



QUANTUM[®]

The Rehab Power Chair Solutions Company

Product Planning & Reimbursement Guide

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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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Power Mobility Device Overview

Power Mobility Device Overview

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 wheelchair 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.

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/dmecsapp/>



[Pride Medicare Product Planning Guide](#)

Power Wheelchair HCPCS Codes

Power wheelchairs are divided in 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 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 captains 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 captains 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 captains 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**

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.

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.

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.

Complex Rehab Power Wheelchair HCPCS Codes

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

K0835

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

K0836

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

K0837

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

K0838

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

K0839

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

K0840

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

K0841

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

K0842

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

K0843

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

K0848

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

K0849

GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0850

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

K0851

GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0852

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

K0853

GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0854

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

K0855

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

K0856

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

K0857

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

K0858

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

K0859

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

K0860

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

K0861

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

K0862

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

K0863

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

K0864

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

K0868*

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

K0869*

GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0870*

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

K0871*

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

K0877*

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

K0878*

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

K0879*

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

K0880*

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

K0884*

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

K0885*

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

K0886*

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

K0890

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

K0891

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

K0898

POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

K0899**

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

*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://www.dmepdac.com/dmecsapp/>.



Quantum Medicare Product Planning Guide

Captains 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 captains 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 captains chair seat. If a skin protection and/or positioning seat or back cushion that meets coverage criteria is provided with a power wheelchair with captains 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 Captains Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of captains 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 captains 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.

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Coverage Criteria & Documentation Requirements

PMD Medical Documentation & Coverage Criteria

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.

Medicare Documentation Requirements

The documentation process for a power mobility device, whether it be a POV or a 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

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

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

1. There must be an in-person visit with a physician specifically addressing the patient's mobility needs.
2. There must be a history and physical examination by the physician 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.
3. A prescription, referred to as the 7-element order, must be written after the in-person visit has occurred and the medical evaluation is complete.

The 7-element prescription and medical records documenting the in-person visit and evaluation must be sent to the equipment supplier within 45 days after the completion of the evaluation. The in-person visit and mobility evaluation together are considered and referred to as the “face-to-face.” The physician should also include additional medical records, such as chart notes from previous office visits, that support coverage for the equipment being prescribed.

The physician or prescribing practitioner conducting the in-person visit should record the encounter in their usual record keeping format.

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 Specific Types of PWCs

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. **This is in addition to the basic coverage criteria for a power wheelchair. (See above.)**

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 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.



Clinical Criteria for Coverage and MAE Algorithm Mobility Assistive Equipment Decision Tree

Medicare PMD Documentation Requirements

Face-to-Face Examination

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

The examination 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 examination 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 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.

If the beneficiary was referred before being seen by the practitioner, then once the practitioner has received and reviewed the report of the LCMP, the practitioner must see the beneficiary and perform any additional examination that is needed. The report of the practitioner's visit must state concurrence or any disagreement with the LCMP report. In this scenario, the date of encounter with the treating practitioner is considered the date of the face-to-face.

If the beneficiary sees the treating practitioner for the face-to-face encounter before being referred to the LCMP, the practitioner can see the patient again. If the practitioner does not feel it necessary to see the patient again, they can review the LCMP report, annotate concurrence or disagreement with the report and sign and date the report. In this scenario, the date of physician concurrence with the LCMP report is considered the date of the face-to-face.

The date of the face-to-face is the date of practitioner attestation of the LCMP evaluation or the date of the treating practitioner encounter, whichever is later.

The supplier must receive the written report(s) of the face-to-face mobility examination within 45 days after completion. If the examination is conducted during an inpatient stay (hospital or nursing home) the supplier must receive the report within 45 days after discharge.

Supplier receipt of the report of the face-to-face encounter/examination must be documented by using a date stamp or equivalent. The use of a fax confirmation date for this purpose is discouraged.

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



[Mobility Assistive Equipment Decision Tree](#)

[Pride/Quantum Physician's Power Mobility Device Reference](#)

[Dear Physician Letter Power Wheelchair and POV Documentation Requirements](#)

[Wheeled Mobility and Seating Evaluation \(for PT, OT or Physiatrist\)](#)

[Electronic Clinical Template](#)

[SE1112 – PMD Documentation Checklist](#)

7-Element Order

Once the face-to-face mobility examination is complete, the treating practitioner must then write a 7-element order for the power mobility device. The 7-element order may be handwritten or totally electronic, but it must be completed in its entirety by the practitioner. It is acceptable for the DME supplier to provide the practitioner with a template listing the 7 required elements, but the supplier cannot complete any portion of it.

The supplier must receive the 7-element order within 45 days after completion of the face-to-face. The supplier must use a date stamp or equivalent to document receipt. Use of a fax confirmation date for this purpose is discouraged.

The 7-element order for a power mobility device must include the following:

1. Beneficiary's name
2. Description of the item that is ordered
3. Date of face-to-face examination

4. Diagnosis(es) or conditions that relate to the need for the PMD
5. Length of need
6. Practitioner's signature
7. Date of practitioner's signature

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



[7-Element Order Template](#)

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. These requirements also apply to power tilt and/or recline systems and custom fabricated seat and back cushions.

LCMP Specialty Evaluation

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. This requirement is in addition to the requirement for the face-to-face examination which must be conducted by the prescribing practitioner.

An LCMP is 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.

An LCMP specialty evaluation is also required for power positioning, such as tilt, recline, and power leg elevation as well as custom seat and back cushions.

