efficiency by reducing the frequency of direction changes required
- Improve driving safety by keeping the chair on course
- Reduce the energy and effort required for independent mobility – reducing fatigue
- Reduce driving time required to travel from point A to point B. Able to accomplish more during a given day by getting places faster
- Increase function with mobility related activities of daily living by increasing driving independence

**Individuals who benefit from Accu-Trac technology can include:**

- Drivers with only marginal hand control
- Head control users (both proportional and digital)
- Switch (digital) control users
- Sip-n-Puff system users
- Alternative joystick users
- Those who need to drive in a latched mode for function (chin control users, sip-n-puff drivers, and alternative control users needing to drive extended distance)
- Single Switch system users

Accu-Trac technology can improve indoor and outdoor driving safety for alternative drive control users. Power wheelchairs programmed with sufficient power and acceleration to turn at a slow speed on a smooth surface, such as tile or linoleum, will often stall when performing that same turn on thick carpeting due to increased resistance of the drive wheels, unless speeds or accelerations are increased. Enabling Accu-Trac will allow the user to negotiate both environments at the same slow speed without needing to increase power or speed parameters.

## **Cane/Crutch Holder**

**E2207 - Wheelchair Accessory, crutch and cane holder, each**

### **Clinical Benefit**

Client needs crutch or cane to transfer or needs the device to be available to the user at any given time.

## **Manual Fully Reclining Back**

**E1226 - Manual fully reclining back, (recline greater than 80 degrees)**

### **Coverage Criteria**

A manual fully reclining back option (E1226) is covered if the beneficiary has one or more of the following conditions:

- The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or



- The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

## **Oxygen Holder**

**E2208 - Cylinder tank carrier, each**

**Comments:** The beneficiary must be mobile away from the stationary oxygen unit.

**Clinical Benefit:** Allows for the use of portable oxygen, and decreases dangers of getting O<sub>2</sub> tubing tangled, caught, or damaged by the wheelchair itself.

## **Specialty Joystick Handle**

**E2323 - Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated**

**E2324 - Power wheelchair accessory, chin cup for chin control interface**

Specialty joystick handles include prefabricated joystick handles that have shapes other than a straight stick, e.g., U-shape or T shape, or those with a non-standard feature, e.g., a flexible shaft.

### **Coverage Criteria**

Inability to use a standard joystick.

### **Clinical Benefit**

A specialty joystick handle may be necessary for the user who has a deformity, contractures, and/or limited range of motion of the fingers or hand. There are a wide variety of shapes, sizes and materials to choose from to ensure increased control of the proportional input device.

## **Swing-Away, Retractable or Removable Mounting Hardware**

**E1028 - Manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory**

Code E1028 is used for

1. Swingaway hardware used with remote joysticks or touchpads,
2. Swingaway or flip-down hardware for head control interfaces E2327-E2330, and
3. Swingaway hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311.
4. This code may be billed in addition to codes E0953, E0955-E0957.

Code E1028 is not to be used for hardware on a wheelchair tray (E0950) or in addition to E1020 (Residual limb support system). It must not be billed in addition to code E0960 (shoulder harness/chest strap) or used for mounting hardware related to a wheelchair seat cushion or back cushion.

### **Coverage Criteria**

Swing-away hardware is covered if the accessory needs to be moved away to allow for safe transfers. It is non-covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces.

### **Clinical Benefit**

Swing-away hardware allows a positioning component, interface, or display feature to swing-away manually or be removed to facilitate patient care and transfers. This can be documented with the need for removal/swing-away to allow for lateral transfers, patient lift transfers, and anterior transfers (stand/pivot) to ensure a safe transfer without the interference of equipment.

### **Note on code E1028**

Multiple items may be billed using this code. When submitting a claim for any number of claim lines for code E1028, the following instruction must be applied:

1. Each different item that is billed as an E1028 must be on a separate claim line.
2. Each E1028 claim line must include a narrative description of the item, the brand name, the make/model number, and the part number.

## **Tray**

### **E0950 - Wheelchair accessory, tray**

Trays attach to the armrests and provide a solid surface in front of the client. Trays can extend across the entire width, or halfway across the front of the wheelchair. Note: Includes any type of mounting hardware.

### **Coverage Criteria**

The documentation should detail the client's lack of trunk control or upper extremity function.

### **Clinical Benefit**

Wheelchair trays can provide support and positioning to the upper extremities and trunk to increase stability, and control in ADL completion as well as to allow for increased support/contact to the drive controls with the upper extremities.

## **Ventilator Tray, Fixed**

### **E1029 - Wheelchair accessory, ventilator tray, fixed**

A fixed ventilator tray is one that is attached in a fixed position to the wheelchair base or back.

### **Coverage Criteria**

A client who is ventilator dependent.

### **Clinical Benefits**

The documentation should address the client's vent dependency and compromised respiratory status. Advanced stages of neurologic, muscular or respiratory conditions may require the use of a ventilator. The ventilator tray allows mobility for the ventilator dependent client.

## **Ventilator Tray, Gimbaled (Portable Vent Tray)**

### **E1030 - Wheelchair accessory, ventilator tray, gimbaled**

A gimbaled ventilator tray is one that is attached to the seat back wheelchair frame and is articulated so that the tray will remain horizontal when the seat back is raised or lowered.

### Coverage Criteria

A client who is ventilator dependent.

### Clinical Benefit

The documentation should address the client's vent dependency and compromised respiratory status. Advanced stages of neurologic, muscular or respiratory conditions may require the use of a ventilator. The ventilator tray allows mobility for the ventilator dependent client. The gimbaled ventilator tray keeps the ventilator parallel to the ground during recline to ensure proper ventilator operation.

## Power Seating

### Power Tilt

#### E1002 - Wheelchair accessory, power seating system, tilt only

The code for a power tilt seating system includes the following:

- A solid seat platform and a solid back
- Any frame width and depth
- Detachable, flip-up fixed height, or adjustable height armrests
- Fixed or swing-away detachable legrests
- Fixed or flip-up footplates
- A motor and related electronics with or without variable speed programmability
- A switch control which is independent of the power wheelchair drive control interface
- Any hardware that is needed to attach the seating system to the wheelchair base

It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; back height of at least 20 inches; ability for the supplier to adjust the seat to back angle; ability to support beneficiary weight of at least 250 pounds.

**Note:** Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed.

### Coverage Criteria

A power tilt seating system, with or without power elevating legrests, will be covered if criteria 1, 2, and 3 are met and if criteria 4, 5, or 6 are met:

1. The beneficiary meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices LCD; **and**
2. A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations documents the beneficiary's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; **and**

3. The seating system is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in rehabilitation wheelchairs and who has direct, in-person involvement in the selection of the seating system for the beneficiary; **and**
4. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
5. The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **or**
6. The power seating system is needed to manage increased tone or spasticity.

#### **Clinical Benefit**

- Minimal shear effect while tilting
- Independent performance of weight shifts, postural changes
- Maintains positioning provided by seat and back support surfaces while tilting
- Decreases fatigue associated with increased muscle tone
- Can reduce caregiver assistance/hours required to promote independence
- Assists reduction of lower extremity edema when used with elevating leg rests
- Distributes pressure away from pelvis
- Positioning can facilitate an increase in swallowing and digesting functions
- Can allow for proper positioning for tracheostomy care
- Can improve client's line of sight

#### **Power Recline**

##### **E1004 - Wheelchair accessory, power seating system, recline only, with mechanical shear reduction**

The code for a power recline seating system includes the following:

- A solid seat platform and a solid back
- Any frame width and depth
- Detachable, flip-up fixed height, or adjustable height arm rests
- Fixed or swing-away detachable legrests
- Fixed or flip-up footplates
- A motor and related electronics with or without variable speed programmability
- A switch control which is independent of the power wheelchair drive control interface
- Any hardware that is needed to attach the seating system to the wheelchair base

It does not include a headrest. It must have the following features: ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support beneficiary weight of at least 250 pounds.

#### **Coverage Criteria**

A power recline seating system, with or without power elevating legrests, will be covered if criteria 1, 2, and 3 are met and if criteria 4, 5, or 6 are met:

1. The beneficiary meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices LCD; **and**
2. A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations documents the beneficiary's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; **and**
3. The seating system is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in rehabilitation wheelchairs and who has direct, in-person involvement in the selection of the seating system for the beneficiary; **and**
4. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
5. The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **or**
6. The power seating system is needed to manage increased tone or spasticity.

#### **Clinical Benefit**

- Decreases fatigue associated with increased muscle tone
- Allows the client to be placed in a recumbent position periodically when transfer between the bed and chair is difficult
- Increase sitting tolerance for a client with kyphosis, a trunk cast or brace
- Facilitates even pressure distribution and weight shifts
- Promote independence in performing intermittent catheterization
- Facilitates bladder emptying and positioning for urinary care
- Increase patient safety - limit the number of transfers necessary to manage bowel/bladder care
- Facilitates reduction of lower extremity edema when used with elevating leg rests
- Can assist respiratory function and allow positioning for respiratory care
- Can improve client's line of sight
- Provides passive range of motion of hips and knees during the recline cycle
- Reduce caregiver hours required to promote independence
- Can increase vital organ capacity and the ability to void bowel and bladder

### **Combination Power Tilt & Recline**

#### **E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction**

The code for a power tilt and recline seating system includes the following:

- A solid seat platform and a solid back
- Any frame width and depth
- Detachable, flip-up fixed height, or adjustable height armrests

- Fixed or swing-away detachable legrests
- Fixed or flip-up footplates
- Two motors and related electronics with or without variable speed programmability
- A switch control which is independent of the power wheelchair drive control interface
- Any hardware that is needed to attach the seating system to the wheelchair base

It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support beneficiary weight of at least 250 pounds.

### Coverage Criteria

A combination power tilt and recline seating system, with or without power elevating legrests, will be covered if criteria 1, 2, and 3 are met and if criteria 4, 5, or 6 are met:

1. The beneficiary meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices LCD; **and**
2. A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations documents the beneficiary's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; **and**
3. The seating system is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in rehabilitation wheelchairs and who has direct, in-person involvement in the selection of the seating system for the beneficiary; **and**
4. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
5. The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **or**
6. The power seating system is needed to manage increased tone or spasticity.

Note: The documentation for a combination tilt and recline should document the benefit of each function and how the functions will work in combination with each other.

### Tilt Clinical Benefit

- Minimal shear effect while tilting
- Independent performance of weight shifts, postural changes
- Maintains positioning provided by seat and back support surfaces while tilting
- Decreases fatigue associated with increased muscle tone
- Can reduce caregiver hours required to promote independence
- Assists reduction of lower extremity edema when used with elevating leg rests
- Distributes pressure away from pelvis

- Positioning can facilitate swallowing and digesting functions
- Can allow for proper positioning for tracheostomy care
- Can improve client's line of sight

#### **Recline Clinical Benefit**

- Decreases fatigue associated with increased muscle tone
- Allows the client to be placed in a recumbent position periodically when transfer between the bed and chair is difficult
- Increase sitting tolerance for a client with kyphosis, a trunk cast or brace
- Facilitates even pressure distribution and weight shifts
- Promote independence in performing intermittent catheterization
- Facilitates bladder emptying and positioning for urinary care
- Increase patient safety - limit the number of transfers necessary to manage bowel/bladder care
- Facilitates reduction of lower extremity edema when used with elevating leg rests
- Can assist respiratory function and allow positioning for respiratory care
- Can improve client's line of sight
- Provides passive range of motion of hips and knees during the recline cycle
- Reduce caregiver hours required to promote independence

#### **Anterior Tilt**

##### **K0108 - Wheelchair component or accessory, not otherwise specified**

##### **Coverage Criteria**

None.

##### **Clinical Benefit**

Anterior tilt is a power seating function that changes the angle of the wheelchair seat in the sagittal (anteroposterior) plane where the rear aspect of the seat is higher than the front. This facilitates an anterior pelvic position and places the person in a partial weightbearing stance.

##### Medical/Physiological Benefit

Anterior tilt of the pelvis can elongate the spine, open up the rib cage and may have a positive impact on respiratory capacity/health, the ability to take a deep breath and achieve a productive cough to clear secretions.

Anterior tilt may aid in effective chewing (alignment of the mandible), swallowing, digestion, and bowel function, as it can minimize compression of the internal organs often found when sitting with a posterior pelvic tilt.

For some individuals, an anterior pelvic tilt may promote pelvic floor relaxation and allow the vagus nerve and bladder to do their jobs. With increasing anterior tilt angle, there is greater weight bearing on the long bones of the legs (tibias and femur which may help slow bone loss.)

### Psychological Benefit

A neutral to anterior pelvic tilt position facilitates spinal alignment, allowing the head to sit naturally on the cervical spine and minimizing the amount of energy expended to maintain a horizontal eye gaze, which may promote social interaction. An upright seated posture can maintain self-esteem, promote a positive mood, and help build resilience to stress. Alternating between sitting and standing positions increases the release of hormones like serotonin, which is a mood booster.

### Functional Benefit

Anterior tilt shifts the individual to the front edge of the wheelchair base, which may allow them to get closer to the tasks they need to carry out. Anterior tilt may facilitate safer and more independent sit-to-stand and sit/squat-pivot transfers due to the biomechanical position of the individual with the shoulders over the knees over the feet position.

### Clinical Criteria for Anterior Tilt Use

There are clinical criteria for an individual to be considered a candidate for anterior tilt use.

- The person has the necessary range of motion in their lower extremities in order to use anterior tilt safely and properly
- The person can tolerate the more upright body posture the anterior tilt seating function places them into
- The person can tolerate the partial weight bearing the position will place them in
- The person has the functional need for the position to achieve mobility related ADLs

## Power Seat Elevation

A power seat elevation system will be covered if a beneficiary meets the coverage criteria for either a Group 2 single power option or multiple power option power-driven wheelchair, or a Group 3 power-driven wheelchair as described in the Power Mobility Devices LCD **and** meets the coverage criteria for seat elevation equipment as described in CMS *Medicare National Coverage Determinations (NCD) Manual* (Pub. 100-03) Chapter 1, Part 4, Section 280.16 Seat Elevation Equipment (Power Operated) on Power Wheelchairs.

A power seat elevation system includes: a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It must provide a seat elevation of at least 6 inches.

### **Power Adjustable Seat Height**

**E2298 – Complex rehabilitative power wheelchair accessory, power seat elevation system, any type**

#### **Coverage Criteria**

**Complex Rehabilitative Power Wheelchair (HPCS K0835-K0843, K0856-K0864)**

Effective for services performed on or after May 16, 2023.

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist



(OT), or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; and,

2. At least one of the following apply:

- a. The individual performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g. sliding board, cane, crutch, walker, etc.); or,
- b. The individual requires a non- weight bearing transfer (e.g. a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without floor or mounted lift; or,
- c. The individual performs reaching from the power wheelchair to complete one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

Claims submitted using HCPCS code E2298 for power seat elevation equipment on wheelchairs **other than** Group 5, and Group 2 complex rehabilitative single power option or multiple power option power-driven wheelchairs (HCPCS codes K0835-K0843) or Group 3 power driven wheelchairs (HCPCS codes K0856-K0864) will be denied.

### **Clinical Benefit – Transfers**

Transferring to the power wheelchair is the first thing any user must do at the beginning of the day and the last thing they must do at the end of the day. A power elevating seat can benefit the client in transferring to/from their power wheelchair by raising/lowering the height of the seat to facilitate transfer biomechanics, safety, and independence, regardless of the transfer method used. It is recommended clients be evaluated for upper extremity, lower extremity, and core strength; range of motion; muscle tone; and balance. It is also recommended for the client to be observed transferring to and from the power wheelchair when determining the difference between the height of the power wheelchair seat and the surface to be transferred to or from, the transfer method used, and whether transfer training is recommended.

- Clients that are able to use their lower extremities to perform a sit-to-stand movement for transfers, but have pain or limitations in strength, range of motion, balance, or the endurance to transfer from a low seat height may be at increased risk for falls during a stand-pivot transfer. Further, clients with respiratory compromise may find standing from a low seat height too demanding, or unsuccessful. Adjusting the height of the seat to 120% or more of the client's lower leg length may decrease the load, strength, range of motion, and peak oxygen uptake demand to increase safety, reduce injury or an adverse occurrence, and promote transfer independence.
- Clients with limited/impaired use of their lower extremities who use their upper extremities to perform a sit-pivot transfer are at heightened risk for overuse injury, rotator cuff tears, carpal tunnel syndrome, and pain, especially with unlevel (uphill) transfers. Adjusting the height of the seat to allow for a level transfer may decrease the load, require less force, reduce strain on the upper extremities, and promote transfer independence.
- Clients with additional limitations in upper extremity and/or core strength, range of motion, muscle tone, and balance may use a sliding board to transfer to/from the power wheelchair. Adjusting the height of the seat to allow a slight downhill transfer may allow the client to utilize

gravity to their advantage, require less demands of the upper extremities, reduce shear forces, and promote transfer independence.

- For clients that are transferred using a mechanical lift mechanism, i.e. the use of power seat elevation, in association with the transfer, may provide additional safety for the client and their care team during the removal of the sling after the transfer to the chair, or placement of the sling in advance of the transfer out. With multiple caregivers within and between days it is important for the height of the seat to be adjusted to ensure the client is moved within the chair at a biomechanically appropriate height for the caregiver to minimize risk of an adverse event to the client.

Note: Per Medicare guidelines transfers may be accomplished with or without caregiver assistance. Therefore, if the client requires less caregiver assistance as a result of adjusting the height of their power wheelchair seat (i.e., improves from maximal assistance to moderate assistance, moderate assistance to minimal or stand-by assistance) they may meet the criteria for coverage of a power seat elevation system.

### **Clinical Benefit – Reach**

Access to the vertical environment is essential for power wheelchair users to perform or participate in their activities of daily living and allow maximum independence within their residence, school, workplace, and/or community. Repetitive strain injuries of the upper extremities and neck are common among long-term wheelchair users due to the number of times they must look up and/or reach overhead to access the objects and surfaces they must interact with on a daily basis. A power elevating seat can benefit the client by raising/lowering the height of the seat to enhance visual orientation and line of sight; decrease the hyperlordotic position of the neck; and facilitate reach biomechanics, safety, and range along the vertical continuum. It is recommended clients be evaluated for upper extremity, and core strength; upper extremity and neck range of motion; muscle tone and reflex activity; balance and coordination. It is also recommended for the client to be observed using the power wheelchair to access the vertical environment when determining the height of the power wheelchair seat in relation to the objects to be reached, the surfaces to be accessed, and whether ADL training is recommended.

An elevating seat can benefit a client who has difficulty, or needs assistance, to reach high enough and/or have a visual line of sight to access one or more of the following areas at home, school, work, or the community:

- Dressing (i.e., dresser drawers; clothes rod; washer and/or dryer; clothes racks; shelves/bins, etc.)
- Grooming (i.e., medicine cabinet; bathroom sink/faucet; mirror; shower head/faucet, etc.)
- Feeding (i.e., freezer/refrigerator; oven/stove (including light/exhaust fan switches); microwave; cupboards/shelves; counter; sink/faucet; disposal switch; restaurant counter/lunch line, etc.)
- Toileting (i.e., sink/faucet; paper towels/hand dryer; etc.)
- Safety (i.e., light switches; thermostat; fire alarm; wall phone; speaker; door eye hole/viewer; doorbell; elevator buttons)
- Other (i.e., chalk/white board; office equipment; shelves/storage; etc.)

# Electronics

## Controller/Control Module

The term controller describes the microprocessor and other related electronics that receive an interpret input from the joystick (or other drive control interface) and convert that input into power output that controls the speed and direction of the wheelchair.

### Integrated

#### **K0108 – Wheelchair component or accessory, not otherwise specified**

An integrated proportional joystick and controller is an electronics package in which the joystick module and controller electronics are in a single box, which is mounted on the arm of the wheelchair. A high-power wire harness connects the controller to the motor and gears.

### Non-expandable

#### **E2375 – Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only**

A non-expandable controller has the following features:

- May have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating foot platform). (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.)
- Can accommodate only an integral joystick or a standard proportional remote joystick.
- May allow for the incorporation of an attendant control.

### Coverage Criteria

There is no separate billing for a standard proportional remote joystick when it is provided at the time of initial issue of a power wheelchair, whether it is used for hand or chin control by the patient, or whether it is used as an attendant control in place of a patient-operated drive control interface.

### Expandable

#### **E2376 – Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only**

#### **E2377 - Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue**

#### **E2313 - Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each**

*This harness (E2313) describes wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller*

Expandable electronics are made up of three components: the joystick, the controller, and the expandable controller harness. The upgraded proportional joystick is not separately reimbursable on the initial claim.

The best way to think of this is the controller is in the base, the joystick is on the arm, the harness for expandable controls connects the two together.

### Coverage Criteria

An expandable controller is capable of accommodating one or more of the following additional functions:

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touchpads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.)

An expandable controller may also be able to operate one or more of the following:

- A separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control, Bluetooth, or Infrared)
- An attendant control

## Controller Types

Type	Integral	Remote	Non-expandable	Expandable
CG3		X	X	
VSI 4-Key	X		X	
VSI 6-Key	X		X	
VR2 4-Key		X	X	
VR2 6-Key		X	X	
NE		X	X	
NE+		X	X	
Q-Logic 2		X		X
Q-Logic 3		X		X
Q-Logic 3E		X		x

# Interfaces

The term interface in the code narratives and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc.

## Proportional interface

An interface with which the direction and amount of movement by the patient controls the direction and speed of the wheelchair, much like a gas pedal on a car. One example of a proportional interface is a standard joystick module.

## Non-proportional interface

An interface that involves the use of a number of switches. The selection of a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a non-proportional interface is a sip and puff.

## Alternative interface

An interface device used in place of a standard proportional joystick that transforms a user's drive commands by physical actions initiated by the user to input control direction to a power wheelchair. Examples include mini-proportional, compact, or short throw joystick, head arrays, and sip and puff mechanism.

# Drive Control Interfaces

The interfaces described by codes E2312, E2321, E2322, E2325, E2327-E2330, and E2373-E2377 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

## Chin Control Interface

**E2312 - Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware**

**E2321 - Power wheelchair accessory, hand control interface, remote joystick, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware**

**E2373 - Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware**

**E2324 - Power wheelchair accessory, chin cup for chin control interface**

A chin cup is billed separately with code E2324 when code E2312, E2321, E2373, or E2374 is used for a chin control interface.

## **Compact Proportional Remote Joystick**

**E2373 - Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware**

A compact proportional remote joystick is one which has a maximum excursion of about 15 mm from neutral position but requires approximately 340 grams of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other parts (e.g., foot, amputee stump, etc.). There is no separate billing for control buttons, displays, switches or fixed mounting hardware, regardless of the body part used to activate the joystick.

## **Mini-proportional Remote Joystick**

**E2312 - Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware**

A mini-proportional (short throw) remote joystick is one which can be activated by a very low force (approximately 25 grams), and which has a very short displacement (a maximum excursion of approximately 5 mm from neutral). It can only be used with an expandable controller. It can be used for hand or chin control or control by other body parts (e.g., tongue, lip, fingertip, etc.). There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

## **Non-Proportional Remote Joystick**

**E2321 - Power wheelchair accessory, hand control interface, remote joystick, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware**

A non-proportional remote joystick regardless of whether it is used for hand or chin control is coded E2321.

## **Remote Joystick**

**E2374 – Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only**

A remote joystick is one in which the joystick module is in one box that is mounted on the arm of the wheelchair and the controller electronics are in a different box that is typically located under the seat of the wheelchair. The joystick module is connected to the controller through a low power wire harness. A remote module may be used for either a hand control, chin control, or attendant control.

## **Touchpad**

**K0108 - Wheelchair option or accessory, not otherwise specified**

A touchpad describes an interface similar to the pad-type mouse found on laptop computers.

# Interfaces with Switches

**E2322 - Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware**

Code E2322 describes a system of 3-5 mechanical switches which are activated by the user touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch, and a mechanical direction change switch, if provided, are included in the allowance for the code.

**E2325 - Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware**

**E2326 - Power wheelchair accessory, breath tube kit for sip and puff interface**

A sip and puff interface is a non-proportional interface with which the beneficiary holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit which is described by code E2326.

**E2327 - Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware**

A proportional mechanical head control interface is one with which a headrest is attached to a joystick-like device. The direction and amount of movement of the patient's head pressing on the headrest controls the direction and speed of the wheelchair. A mechanical direction control switch is included in the code.

**E2328 - Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware**

A proportional, electronic head control interface is one in which a patient's head movements are sensed by a box placed behind the patient's head. The direction and amount of movement of the patient's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the patient's arm, or leg controls the direction and speed of the wheelchair.

**E2329 - Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware**

A nonproportional contact switch head control interface is one in which a patient activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.

**E2330 - Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware**

A nonproportional, proximity switch head control interface is one in which a patient activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.

#### **K0108 - Wheelchair component or accessory, not otherwise specified**

If the drive control interface provided at initial issue of the wheelchair base is not included in the base code, and there is no specific E code that describes the interface it is billed with code K0108. An example of this is a sip and puff head array.

#### **Coverage Criteria**

Supporting documentation for alternative drive control interfaces should detail the client's ability or inability to utilize a joystick or touchpad. The therapist's evaluation and treating clinician's chart notes should detail the severity of upper extremity use limitations or the absence of upper extremity function. Quantitative strength and range of motion measures will be needed to justify function. Functional limitations may be evident in clients with advanced stages of neurologic disease such as multiple sclerosis, amyotrophic lateral sclerosis, or traumatic injuries of the brain or spinal cord. Severe spasticity of the upper extremities may also require one of these devices.

#### **Clinical Benefit**

To control movement of a power wheelchair using extremities, chin, head, or breath movement. It is important that the individual have the ability to activate the driving controls throughout the entirety of the day, especially in the case where patient fatigue increases throughout the day.

## Other Interfaces

### **Attendant Control**

#### **E2331 - Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware**

An attendant control is one that allows a caregiver to drive the wheelchair instead of the patient. The attendant control is usually mounted on one of the rear canes of the wheelchair back. The code is limited to proportional control devices, usually a joystick.

#### **Coverage Criteria**

An attendant control is reimbursable in place of a patient-operated drive control system if the patient meets the coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair. The attendant may access all chair functions as well as seating actuators and environmental control units. The documentation should define the client's need for caregiver assistance in relation to their physical limitations.



### **Clinical Benefit**

Attendant control systems allow a caregiver to switch control of the chair between the client and attendant or allow a caregiver to operate the chair instead of the patient. This can be beneficial for caregivers to load and unload from accessible vehicles.

## **Enhanced Color Graphical Display**

**K0108 - Wheelchair component or accessory, not otherwise specified**

### **Coverage Criteria**

A display is covered only when there is no power positioning system (power tilt, etc.) on the power chair and the client is using an alternative drive device (sip and puff, head control, or extremity control device)

When operating a power positioning system through an alternative drive device the unit would require the use of additional electronics to run the power positioning system through the interface. These electronics are billed with codes E2310 or E2311 which include a display in the allowable.

### **Clinical Benefit**

A display allows the user to determine what mode the power chair is in as well as to provide an increased visibility of power wheelchair vitals, i.e., state of battery charge, speed, drive lockout and error codes. A display may also provide increased visual access via a larger appropriately positioned screen for individuals with visual impairments.

*A display is not usually reimbursable by Medicare because it is included in the allowance for other codes (E2312, E2373, E2310, E2311). If certain coverage criteria are met, Medicare may reimburse for the item.*

## **Speech Generating Interface**

**E2351 - Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface**

### **Coverage Criteria**

The documentation should indicate if the client has a covered speech generating device. Additionally, a description of how the interface will assist the client and a description of the client's need to operate their speech generating device via the power wheelchair control interface should be included.

### **Clinical Benefit**

A speech generating device may be recommended for the client who exhibits severe expressive speech impairment.

# Switches

A switch is a non-proportional type of interface that turns power to a particular function either on or off.

## Stop Switch

A stop switch allows for an emergency stop when a wheelchair with a non-proportional interface is operating in a latched mode. (A latched mode is when the wheelchair continues to move without the patient having to continually activate the interface for a predetermined amount of time.) This switch is sometimes referred to as a kill switch. A stop switch is not reimbursable.

## Direction Change Switch

A direction change switch allows the user to change direction of the wheelchair that is controlled by another separate switch or by a mechanical proportional head control interface. For example, a direction change switch allows a switch to initiate forward motion one time and backward motion another time. A direction change switch is not reimbursable.

## Function Selection Switch

A function selection switch allows the user to determine what operation is being controlled by the interface at any particular time. Operations may include, but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc. A function selection switch may be included in the allowance for another code.

## Mechanical (Egg Switches) vs. Non-mechanical Switches (Fiber Optics & Proximity Switches)

The external component of a switch may be either mechanical or non-mechanical.

- Mechanical switches involve physical contact to be activated. Examples include, but are not limited to, toggle, button, ribbon, etc.
- Non-mechanical switches include, but are not limited to, proximity, infrared, etc.
- The codes for some electronics include multiple switches. Each functional switch may have its own external component, or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

## Single Switch

(Buddy Button, Egg Switch)

### K0108 - Wheelchair component or accessory, not otherwise specified

A single switch, utilized with specialty control interfaces, allows the user to switch between modes or control an on/off function. If provided as part of a package, a switch may not be separately reimbursable.

## Coverage Criteria

The evaluation should describe the user's limitations as to why this type of interface needs to be used. Documentation should include quantitative strength and range of motion measurements.

### Clinical Benefit

Because this switch is sensitive, but somewhat large, it is useful for the client with limited motor function, hand, or finger movement.

HCPCS Code	Type of Switch Included in HCPCS Code				
	Switch Control (Independent of Drive Interface)	Mechanical Stop Switch	Mechanical Direction Change Switch	Indicator Feature	Function Selection Switch
E1002	X				
E1007	X				
E1010	X				
E2310-E2311				X	X
E2298	X				
E2301	X				
E2312 *	X	X	X	X	X
E2321		X			
E2322		X	X		
E2325		X			
E2327			X		
E2329		X	X		
E2330		X	X		
E2373 *	X	X	X	X	X

\*No separate billing for switches, control buttons, displays.

## Harnessing for Joystick Electronics

### *Power Functions through Joystick/Interface*

**E2310 - Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware**

**E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware**

These codes describe the electronic components that allow the patient to control two or more of the following motors from a single interface: power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, and power standing. It includes a function selection switch which allows the user to select the motor that is being controlled and an indicator feature to visually show which function has been selected. When the wheelchair drive function has been selected, the indicator feature may also show the direction that has been selected. The indicator feature may be in a separate display box or may be integrated into the wheelchair interface. Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box if present.

*Note: According to Medicare policy, if a wheelchair has an electrical connection device described by codes E2310 or E2311, and if the sole function of the connection is for a power seat elevating or power standing feature, it will be denied as non-covered.*

### **Coverage Criteria**

The documentation should justify the medical need for the accessory and reference the electronics used to power the accessory. Single, dual, or multifunction electronics should correspond with the number of functions provided on the chair.

### **Clinical Benefit**

- The beneficiary is operating the PWC with an alternative drive control and does not have the ability to operate a separate switch to safely and effectively operate the tilt, recline or combination tilt/recline power seating functions.
- The beneficiary is operating the PWC with a joystick drive control and does not have the strength, ROM, dexterity, coordination, gross and/or fine motor control to consistently access and operate a separate switch to safely and effectively operate the tilt, recline or combination tilt/recline power seating functions.
- The beneficiary is able to reach and access a separate switch to operate their power seating function(s) in an upright position with gravity eliminated but is unable to reach, access and overcome the effects of gravity on his/her upper extremity to operate the same switch with the chair tilted, reclined or in a tilted and reclined position.
- If the power seating system has adjustable parameters that can be programmed to accommodate the beneficiary's safe and effective use of the tilt, recline or tilt/recline combination that require the use of a proportional control device for safe and effective operation.

### **Number of actuators on Quantum power positioning components**

- Power elevating/articulating legrests
  - Single legrest - 1 actuator
  - Pair of legrests - 2 actuators
- Power elevating/articulating foot platform - 1 actuator
- Power tilt - 1 actuator
- Power recline - 1 actuator
- Power adjustable seat height (iLevel, seat elevation/lift) - 1 actuator
- Power tilt & recline - 2 actuators

# Environmental Control Units (ECU)

## **K0108 - Wheelchair component or accessory, not otherwise specified**

Environmental control units are not covered by Medicare. Private carriers, Medicaid programs, or other funding sources may allow reimbursement for this item.

### **Coverage Criteria**

This is a noncovered service through Medicare. For other insurances, the documentation should define the client's need for their personal setting to be controlled or enhanced.

Note: The Q-Logic Enhanced Display has built in IR and Bluetooth. Most of the time this component is not necessary unless it is being used to interface with external style environmental controls. For example, older Dynavox systems and X10 devices. Many of the newer models of the Dynavox and X10 are Bluetooth® enabled.

### **Clinical Benefit**

These units allow the wheelchair to communicate with additional off-chair devices such as televisions, computers, sound systems, door-opener and curtain controls, telephones, heating, or air conditioning systems.

Controlling a TV or sound system would not be considered a medical necessity by most insurance. Justification for these functions will be unsuccessful.

Examples of situations that may be given consideration as medical necessity may include.

- A client who is placed in bed by a part-time caregiver and is unable to get out of bed independently. The client may need to utilize a door opener to allow a caregiver access to the home.
- A client may sustain an injury requiring the use of a telephone to summon emergency help.
- A client may have a medical condition which inhibits their ability to sweat to reduce their body temperature. Accessibility to an air conditioning control or fan may be necessary to prevent overheating.

Documentation should define the item needed, why it is a medical necessity, and how it relates to the client's disability.

# Programmers

## No code

Programmers are devices that allow a trained provider to adjust and set the controls according to the client's individual needs. These items are not reimbursable by insurance carriers.

### Clinical Benefits

Programmers are used to adjust and tailor setting for parameters such as forward, reverse and turning speed, acceleration, deceleration, to the user's needs for optimal function and independence.

## Replacement Joystick Modules and Controllers

**E2374** - Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller) proportional, including all related electronics and fixed mounting hardware, replacement only

**E2375** - Power wheelchair accessory non-expandable controller, including all related electronics and mounting hardware, replacement only

**E2376** - Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only

Codes E2374-E2376 describe components of drive control systems. They may only be used for replacements other than at the time of initial issue.

## Joystick and Controller Replacement Codes

Type	Joystick	Controller
NE	E2374	E2375
NE+	E2374	E2375
Q-Logic 2	E2374	E2376
Q-Logic 3	E2374	E2376
Q-Logic 3E	E2374	E2376
VR2 4-Key	E2374	E2375
VR2 6-Key	E2374	E2375

# Seating and Positioning

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Seating and positioning components, including wheelchair seat and back cushions for use on a power wheelchair may be covered if the beneficiary has a wheelchair that meets coverage criteria, and the option itself is medically necessary.

Medical necessity must be documented in the patient's medical record and be available to the payor upon request. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be made available upon request. Certain options and accessories must have a written order prior to delivery.

## Captain's Seat (C) versus Sling/Solid/Seat Back (SS)

One of the subdivisions within the power wheelchair codes is seating. A power chair is coded with either a captain's chair style seat or a sling/solid/seat/back (solid seat pan).

With fee for service Medicare, a separate seat and/or back cushion will be denied as not reasonable and necessary if a beneficiary has a power wheelchair with a captain's chair seat. If a skin protection and/or positioning seat or back cushion that meets coverage criteria is provided with a power wheelchair with captain's chair, the PWC will be denied by Medicare as not reasonable and necessary.

For beneficiaries who do not have special skin protection or positioning needs, a power wheelchair with a captain's chair provides appropriate support.

If a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of captain's chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a captain's chair model (codes K0839, K0840, K0843, K0860 – K0864); or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

Conversely, a power wheelchair with a sling/solid/seat/back will only be reimbursed when provided for use with a medically necessary skin protection or positioning cushion and/or back.



# Wheelchair Cushion and Positioning HCPCS

**E2601**

GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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**E2602**

GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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**E2603**

SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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**E2604**

SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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**E2605**

POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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**E2606**

POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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**E2607**

SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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**E2608**

SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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**E2609**

CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

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**E2622**

SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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**E2623**

SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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**E2624**

SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

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**E2625**

SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

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**E2611**

GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2612**

GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2613**

POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2614**

POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2615**

POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2616**

POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2617**

CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE

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**E2619**

REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH

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**E2620**

POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE OF MOUNTING HARDWARE

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**E2621**

POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

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**K0669 \***

WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC

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**E0953**

LATERAL THIGH OR KNEE SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH

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**E0955**

HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH

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**E0956**

LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH

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**E0957**

MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH

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**E0960**

SHOULDER HARNESS/STRAPS OR CHEST STAP, INCLUDING ANY TYPE MOUNTING HARDWARE, EACH

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**K0108**

WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

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\*If a prefabricated seat cushion, prefabricated back cushion, or a brand name custom fabricated seat or back cushion has not received an official PDAC code verification, or if it has been determined that the seat or back cushion does not meet the criteria for the code, it must be billed with code K0669. Items billed with code K0669 will be denied by Medicare as not reasonable and necessary.

# Wheelchair Seat and Back Cushion Coverage Criteria

## General Use Seat or Back

General use seat or back cushions are covered by Medicare for a beneficiary who has a manual or power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the beneficiary does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary. If the beneficiary has a POV or a power wheelchair with a captain's chair style seat, the cushion will be denied as not reasonable and necessary.

For beneficiaries who do not have special skin protection or positioning needs, a power wheelchair with captain's chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of captain's chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a captain's chair model (codes K0839, K0840, K0843, K0860 – K0864); or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

## Skin Protection Cushion or Back

A skin protection seat cushion (E2603, E2604, E2622, E2623) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and
2. The beneficiary has either of the following:
  - a. Current pressure ulcer or past history of a pressure ulcer (see diagnosis codes that support medical necessity\*) on the area of contact with the seating surface; or
  - b. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to a covered ICD-10 code. \*

## Positioning Cushion or Back

A positioning seat cushion (E2605, E2606), or a positioning back cushion (E2613-E2616, E2620, E2621) are covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has any significant postural asymmetries that are due to a covered ICD-10 code. \*

## Combination Skin Protection and Positioning Cushion or Back

A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

*\*Refer to Medicare's LCD and Policy Article for Wheelchair Seating for additional information and specific ICD-10 codes.*

## Custom Fabricated Seat and Back Cushion

A custom fabricated seat cushion (E2609) is covered if criteria (1) and (3) are met. A custom fabricated back cushion (E2617) is covered if criteria (2) and (3) are met:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. There is a comprehensive written evaluation by a licensed/certified medical professional, such as physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

For E2609 or E2617 the following criteria must also be met:

- a. For E2609 or E2617, a comprehensive written evaluation by a licensed/certified medical professional, such as a PT or OT (who has no financial relationship with the supplier) which explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs; and
- b. For E2609, a past history of or current pressure ulcer\* in the area in contact with the seating surface; or
- c. For E2609, absent or impaired sensation in the area of contact with the seating surface or an inability to carry out a functional weight shift due to a covered ICD-10 code for skin protection cushions.
- d. For E2609 or E2617, the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions. \*

When billing for a custom fabricated cushion (E2609, E2617), the claim must include the manufacturer and model name/ number of the product (if applicable), or if not, a detailed description of the product that was provided.

A custom fabricated seat cushion (E2609) and a custom fabricated back cushion (E2617) are cushions that are individually made for a specific beneficiary starting with basic materials including:

- a. liquid foam or a block of foam and
- b. sheets of fabric or liquid coating material.

The cushion must be fabricated using molded-to-beneficiary-model technique, direct molded-to-beneficiary technique, CAD-CAM technology, or detailed measurements of the beneficiary used to create a configured cushion. The cushion must have structural features that significantly exceed the

minimum requirements for a seat or back positioning cushion. The cushion must have a removable vapor permeable or waterproof cover, or it must have a waterproof surface. A custom fabricated cushion may include certain prefabricated components (e.g., gel or multicellular air inserts); these components must not be billed separately. If a custom fabricated seat and back are integrated into a one-piece cushion, code as E2609 plus E2617.

If foam-in-place or other material is used to fit a substantially prefabricated cushion to an individual beneficiary, the cushion must be billed as a prefabricated cushion, not custom fabricated.

*\*Refer to Medicare's LCD and Policy Article for Wheelchair Seating for additional information and specific ICD-10 codes.*

## Cushion Selection Considerations

The following should be considered when selecting a cushion:

- Postural deformity – reducible/non-reducible
- Current decubitus ulcer on the seating surface
- History of decubitus ulcer on seating surface
- Balance
- Sensation
- Comfort
- Bowel/bladder continence
- Transfers
- Maintenance
- User compliance
- Caregiver capabilities
- Environment
- Prognosis
- Weight (gain or loss)
- Weight of the cushion

## Positioning Components Coverage Criteria

Positioning accessories are covered for a beneficiary who meets the criteria for the specific component. Suppliers should refer to the Medicare Local Coverage Determination and Policy Article for Wheelchair Seating to determine if coverage requirements are met.

### Head Rest

**E0955 - Headrest, cushioned, any type, including fixed mounting hardware, each**

#### Coverage Criteria

A headrest is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and

2. The beneficiary has any significant postural asymmetries that are due to a covered ICD-10 Code. \*

A headrest is also covered when the beneficiary has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

If the beneficiary has a power wheelchair with a captain's chair seat, a headrest or other positioning accessory will be denied as not reasonable and necessary.

## **Lateral Thigh or Knee Support**

**E0953 – Lateral thigh or knee support, any type, including fixed mounting hardware, each.**

### **Coverage Criteria**

Lateral thigh or knee supports are covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has any significant postural asymmetries that are due to a covered ICD-10 code. \*

### **Clinical Benefit**

Provide proper positioning of the lower extremity. A support placed at the thigh or knee level that prevents the leg from **abducting** due to lower extremity weakness, contractures, or lack of control.

## **Lateral Trunk or Hip Support**

**E0956 - Lateral trunk or hip support, any type, including fixed mounting hardware, each**

### **Coverage Criteria**

Lateral trunk or hip, medial thigh supports, or a chest strap are covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has any significant postural asymmetries that are due to a covered ICD-10 code. \*

### **Clinical Benefit**

Provides positioning for support and to obtain proper body alignment.

## **Medial Thigh Support**

**E0957 - Medial thigh support, any type, including fixed mounting hardware, each**

### **Coverage Criteria**

Lateral trunk or hip, medial thigh supports, or a chest strap are covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has significant postural asymmetries that are due a covered ICD-10 code. \*

**Clinical Benefit**

Provides positioning for support and to obtain proper body alignment.

**Shoulder Harness or Chest Strap**

**E0960 - Shoulder harness/straps or chest strap, including any type of mounting hardware**

**Coverage Criteria**

A chest strap or shoulder harness is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and
2. The beneficiary has any significant postural asymmetries that are due to a covered ICD-10 code. \*

**Clinical Benefit**

Provides positioning for support and to obtain proper body alignment.

\*Refer to Medicare's LCD and Policy Article for Wheelchair Seating for additional information and specific ICD-10 codes.

**Swing-Away, Retractable or Removable Mounting Hardware**

**E1028 - Manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory**

Code E1028 is used for

1. Swing-away hardware used with remote joysticks or touchpads,
2. Swing-away or flip-down hardware for head control interfaces E2327-E2330, and
3. Swing-away hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311.
4. This code may be billed in addition to codes E0953, E0955-E0957.

Code E1028 is not to be used for hardware on a wheelchair tray (E0950) or in addition to E1020 (Residual limb support system). It must not be billed in addition to code E0960 (shoulder harness/chest strap) or used for mounting hardware related to a wheelchair seat cushion or back cushion.

**Coverage Criteria**

Swing-away hardware is covered if the accessory needs to be moved away to allow for safe transfers. It is non-covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces.

**Clinical Benefit**

Swing-away hardware allows a positioning component, interface, or display feature to swing-away manually or be removed to facilitate patient care and safety with transfers.



# Prior Authorization

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# Prior Authorization Condition of Payment Program

For Medicare to reimburse for any power mobility device, the supplier must request a prior authorization determination prior to dispensing the equipment.

Medicare's Prior Authorization Condition of Payment program is required for all power mobility devices, Power Operated Vehicles (K0800-K0803), Group 1 power chairs, Group 2 power chairs, and Group 3 power chairs (K0813-K0829, K0835-K0843, K0848-K0864). This program is nationwide.

Claims for HCPCS codes subject to this program submitted without a prior authorization determination will be automatically denied.

Voluntary prior authorization is available for some wheelchair accessory codes used on power mobility devices.

Accessory codes eligible for voluntary prior authorization include; E0950, E0955, E1002-E1010, E1012, E1029, E1030, E2310-E2313, E2321-E2330, E2351, E2373, E2377, E2601-E2608, E2611-E2616, E2620-E2625, K0040 and K0195.

Prior authorization of the accessories must be requested at the same time as the wheelchair base and all current prior authorization timelines apply. The accessories must be billed on the same claim as the power chair.

## Timeframes for Prior Authorization Review Decisions

- Initial submission – within 10 business days of the DME MACs receipt of the initial request (excluding federal holidays and weekends)
- Resubmission – within 10 business days of the receipt of the resubmission
- Expedited – The DME MAC will make reasonable effort to communicate a decision within 2 business days of receipt of the expedited request.

For additional information, refer to the CMS website prior authorization page.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items>

# Reimbursement Methodologies

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# Reimbursement Methodologies

## Complex Power Wheelchairs

### K0835 – K0864 (Medicare Purchase or Rental)

#### Payment Category

Power wheelchairs that fall within HCPCS code range of K0835-K0864 are in the Capped Rental category of equipment. They may be reimbursed on a lump sum purchase or on a rental basis for 13 months. The beneficiary must be given the option to rent or purchase.

#### Reimbursement Rate

To determine the purchase allowance for power chairs coded K0835 - K0864, divide the rental allowance listed on the CMS fee schedule by 0.15.

With a rental series, the first three months of rental are reimbursed based on the published fee schedule amount. Months 4-13 are reimbursed at a rate of the fee schedule or single payment amount less 60%. The fee schedule amount used is based on the address of the beneficiary on file with the Social Security Administration.

Medicare reimburses 80% of the fee schedule amount or the supplier's charge. The remaining 20% is considered the beneficiary responsibility. This portion of the allowance may be billed to a secondary insurance.

#### Purchase Modifiers

NU - Purchase of new equipment

UE - Purchase of used equipment

BP – Beneficiary Purchase

## Power Wheelchairs – Group 2 No power Options

### K0820 -K0829 (Medicare Rental)

#### Payment Category

Power wheelchairs that fall within HCPCS code range of K0820-K0829 are in the Capped Rental category of equipment. They are reimbursed by Medicare FFS on a rental basis for 13 months. The beneficiary must be given the option to rent or purchase.

#### Reimbursement Rate

The first three months of rental are reimbursed based on the published fee schedule amount. Months 4-13 are reimbursed at a rate of the fee schedule amount less 60%. The fee schedule or single payment amount used is based on the address of the beneficiary on file with the Social Security Administration.

Medicare reimburses 80% of the fee schedule. The remaining 20% is considered the beneficiary's responsibility. This portion of the allowance may be billed to a secondary insurance.

Medicare reimburses the lesser of the fee schedule amount or the supplier's charge.

## Modifiers

RR - Rental

KH - Rental month number one

KI - Rental months two and three

KJ - Rental months four through thirteen

NU - Purchase of new equipment

UE - Purchase of used equipment

KX - All coverage criteria specified in the related LCD have been met

To determine the purchase allowance for power chairs coded K0835 - K0864, divide the rental allowance listed on the CMS fee schedule by 0.15.

## Wheelchair Options & Accessories, Wheelchair Seating & Positioning

The method for determining the reimbursement for wheelchair options, accessories, seating and positioning components is dependent on the product category into which the item falls.

If the HCPCS code is in the inexpensive and routinely purchased category, the item can either be purchased or rented and is reimbursed based on the fee schedule or single payment amount. If rented, these items are billed each month until the purchase allowance is reached.

Options in the capped rental category can be billed on a purchase basis when billed in conjunction with a base that is being billed as a lump sum purchase. The purchase allowance for accessories classified as capped rentals billed in conjunction with codes K0835- K0864 is calculated by multiplying the fee schedule allowance by 10.

Options in the capped rental category must be billed on a rental basis for the 13-month capped rental period when provided with power chairs coded K0813-K0829. Reimbursement is made based on the full fee schedule or single payment amount for the first three months of rental. Months 4 through 13 are reimbursed at 75% of the fee schedule or single payment amount.

Suppliers should use the KU modifier when billing for certain accessories and back and seat cushions used in conjunction with Group 3 power wheelchair bases on initial issue or as a replacement.

Below is a list of HCPCS with which the KU modifier may be used when billing in conjunction with a Group 3 power wheelchair base.

E0705 Transfer device	E2381 Pneumatic drive wheel tire
E0950 Tray	E2382 Tube, pneumatic wheel drive tire
E0951 Heel loop/holder	E2383 Insert, pneumatic wheel drive
E0952 Toe loop/holder	E2384 Pneumatic caster tire
E0955 Cushioned headrest	E2385 Tube, pneumatic caster tire
E0956 Wheelchair lateral trunk/hip support	E2386 Foam filled drive wheel tire
E0957 Wheelchair medial thigh support	E2387 Foam filled caster tire

E0960 Wheelchair shoulder harness/straps	E2388 Foam drive wheel tire
E0973 Wheelchair accessory detachable adjustable height armrest	E2389 Foam caster tire
E0978 Wheelchair accessory safety belt pelvic strap	E2390 Solid drive wheel tire
E0981 Seat upholstery, replacement	E2391 Solid caster tire
E0982 Back upholstery, replacement	E2392 Solid caster tire, integrate
E0990 Wheelchair elevating leg rest	E2394 Drive wheel excludes tire
E0995 Wheelchair calf rest	E2395 Caster wheel excludes tire
E1002 Power seat tilt	E2396 Caster fork
E1003 Power seat recline	E2397 Power wheelchair accessory, lithium-based battery
E1004 Power seat recline with mechanical shear reduction	E2601 Gen wheelchair cushion width < 22 in
E1005 Power seat recline power shear reduction	E2602 Gen wheelchair cushion width > 22 in
E1006 Power seat combo tilt and recline without shear reduction	E2603 Skin protect wheelchair cushion width <22in
E1007 Power seat combo tilt and recline with mechanical shear reduction	E2604 Skin protect wheelchair cushion width > 22in
E1008 Power seat combo power tilt and recline with power shear reduction	E2605 Position wheelchair cushion width <22 in
E1010 Addition to power seating system, power leg elevation system	E2606 Position wheelchair cushion width > or equal to 22 in
E1012 Center mount power elevating leg rest/platform, complete system	E2607 Skin protection/positioning wheelchair cushion width <22in
E1016 Shock absorber for power wheelchair	E2608 Skin protection/positioning wheelchair cushion width >22in
E1020 Residual limb support system	E2611 Gen use back cushion width < 22in
E1028 Wheelchair manual swing-away, retractable, or removable mounting hardware	E2612 Gen use back cushion width > 22in
E1029 Wheelchair vent tray fixed	E2613 Position back cushion width <22in
E1030 Wheelchair vent tray gimbaled	E2614 Position back cushion width > 22in
E2207 Crutch and cane holder	E2615 Positioning back post/lateral width < 22in
E2208 Cylinder tank carrier	E2616 Positioning back post/lateral width > 22in
E2209 Arm trough, each	E2619 Replacement cover wheelchair seat cushion
E2210 Wheelchair bearings	E2620 Wheelchair planar back cushion width < 22in
E2310 Electronic connection between wheelchair controller and one power seating system motor	E2621 Wheelchair planar back cushion width > 22in
E2311 Electronic connection between wheelchair controller and two or more power seating system motors	E2622 Adjustable skin protection wheelchair cushion width <2 2in
E2321 Hand interface joystick	E2623 Adjustable skin protection wheelchair cushion width>=22in
E2322 Hand control interface, multiple mechanical switches	E2624 Adjustable skin protection/positioning cushion <22in
E2323 Specialty joystick handle	E2625 Adjustable skin protection/positioning wheelchair cushion >=22
E2324 Chin cup interface	K0015 Detachable non-adjustable height armrest
E2325 Sip and puff interface	K0017 Detachable adjustable height armrest base
E2326 Breath tube kit	K0018 Detachable adjustable height armrest upper

E2327 Head control interface, mechanical, proportional	K0019 Arm pad each
E2328 Head/extremity control interface	K0020 Fixed adjustable height armrest, pair
E2329 Head control nonproportional	K0037 High mount flip-up footrest
E2330 Head control proximity switch	K0038 Leg strap each
E2351 Electronic SGD interface	K0039 Leg strap H-style each
E2359 Group 34 sealed lead-acid battery	K0040 Adjustable angle footplate
E2361 22 NF sealed lead-acid battery	K0041 Large size footplate each
E2363 Group 24 sealed lead-acid battery	K0042 Standard size footplate each
E2365 U1 sealed lead-acid battery	K0043 Footrest lower extension tube
E2366 Battery charger, single mode	K0044 Footrest upper hanger bracket
E2368 Power wheelchair motor replacement	K0045 Footrest complete assembly
E2369 Power wheelchair drivewheel gear replacement	K0046 Elevating legrest low extension
E2370 Power wheelchair motor/gear box combo	K0047 Elevating legrest up hanger bracket
E2371 Group 27 sealed lead-acid battery	K0051 Cam release assembly footrest/legrest
E2373 Hand/chin control interface, compact remote, proportional	K0052 Swingaway detach footrest
E2374 Hand/chin control standard remote joystick	K0053 Elevate footrest articulate
E2375 Non-expandable controller, replacement	K0098 Drive belt power wheelchair
E2376 Expandable controller, replacement	K0105 IV hanger
E2377 Expandable controller, upgrade provided at initial issue	K0733 12-24hr sealed lead acid battery
E2378 Power actuator replacement	





# Repair & Replacement

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Medicare considers a repair to be the parts and labor used in conjunction with the repair of a base item. Replacement is the provision of an entire identical or nearly identical item when it is lost stolen or irreparably damaged.

## Repair

Repairs are covered when necessary to make patient-owned base equipment serviceable. Routine maintenance such as testing, cleaning, regulating, and checking is not covered. Medicare does not cover repairs to capped rental equipment during the capped rental period, items covered under a manufacturer or supplier warranty, or items that have been previously denied.

A new order is not required for repairs, but keep in mind that a change in supplier will necessitate a new order.

## Repairing Beneficiary Owned Equipment

If Medicare paid for the wheelchair base initially, medical necessity had already been established. There are two documentation requirements in this scenario.

1. The treating physician must document that the item being repaired continues to be reasonable and necessary. This can be supported by documentation in the medical record in the preceding 12 months showing usage of the item.
2. Either the treating physician or the supplier must document that the repair itself is reasonable and necessary. This can be documented by detailed records describing the need for, and nature of the repair that include a detailed explanation of the justification for any component or part replaced, as well as the labor time necessary.

The supplier must maintain detailed records describing the need for and nature of all repairs including a detailed explanation of the justification for any component or part replaced as well as the labor time to restore the item to its functionality.

## Continued Medical Need

For ongoing supplies and rental DME items, in addition to information described above that justifies the initial provision of the item(s) and/or supplies, there must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary. Information used to justify continued medical need must be timely for the DOS under review.

Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating physician for refills
- A recent change in prescription
- A properly completed CMN or DIF with an appropriate length of need specified
- Timely documentation in the beneficiary's medical record showing usage of the item

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

## Repair Coding

Replacement parts must be billed with the appropriate HCPCS code that represents the item being replaced, along with the pricing and informational modifiers required by policy. A replacement option/accessory for a power-operated vehicle (POV) is billed using the most appropriate wheelchair option/accessory code. Miscellaneous replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108.

Each supplier is ultimately responsible for the HCPCS codes selected to bill for the items provided. Suppliers are advised to use their best judgement in the selection of the HCPCS codes used for billing.

When determining the appropriate HCPCS code used for billing a component as a replacement, keep in mind the following:

- A replacement option/accessory for a POV is billed using a wheelchair option/accessory code.
- Replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be billed using HCPCS code K0108.
- Some replacement items are purchased from manufacturers as component parts. These individual components may need to be bundled together under one code for billing purposes.

Solid Seat Pan Retrofits and Replacement Captain's Style Seats  
K0108 (replacement only) - Wheelchair component or accessory, not otherwise specified  
Separately reimbursable as a replacement or retrofit on patient-owned equipment only

## Labor Documentation & Billing

Labor to repair medically necessary, patient owned equipment is reimbursable if it is not otherwise covered under a manufacturer's or supplier's warranty. The funding source establishes a reasonable fee for labor associated with repairing, maintaining, and servicing the item.

The labor portion of a repair is billed using HCPCS code K0739 - repair or nonroutine service for durable medical equipment (DME) other than oxygen requiring the skill of a technician, labor component, per 15 minutes. The payment rate for K0739 includes all costs (other than replacement of parts associated with repairing DMEPOS items).

Suppliers should bill 15-minute increments for the time spent repairing the item. One unit of service is equal to 15 minutes.

A claim for the code K0739 must include the following information:

- The date the equipment was purchased and the make and model (and serial number if available) or HCPCS code/narrative description of the wheelchair base being repaired. If the exact date of purchase is not available, the month and year of purchase is acceptable. Medicare will not cover repairs of equipment that was denied by Medicare.
- Indication of beneficiary ownership
- A description of the nature and medical necessity of the repair

- An itemization of parts and labor time. (If more than one part is being replaced, the labor time should be broken down for each part)
- A copy of the manufacturer's warranty documenting that labor is not covered (*if applicable*)

Note: Most DMEPOS warranties will cover parts, but not labor. If the part is under warranty, but the labor is not, the labor can be billed with a narrative stating the part was obtained under warranty. The claim should also include a statement indicating that the labor was not covered under manufacturer's warranty. A copy of the manufacturer's warranty documenting the exclusion of labor should be included in the claim file.

No modifiers are used with the K0739 HCPCS code.

## Units of Service for Commonly Repaired Items

The following table contains repair units of service allowances for commonly repaired items. Units of service include basic troubleshooting and problem diagnosis. Suppliers are reminded that there is no Medicare payment for travel time or equipment pick-up and/or delivery.

Type of Equipment	Part Being Repaired/Replaced	Allowed Units of Service (UOS)
Power Wheelchair	Batteries (includes cleaning and testing)	2
Power Wheelchair	Joystick (includes programming)	2
Power Wheelchair	Charger	2
Power Wheelchair	Drive wheel motors (single/pair)	2/3
Power or Manual Wheelchair	Wheel/tire (all types, per wheel)	1
Power or Manual Wheelchair	Armrest or Arm-pad	1
Power Wheelchair	Shroud/cowling	2

A supplier may only bill the allowable units of service listed in the above table for each repair regardless of the actual repair time. Suppliers are also reminded that Medicare does not pay for repairs to capped rental items during the rental period or items under warranty.

## Required Claim Narrative Information

The claim for a repair to patient-owned equipment must include a statement that the equipment is beneficiary owned, the date of purchase and description of the equipment being repaired, and the HCPCS code. The claim must also include a description of the repair and an itemization of labor time.

A claim for the repairs must include the following information:

- The date the equipment was purchased and the make and model (and serial number if available) or HCPCS code/narrative description of the wheelchair base being repaired. If the exact date of purchase is not available, the month and year of purchase is acceptable. Medicare will not cover repairs of equipment that was denied by Medicare.
- Indication of beneficiary ownership
- A description of the nature and medical necessity of the repair.

- An itemization of parts and labor time. (If more than one part is being replaced, the labor time should be broken down for each part).
- A copy of the manufacturer's warranty documenting that labor is not covered (*if applicable*).

A repair claim for billing code K0108 (wheelchair component or accessory, not otherwise specified) must include the following information:

- Description of the item or service (The description must be concise.)
- Manufacturer name
- Product name and number
- Supplier Price List (PL) amount
- HCPCS code of related item (if applicable)

If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using the HCPCS code K0108. When billing multiple items using HCPCS code K0108, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge.

#### EXAMPLE CLAIM

24A	24B	24C	24D	24E	24F	24G
01/03/24 to 01/03/24	12		K0462	1	\$366.13	1
01/03/24 to 01/03/24	12		K0739	1	\$61.23	3
01/03/24 to 01/03/24	12		K0108   NURBKX	1	\$15.38	1
01/03/24 to 01/03/24	12		E2370   NURBKX99 (RTKU)	1	\$611.40	1

#### Required Information

*NTE 2300 field:* RPRs to PT owned PRIDE JSELECTC K0823 PUR 111619

*Line 1 – NTE 2400 field:* G2S PWC K0823 PRIDE JSELECTC RPL HARN ORDER MOTOR

*Line 2 – NTE 2400 field:* RPL PWR HARN FRIED WIRE 15 MIN RPL RT MOTR SEIZED UP BBR 30 MIN

*Line 3 – NTE 2400 field:* ELE HARN PWR CORD PRIDE HARUSHD1065 MSRP \$15.38 FRIED WIRE

*Line 4 – NTE 2400 field:* RT MOTR SEIZED UP BBR, NUBPKXRBRT, E2370NURBKXRTKU

## Repair Modifiers

RB – Replacement of a part of DME furnished as part of a repair

LT – Left side

RT – Right side

KU - Reimbursement based on an unadjusted fee schedule amount. Used when billing for certain accessories and back and seat cushions used in conjunction with **Group 3** power wheelchair bases for dates of service on and after July 1, 2017, on initial issue or as a replacement. Refer to Chapter 7 of this guide for a list of applicable HCPCS codes.

99 - Modifier overflow

Modifier RB is used for replacement parts furnished to repair beneficiary owned DMEPOS. Modifiers such as NU for new, UE for used, BP for purchase for a capped rental option/accessory, KX for necessary information on file, and other appropriate modifiers must also be used in addition to the replacement modifier (RB).

The right (RT) and left (LT) modifiers are optional on claim lines billed for **wheelchair options and accessories**. If RT and LT modifiers are not appended, then the bilateral items (left and right) with a unit of service “each” may be billed on a single claim line with 2 UOS. If the RT and LT modifiers are appended to claim lines billed for bilateral wheelchair options and accessories (left and right) and the unit of service of the code is “each,” then bill each item on two separate claim lines with the RT modifier on one line and the LT modifier on the other, and 1 unit of service (UOS) on each claim line. If the RT and LT are not appended, then the bilateral items (LT and RT) with a unit of service “each” may be billed on a single claim line with 2 UOS. If bilateral items are provided and the unit of service is “pair” (per the code description), the LT and RT modifiers are not applicable.

For **wheelchair seating HCPCS codes**, the right (RT) and left (LT) modifiers must be used when applicable. When the same HCPCS code for bilateral items (left and right) is billed on the same DOS, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

If the claim line requires more than four modifiers the overflow modifier 99 must be placed in the fourth modifier position. All modifiers are then listed in the narrative.

## Modifiers Required by Policy

Certain LCDs require modifiers to be used when submitting a claim. For the Wheelchair Options and Accessories LCD and the Wheelchair Seating LCD, the following modifiers are required when determining if the beneficiary meets the requirements for the accessory or option.

These modifiers are:

KX - Requirements specified in the medical policy have been met

GA - Waiver of liability statement issued, as required by payer policy, individual case

GZ - Item or service expected to be denied as not reasonable and necessary

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

Claim lines billed without a KX, GA, GY, or GZ modifier will be rejected as missing information.

## Parts Reimbursement

Medicare payment for replacement parts made on a lump sum basis. To calculate the purchase allowance for a HCPCS code based on the rental allowance listed on the fee schedule, multiply the rental allowance (RR) by 10.

## Travel Charges

Separate payment will not be made for travel costs associated with repairing DMEPOS items. Suppliers cannot bill for the time spent traveling to the beneficiary’s home and suppliers may not bill beneficiaries directly for travel costs.

## Temporary Replacement Equipment

One month's rental of an appropriate and complete power wheelchair or power operated vehicle is covered if a patient owned wheelchair or POV is being repaired. Payment is based on the type of replacement device that is provided but will not exceed the rental allowance for the power mobility device that is being repaired. Coverage consideration will be given if the patient-owned equipment is covered by Medicare and will not be available for use for more than one day (e.g., if the repair took more than one day). Temporary replacement equipment, K0462, cannot be billed when repairing capped rental wheelchairs during the rental period.

Note: Medicare expects suppliers to have frequently replaced items such as batteries, battery chargers, tires, nuts, bolts, etc., available for repairs.

The code K0462 - Temporary replacement equipment for patient-owned equipment being repaired, any type, is used to bill for the temporary replacement of patient-owned equipment.

A claim for K0462 must include the following information:

- Narrative description, manufacturer, and brand name/number of the equipment being provided as a temporary replacement.
- Date of purchase of the beneficiary-owned equipment being repaired.
- HCPCS code or narrative description, manufacturer name, and brand name/number of the beneficiary-owned equipment.
- Description of what was repaired.
- Explanation of why the repair took longer than one day.

Temporary loaner equipment does not require any modifiers but must be submitted on the same claim as the claim for repairs (labor and parts).

All medical documentation and other documentation supporting payment of the repair claim must be retained in the patient file and be available to Medicare if it is requested.

## Replacement

Replacement refers to the provision of an identical or nearly identical item. Under certain circumstances, payment may be made for replacement of medically required DME.

Beneficiary owned items or capped rental items may be replaced in cases of loss or irreparable damage. Irreparable damage is considered damage due to a specific event such as a natural disaster. Supporting documentation may take the form of police reports, insurance claim reports, etc.

If an item needs replacement due to irreparable wear, the Reasonable Useful Lifetime (RUL) of the equipment is taken into consideration. The RUL of DME cannot be less than 5 years. When replacing equipment beyond the 5-year RUL due to irreparable wear, medical necessity must be re-established.

## Replacement Due to Irreparable Damage from a Specific Accident or Natural Disaster

Equipment that the beneficiary owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood, etc.). A treating practitioner's order, when required, is needed to reaffirm the medical necessity of the item.

If the POV or PWC is a replacement during the 5-year useful lifetime of an item in the same performance group that was previously covered by Medicare, a face-to-face examination is not required.

### Documentation Requirements for Replacing Equipment Due to Irreparable Damage

A new order is required before replacing lost, stolen, or irreparably damaged items to reaffirm the medical necessity of the item. Proof of loss or damage through documentation such as a police report, picture, or corroborating statement should be submitted with the claim. There must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary. Information used to justify continued medical need must be timely for the date of service under review.

Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating practitioner for refills
- A recent change in prescription
- A properly completed CMN or DIF with an appropriate length of need specified
- Timely documentation in the beneficiary's medical record showing usage of the item

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

## Replacement Due to Reasonable Useful Lifetime

Rules in regarding replacement of DME that has been in continuous use for the equipment's reasonable useful lifetime provide that the beneficiary can elect to obtain replacement equipment after the reasonable useful lifetime for the equipment has expired.

Under no circumstance can the reasonable useful lifetime of the equipment be less than 5 years. The useful lifetime of the equipment is based on when the equipment was delivered to the beneficiary, not the age of the equipment.

## Billing Modifiers

RA – Replacement of a DME, Orthotic or Prosthetic Item

The RA modifier is used for replacement of the complete item due to reasonable useful lifetime or to accidental damage, theft, or loss. It is not used when a new item is provided due to a change in condition. The equipment would be a different item, billed with a different HCPCS code, not a replacement of the original item.



# Advance Beneficiary Notice

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The Advance Beneficiary Notice (ABN) is a written notice used to inform the beneficiary that Medicare will probably not pay for a certain item or service. This allows the beneficiary to make an informed decision on whether or not to receive the item for which he/she may have to pay for out of pocket.

The ABN can be used when submitting both assigned and non-assigned claims. It is most often used when the supplier feels an item will not be covered due to a lack of medical necessity.

There are mandatory ABN requirements that apply to suppliers of durable medical equipment. DME suppliers must issue an ABN to a beneficiary when they furnish an item or service that will not be paid for by Medicare for any of the following reasons:

- The provider violated the prohibition against unsolicited telephone contacts;
- The supplier has not met supplier number requirements;
- The supplier is a non-contract supplier furnishing an item listed in a competitive bid area; or
- Medicare requires an advance coverage determination, and the beneficiary wants the item or service before the advance coverage determination is made.

The ABN can also be used when furnishing upgraded items. An upgrade is defined as an excess component – an item with deluxe or aesthetic features that is more extensive and/or more expensive than the item which is medically necessary under Medicare coverage requirements.

A voluntary ABN may be issued when providing an item that Medicare never covers. Voluntary ABNs are often issued for information purposes as a courtesy to alert the beneficiary that they will be responsible for payment. A voluntary ABN does not need to be signed and an option box does not need to be checked.

The ABN should be issued far enough in advance to allow the beneficiary enough time to consider their options.

The approved ABN form CMS R-131 (Exp. 01/31/2026) must be used. The supplier retains the original ABN, the beneficiary is provided with the patient copy.

Suppliers who are non-participating and are not accepting Medicare assignment (non-assigned claim) must make the following changes to the ABN form for it to be valid:

Box G, Option 1

Single strike through the last sentence in the Option 1 text. After strikethrough, the line should look like this: ~~If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.~~

Box H, Additional Information

Add the following:

This supplier does not accept payment from Medicare for the item(s) listed in the table above. If I checked Option 1 above, I am responsible for paying the supplier's charge for the item(s) directly to the supplier. If Medicare does pay, Medicare will pay me the Medicare-approved amount for the item(s), and this payment to me may be less than the supplier's charge.

## ABN Modifiers

- GA - Waiver of liability issued as required by payer policy, individual case. EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY, ABN ON FILE
- GZ - Item or service not reasonable and necessary. EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY, NO ABN ON FILE (*The supplier will be liable for the charge.*)
- GK - Reasonable and necessary item/service associated with GA or GZ modifier. ACTUAL ITEM ORDERED BY PHYSICIAN (*This modifier is used only when providing an upgrade.*)
- GL - Medically unnecessary upgrade provided instead of non-upgraded item, no charge, No ABN. UPGRADE PROVIDED AT NO ADDITIONAL CHARGE TO THE BENEFICIARY
- KB - Beneficiary requested upgrade for ABN, more than 4 modifiers on claim.
- GX- Notice of liability issued, voluntary under payer policy.
- GY - Item or Service Statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit.

## ABN Verbiage

### Written Order

The supplier has not received a standard written order for the equipment from the patient's treating practitioner; therefore, the equipment will be denied as the statutory requirements for coverage have not been met.

### Standard Written Order

The supplier has not received a compliant Standard Written Order for the equipment written within 6 months of the face-to-face encounter with the treating practitioner; therefore, the equipment will be denied as the statutory requirements for coverage have not been met.

### Back

The patient does not have a qualifying diagnosis documented in the medical record that meets the coverage criteria for a (posterior, posterior-lateral) positioning back; therefore, it will be denied as not medically necessary.

The patient does not have postural asymmetries due to a qualifying diagnosis documented in the medical record that meets the coverage criteria for a (posterior, posterior-lateral) positioning back; therefore, it will be denied as not medically necessary.

The medical record does not indicate that a commercially available back cannot meet the needs of the patient; therefore, the custom configured back will be denied as not medically necessary.

This wheelchair back is not an approved item under Medicare guidelines.

**Community Mobility**

The patient indicated to the supplier on 00/00/0000 that s/he does not require the use of the equipment for in-home mobility and will use it for community mobility only; therefore, this will be considered a non-covered benefit for this place of use.

The medical record, dated 00/00/000, indicates that the equipment is not required for in-home mobility but will be used for (community mobility, physician's visits, social activities) only; therefore, this will be considered a non-covered benefit for this place of use.

**Convenience**

This equipment is being provided at the patient's request for their convenience and is not considered to be medically necessary.

**Cushion**

The patient does not have a qualifying diagnosis documented in the medical record that meets the coverage criteria for a (skin protection, positioning, skin protection and positioning) cushion; therefore, it will be denied as not medically necessary.

The patient does not have (absent or impaired sensation, the inability to perform a weight shift) due to a qualifying diagnosis documented in the medical record that meets the coverage criteria for a (skin protection, adjustable skin protection) cushion; therefore, it will be denied as not medically necessary.

The patient does not have (absent or impaired sensation, the inability to perform a weight shift) due to a qualifying diagnosis or (a decubitus ulcer, history of a decubitus ulcer) over the seating surface documented in the medical record that meets the coverage criteria for a (skin protection, adjustable skin protection) cushion; therefore, it will be denied as not medically necessary.

The patient does not have postural asymmetries due to a qualifying diagnosis documented in the medical record that meets the coverage criteria for a positioning cushion; therefore, it will be denied as not medically necessary.

The patient has requested (a skin protection and positioning, an adjustable skin protection and positioning) cushion; however s/he does not have (absent or impaired sensation, the inability to perform a weight shift) due to a qualifying diagnosis or (a decubitus ulcer, history of a decubitus ulcer) over the seating surface documented in the medical record that meets the coverage criteria for the skin protection component of the cushion. This is being requested for comfort and will be denied as not medically necessary.

The patient has requested (a skin protection and positioning, an adjustable skin protection and positioning) cushion; however s/he does not have a postural asymmetry due to a qualifying diagnosis in order to meet the coverage criteria for the positioning component of the cushion. This is being requested for comfort and will be denied as not medically necessary.

The medical record does not indicate that a commercially available cushion cannot meet the needs of the patient; therefore, the custom configured cushion will be denied as not medically necessary.

This wheelchair cushion is not an approved item under Medicare guidelines.

**Face-to-Face Encounter**

The patient has refused to participate in a face-to-face mobility examination with his/her physician; therefore, the equipment will be denied as the statutory requirements for coverage have not been met.

**Medical Record**

The medical record does not support the medical necessity of the equipment requested because.... *The reason given must be specific.*

**Non-coded Product**

The product has not received an official PDAC code verification; therefore, it will not be considered a covered benefit.

**Same-Similar**

The patient has same or similar equipment on file from 00/00/0000, which has been found to be more cost effective to repair rather than replace. The item(s) being replaced at the patient's request will be denied as the least costly alternative has not been provided.

The patient has a XXX on file with Medicare as of 00/00/0000; therefore, it is likely that this will be denied for same and similar equipment on file.

**Weight**

The patient's weight, which is documented in the medical record as 000#, does not support the need for the level of equipment requested by the patient; therefore, this upgrade will be denied as not medically necessary.



# Modifiers

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Modifiers are alpha or numeric characters that are appended to a HCPCS code. They are used to communicate pricing and/or other information that is required to process a claim.

## Rehab Power Wheelchair Bases (purchase)

### *HCPCS K0835-K0864*

NU - Purchase of new equipment

UE - Purchase of used equipment

BP – Beneficiary purchase

KX – All coverage criteria specified in the related LCD have been met

GY - Requirements related to a face-to-face examination have not been met

GY - Power mobility device is only needed for mobility outside the home

EY - No physician or other licensed health care provider order for this item or service

## Wheelchair Options & Accessories, Seating & Positioning

### *Capped Rental Category (billed as purchase on complex rehab bases)*

NU - New equipment

UE - Used equipment

BP – Beneficiary purchase in first month

LT - Left side

RT - Right side

KX - All the coverage criteria specified in the related LCD have been met for the product that is provided.

KU - Reimbursement based on an unadjusted fee schedule amount. Used when billing for certain accessories and back and seat cushions used in conjunction with **Group 3** power wheelchair bases for dates of service on and after July 1, 2017, on initial issue or as a replacement. Refer to Chapter 7 of this guide for a list of applicable HCPCS codes.

### *Inexpensive and Routinely Purchased Category (billed as purchase)*

NU - New equipment

UE - Used equipment

LT - Left side

RT - Right side

KX - All the coverage criteria specified in the related LCD have been met for the product that is provided.

KU - Reimbursement based on an unadjusted fee schedule amount. Used when billing for certain accessories and back and seat cushions used in conjunction with **Group 3** power wheelchair bases for dates of service on and after July 1, 2017, on initial issue or as a replacement. Refer to Chapter 7 of this guide for a list of applicable HCPCS codes.



## Repair & Replacement

*Always billed as a purchase*

RA - Replacement

RB - Repair

NU - New equipment

UE - Used equipment

KX - All the coverage criteria specified in the related LCD have been met for the

KU - Reimbursement based on an unadjusted fee schedule amount. Used when billing for certain accessories and back and seat cushions used in conjunction with **Group 3** power wheelchair bases for dates of service on and after July 1, 2017, on initial issue or as a replacement. Refer to Chapter 6 of this guide for a list of applicable HCPCS codes.

## ABN and Liability Modifiers

GA - Waiver of liability statement issued as required by payer policy, individual case

GK - Reasonable and necessary item/service associated with a GA or GZ modifier

GL - Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no advance beneficiary notice (ABN)

GX - Notice of liability issued, voluntary under payer policy

GY - Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit

GZ - Item or service expected to be denied as not reasonable and necessary. (No ABN on file.)

## Overflow Modifiers

99 - Modifier overflow, more than 4 modifiers identified on claim.

KB - Beneficiary requested upgrade for ABN, more than 4 modifiers identified on claim.

## LT/RT

The right (RT and left LT modifiers are optional on claim lines billed for **wheelchair options and accessories**. If RT and LT modifiers are not appended, then the bilateral items (left and right) with a unit of service “each” may be billed on a single claim line with 2 UOS. If the RT and LT modifiers are appended to claim lines billed for bilateral wheelchair options and accessories (left and right) and the unit of service of the code is “each,” then bill each item on two separate claim lines with the RT modifier on one line and the LT modifier on the other, and 1 unit of service (UOS) on each claim line. If the RT and LT are not appended, then the bilateral items (LT and RT) with a unit of service “each” may be billed on a single claim line with 2 UOS. If bilateral items are provided and the unit of service is “pair” (per the code description), the LT and RT modifiers are not applicable.

For **wheelchair seating HCPCS codes**, the right (RT) and left (LT) modifiers must be used when applicable. When the same HCPCS code for bilateral items (left and right) is billed on the same DOS, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each

claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding.

## Other

CR – Catastrophe/Disaster Related

GW – Service not related to the hospice patient's terminal condition

# Billing for Upgrades

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An upgrade is defined as an item that goes beyond what is medically necessary under Medicare's coverage requirements. An item can be considered an upgrade even if the physician has signed an order for it.

Upgrades cannot be made within the same HCPCS code.

If an upgrade is involved, the face-to-face documentation and standard written order must indicate the PMD base that is medically necessary for the beneficiary. Upgrade information should also be noted on the Standard Written Order. List both the medically necessary item and the upgrade.

An upgrade must be within the range of items or services, which are medically appropriate for the beneficiary's medical condition, and the purpose of the attending treating practitioner's order. The upgraded item must still meet the intended and medical necessity purpose of the treating practitioner ordered item. ABNs may not be used to substitute a different item or service that is not appropriate for the beneficiary's medical condition for the original item or service.

With a signed ABN you may charge a Medicare beneficiary for a requested upgraded item on an assigned or non-assigned claim. The ABN must clearly explain why this item is an upgrade, the reason why the upgraded item may be denied, and list the additional cost for the item to the beneficiary. You must also include on the ABN a description of the upgraded features.

The beneficiary must sign the ABN Form (CMS-R-131) prior to delivery.

An upgraded item may also be provided to a Medicare beneficiary at no extra charge. An ABN is not used in this scenario. When billing, the supplier must report on the claim the upgraded item that was furnished, with a description explaining why this item is an upgrade.

## Upgrade Modifiers

When suppliers know that an item will not be paid in full because it does not meet the coverage criteria stated in the LCD, the supplier can still obtain partial payment at the time of initial determination if the item is billed using one of the upgrade modifiers, GK or GL.

The descriptions of the modifiers are:

- GA - Waiver of liability statement issued as required by payer policy, individual case
- GK - Reasonable and necessary item/service associated with a GA or GZ modifier
- GL - Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN
- GZ - Item or service expected to be denied as not reasonable and necessary

When an upgrade is beneficiary requested, an ABN is obtained. The supplier bills with a GA modifier the HCPCS code that describes the item that was provided. The supplier may charge their usual and customary fee for the upgraded item. On the next claim line, the supplier bills with a GK modifier the HCPCS code that describes the item that is covered based on the LCD. The codes must be billed in a specific order on the claim with the upgraded item report first. The claim line with the GA modifier will be denied as not medically necessary with a patient responsibility (PR) message and the claim line with the GK modifier will continue through the usual claims processing.

The beneficiary liability will be the sum of the difference between the submitted charge for the GA claim line and the submitted charge for the GK claim line and the deductible and co-insurance that relate to the allowed charge for the GK claim line.

If a supplier chooses to provide an upgraded item without any additional charge to the beneficiary, even if it has been ordered by the treating practitioner, an ABN is not obtained. The supplier bills the HCPCS code of the covered, medically necessary item with the GL modifier. The upgraded item is not billed on a claim line, but a description of the upgrade item being provided with an explanation of why the item is an upgrade is reported on the claim.

If the request for the upgraded item is from the beneficiary and the supplier decides to provide it at no additional charge, no ABN is obtained. On one claim line, the supplier bills with a GZ modifier the HCPCS code that describes the item that was provided. On the next claim line, the supplier bills with a GK modifier the HCPCS code that describes the item that is covered based on the LCD. (Note: The codes must be billed in this specific order on the claim.)

The descriptions of additional modifiers that may need to be used in upgrade scenarios are:

- KB - Beneficiary requested upgrade for ABN, more than 4 modifiers identified on claim
- 99 - Modifier overflow, more than 4 modifiers identified on claim

## Upgrade Billing Examples

### Beneficiary Requested Upgrade

*Group 2 Multiple Power Option to Group 3 Multiple Power Option  
Medically Necessary Combination Power Tilt & Recline*

#### Signed ABN Obtained

24A From	To	24B	24C	24D	24E	24F	24 G	24H	24I	24J
04 03 24	04 03 24	12		K0861   NUBPGA	1	\$7975.00	1			
04 03 24	04 03 24	12		K0841   NUBPKXGK	1	\$3191.33	1			
04 03 24	04 03 24	12		E1007   NUBPKX		\$9858.30	1			

#### Line Item 1 - Supplier charge for beneficiary requested upgrade item (K0861) = \$7975.00

NU - New equipment

BP - Beneficiary purchase

GA - Waiver of liability statement on file

#### Line Item 2 - Medicare allowance for medically necessary PWC base (K0841) = \$3191.33

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

GK - Reasonable and necessary item/service associated with a GA or GZ modifier

**Line Item 3 – Medicare allowance for medically necessary/physician ordered tilt & recline = \$9858.30**

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

**Report the make and model of the beneficiary requested upgraded base provided with a description of why the base was an upgrade. Report this information in item 19 of the CMS-1500 claim form. When billing electronically, provide this information in the note field.**

<b>Medicare Pays</b>	<b>\$2553.06</b>	<b>(80% of the allowed amount for medically necessary K0841)</b>
	<b>\$7886.64</b>	<b>(80% of the allowed amount for medically necessary E1007)</b>
Patient Responsibility	\$638.27	(20% co-pay for medically necessary K0841)
	\$1971.66	(20% co-pay for medically necessary E1007)
	\$4783.67	(Difference between medically necessary and upgraded base \$7975.00 - \$3191.33)
<b>Total Patient Responsibility</b>	<b>\$7393.60</b>	

**Beneficiary Requested Upgrade***Group 3 No Power Option to Group 3 Single Power Option**Power Adjustable Seat Height***Signed ABN Obtained**

24A From	To	24B	24C	24D	24E	24F	24G	24H	24I	24J
04 03 24	04 03 24	12		K0856   NUBPGA	1	\$7975.00	1			
04 03 24	04 03 24	12		K0848   NUBPKXGK	1	\$6214.67	1			
04 03 24	04 03 24	12		E2298   NUBPKX		\$2000.30	1			

**Line Item 1 - Supplier charge for beneficiary requested upgrade item (K0856) = \$7975.00**

NU - New equipment

BP - Beneficiary purchase

GA - Waiver of liability statement on file

**Line Item 2 - Medicare allowance for medically necessary PWC base (K0848) = \$6214.67**

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

GK - Reasonable and necessary item/service associated with a GA or GZ modifier

**Line Item 3 – Medicare allowance for medically necessary power adjustable seat height (E2298) = \$2000.30**

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

<b>Medicare Pays</b>	<b>\$4971.74</b>	<b>(80% of the allowed amount for medically necessary K0848)</b>
	<b>\$1600.24</b>	<b>(80% co-pay for medically necessary E2298)</b>
Patient Responsibility	\$1242.93	(20% co-pay for medically necessary K0848)
	\$400.06	(20% co-pay for medically necessary E2298)
	\$1760.33	(Difference between medically necessary and upgraded base \$7975.00 - \$6214.67)
<b>Total Patient Responsibility</b>	<b>\$3403.32</b>	

## Beneficiary Requested Upgrade

*Group 3 Single Power Option to Group 3 Multiple Power Option*

*Medically Necessary Power Tilt*

*Power Adjustable Seat Height*

### Signed ABN Obtained

24A From To		24B	24C	24D	24E	24F	24G	24H	24I	24J
04 03 24	04 03 24	12		K0861   NUBPGA	1	\$7975.00	1			
04 03 24	04 03 24	12		K0856   NUBPKXGK	1	\$6670.60	1			
04 03 24	04 03 24	12		E2298   NUBPKX		\$2000.30	1			
04 03 24	04 03 24	12		E1002   NUBPKXKU	1	\$4766.40	1			

### Line Item 1 - Supplier charge for upgraded item (K0861) = \$7975.00

NU - New equipment

BP - Beneficiary purchase

GA - Waiver of liability statement on file

### Line Item 2 - Medicare allowance for physician ordered/medically necessary PWC base (K0856) = \$6670.60

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

GK - Reasonable and necessary item/service associated with a GA or GZ modifier

### Line Item 3 – Medicare allowance for medically necessary power adjustable seat height (E2298) = \$2000.30

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

### Line Item 3 – Medicare allowance for medically necessary power tilt (E1002) = \$4766.40

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

KU - Reimbursement based on an unadjusted fee schedule amount

Report the make and model of the beneficiary requested upgraded base provided, with a description of why the base was an upgrade. Report this information in item 19 of the CMS-1500 claim form. When billing electronically, provide this information in the note field.

Medicare Pays	\$5336.48	(80% of the allowed amount for medically necessary K0856)
	\$3813.12	(80% of the allowed amount for medically necessary E1002)
	\$1600.24	(80% of the allowed amount for medically necessary E2298)
Patient Responsibility	\$1334.12	(20% co-pay for medically necessary K0856)
	\$400.06	(20% co-pay for medically necessary E2298)
	\$953.28	(20% co-pay for medically necessary E1002)
	\$1304.40	(Difference between medically necessary and upgraded base \$7975.00 - \$6670.60)
<b>Total Patient Responsibility</b>	<b>\$3991.86</b>	

## Upgrade at No Additional Charge

*Upgrade from Group 3 Single Power Option to Group 3 Multiple Power Option*

*Medically Necessary Power Adjustable Seat Height*

*Medically Necessary Power Tilt*

### ABN *not* required for the upgraded base provided at no additional charge to the beneficiary

24A From	To	24B	24C	24D	24E	24F	24G	24H	24I	24J
04 03 24	04 03 24	12		K0856   NUBPKXGL	1	\$6670.60	1			
04 03 24	04 03 24	12		E2298   NUBPKX	1	\$2000.30	1			
04 03 24	04 03 24	12		E1002   NUBPKXKU	1	\$4766.40	1			

### Line Item 1 - Medicare allowance for medically necessary/physician ordered PWC base = \$6670.60

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

GL - Medically unnecessary upgrade provided instead of non-upgraded item, no charge, no ABN.

Since more than 5 modifiers are required to bill an upgrade at no additional charge to the beneficiary, overflow modifier "99" is placed in the 4<sup>th</sup> modifier position on the claim line. The modifiers are reported in block 19 of a paper claim or in the narrative text field of an electronic claim. Note: Modifier KB is not used in this scenario because an ABN is not required for the base.

### Line Item 2 – Medicare allowance for medically necessary for power adjustable seat height (E2298) = \$2000.30

NU - New equipment

BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

### Line Item 3 – Medicare allowance for medically necessary power tilt = \$4766.40

NU - New equipment



BP - Beneficiary purchase

KX - Requirements specified in the medical policy have been met

KU - Reimbursement based on an unadjusted fee schedule amount

**Report the make and model of the upgraded item furnished (K0861), with a description explaining why this item is an upgrade in block 19 on the CMS 1500 form, or in the narrative text field of an electronic claim.**

<b>Medicare Pays</b>	<b>\$5336.48</b>	<b>(80% of the allowed amount for medically necessary K0856)</b>
	<b>\$1600.24</b>	<b>(80% of the allowed amount for medically necessary E2298)</b>
	<b>\$3813.12</b>	<b>(80% of the allowed amount for medically necessary E1002)</b>
Patient Responsibility	\$1334.12	(20% co-pay for medically necessary K0856)
	\$400.06	(20% co-pay for medically necessary E2298)
	\$953.28	(20% co-pay for medically necessary E1002)
<b>Total Patient Responsibility</b>	<b>\$2687.46</b>	



# References & Resources

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# Acronyms

ABN – Advance Beneficiary Notice  
ACA – Affordable Care Act  
ATP – Assistive Technology Professional  
BEP – Basic Equipment Package  
CMN – Certificate of Medical Necessity  
CMS – Centers for Medicare and Medicaid Services  
CNS – Certified Nurse Specialist  
CRT – Complex Rehab Technology  
DME – Durable Medical Equipment  
DME MAC – Durable Medical Equipment Medicare Administrative Contractor  
DMEPOS – Durable Medical Equipment Prosthetics Orthotics and Supplies  
DO – Doctor of Osteopathy  
FFS – Fee for Service  
HCPCS – Healthcare Common Procedure Coding System  
LCD – Local Coverage Determination  
LCMP – Licensed Certified Medical Professional  
MD – Medical Doctor  
MRADL – Mobility Related Activities of Daily Living  
NP - Nurse Practitioner  
NPE – National Provider Enrollment  
NPI – National Provider Identifier  
OT – Occupational Therapy  
OTA – Occupational Therapy Assistant  
PA – Physician Assistant  
PDAC – Pricing Data Analysis and Coding Contractor  
PMD – Power Mobility Device  
POV – Power Operated Vehicle  
PT – Physical Therapist  
PTA – Physical Therapy Assistant  
PWC – Power Wheelchair  
RESNA – Rehabilitation Engineering and Assistive Technology Society of North America  
RUL – Reasonable Useful Lifetime  
SWO – Standard Written Order  
WOPD – Written Order Prior to Delivery

# Websites

## **Advance Beneficiary Notice**

[ABN Information](#)

[ABN Tutorial](#)

## **CBIC – Competitive Bidding Implementation Contractor**

<https://www.dmecompetitivebid.com/cbic/cbic.nsf/DocsCat/Home>

## **Centers for Medicare & Medicaid Services**

<https://www.cms.gov/>

## **CMS Medicare Learning Network**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo>

### **MLN - Power Mobility Devices**

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PMD\\_DocCvg\\_FactSheet\\_ICN905063.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/PMD_DocCvg_FactSheet_ICN905063.pdf)

### **MLN - Wheelchair Options & Accessories – Compliance Tips**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/medicare-provider-compliance-tips/medicare-provider-compliance-tips.html#Wheelchair>

### **MLN - Complying with Medicare Documentation Requirements**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CERTMedRecDoc-FactSheet-ICN909160.pdf>

### **MLN - Complying with Medicare Signature Requirements**

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature\\_Requirements\\_Fact\\_Sheet\\_ICN905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Signature_Requirements_Fact_Sheet_ICN905364.pdf)

### **MLN - Medicare DMEPOS Payment While Inpatient**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedDMEPOSInpatient-MLN1541573.pdf>

## **Durable Medical Equipment Medicare Administrative Contractors**

### **CGS**

JB <https://www.cgsmedicare.com/jb/index.html>

JC <https://www.cgsmedicare.com/jc/index.html>

### **Noridian**

JA <https://med.noridianmedicare.com/web/jadme>

JD <https://med.noridianmedicare.com/web/jddme>

### Medicare Prior Authorization

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items>

### National Provider Enrollment

#### NPE East – Novitas

<http://www.novitas-solutions.com/webcenter/portalDMEPOS>

#### NPE West - Palmetto

<https://www.palmettogba.com/palmetto/nsc.nsf>

### NCART

<https://ncart.us/>

### Ordering and Referring File

<https://data.cms.gov/Medicare-Enrollment/Order-and-Referring/qcn7-gc3g/data>

### PDAC – Pricing Data Analysis & Coding Contractor

<https://www.dmepdac.com/>

### PDAC Product Classification List and Fee Schedule Search

[https://www4.palmettogba.com/pdac\\_dmecs/initProductClassificationResults.do](https://www4.palmettogba.com/pdac_dmecs/initProductClassificationResults.do)

### Pride Mobility Products Corporation

<https://www.pridemobility.com/>

### Pride Mobility 365

<https://www.pridemobility365.com/>

### PQ-365 APP



### RESNA

<https://www.resna.org/>

### Stealth Products

<https://www.stealthproducts.com/index.php>