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 beneficiary's mobility limitation.



[Wheeled Mobility and Seating Evaluation \(for PT, OT or Physiatrist\)](#) [Attestation of No Financial Relationship](#)

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, 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 (must physically see and interact) 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/>.



[Supplier ATP Involvement FAQs](#)

[ATP Report Template-2 page](#)

[ATP Report Template-5 page](#)

[ATP Report Template-7 page](#)

Detailed Product Description

Once the supplier has received the 7-element order and the report of the face-to face examination, they will determine the specific power mobility device that is most appropriate. A detailed product description (DPD) is then created. The DPD will list the power mobility device and, in the case of power wheelchairs, any options and accessories or seating and positioning components that will be separately billed.

The DPD must comply with Medicare's requirements for a detailed written order and must include detail sufficient to identify the item(s) to ensure that the item(s) provided to the beneficiary is properly coded.

The DPD is sent to the practitioner for review, signature and date of signature. Signature and date stamps are not allowed and signatures must comply with CMS signature requirements. The supplier must receive the DPD back from the practitioner prior to delivery. A date stamp or equivalent is required to document the date of receipt by the supplier.

The DPD must include the following items*:

- Beneficiary's name
- Prescribing practitioner's name
- The date of the order
For a PMD this is the date the practitioner signs and dates the 7-element order.
- Detailed description of the item(s)
This can be make and model specific, or can be the narrative description of the HCPCS.
- Prescribing practitioner's signature
- Date of practitioner's signature

*It is recommended that the DPD also include a legible identifier for the practitioner's signature, and the practitioner's NPI. *It is also recommended that the quantity of each item be listed. If possible, also list specific part numbers for swing away hardware and specialty cushions and backs.*



[Sample DPD CRT](#)

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.

If a power wheelchair is being provided because the home does not provide adequate access for the safe operation of a POV, the home assessment should provide adequate information and measurements to detail how the POV has been ruled out.

It is not appropriate for a supplier to conduct an on-site home assessment prior to receiving the 7-element order. 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.



[Pride's Home Assessment Form](#)

Options & Accessories

Wheelchair Options & Accessories

Coverage for 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.

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 must have a written order prior to delivery.

Options and accessories that are beneficial primarily in allowing the patient to perform leisure or recreational activities are non-covered.

For information on HCPCS codes included in the allowance for another HCPCS code when provided at the same time please refer to the Wheelchair Bundling Table.

HCPCS Subject to the Affordable Care Act (ACA) Face-to-Face Requirement

Requires a written order prior to delivery (WOPD)

HCPCS Code	Description
E0973	Adjustable height, detachable armrest, complete assembly, each
E0978	Positioning belt/safety belt/pelvic strap, each
E0960	Shoulder harness/straps, or chest strap, including any type mounting hardware
E0981	Seat upholstery, replacement only
E0982	Back upholstery, replacement only
E0990	Elevating leg rest
E1020	Residual limb support for wheelchair
E1028	Manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Ventilator tray
E1030	Ventilator tray, gimbaled



Wheelchair Bundling Table Rehab

Wheelchair Options & Accessories HCPCS Codes

E1028

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

E2323

SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED

E0973

ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH

K0020

FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

K0195

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

E0951

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

E0952

TOE LOOP/HOLDER, ANY TYPE, EACH

E0990

ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH

E1020

RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE

E1029

VENTILATOR TRAY, FIXED

E1030

VENTILATOR TRAY, GIMBALED

K0038

LEG STRAP, EACH

K0039

LEG STRAP, H STYLE, EACH

K0040

ADJUSTABLE ANGLE FOOTPLATE, EACH

E2207

CRUTCH AND CANE HOLDER, EACH

E2208

CYLINDER TANK CARRIER, EACH

E0705

TRANSFER DEVICE, ANY TYPE, EACH

E0950

WHEELCHAIR ACCESSORY, TRAY, EACH

E0953

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

E0954

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

E0955

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

E0956

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

E0957

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

E0960

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

E1226

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

K0105
IV HANGER, EACH

K0108
WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

K0733
12 TO 24 AMP SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E2359
GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E2361
NF-22 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E2363
GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E2365
U-1 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E2371
GROUP 27 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E1002
POWER SEATING SYSTEM, TILT ONLY

E1004
POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION

E1007
POWER SEATING SYSTEM, COMBINATION TILT & RECLINE, WITH MECHANICAL SHEAR REDUCTION

E1010
ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR

E1012
ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH

E2300

POWER SEAT ELEVATION SYSTEM, ANY TYPE

E2301

POWER STANDING SYSTEM, ANY TYPE

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

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

E2312

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

E2313

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

E2321

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

E2322

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

E2324

CHIN CUP FOR CHIN CONTROL INTERFACE

E2325

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

E2326

BREATH TUBE KIT FOR SIP AND PUFF INTERFACE

E2327

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

E2328

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

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

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

E2331

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

E2373

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

E2377

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

Wheelchair Options & Accessories Coverage Criteria

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.

Note: Documentation should include a measurement of the beneficiary's elbow height in the seated position. See item (K) on the Quantum Seating Measurement Guide.

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.



[Quantum Seating Measurement Guide](#)

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 part of the armrest used to cradle 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.

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 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

K0195 - Elevating leg rests, pair (rental only, for use with capped rental wheelchair base)

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 or fusion. 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. 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.

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.

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.

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 alignment.

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 frustrating and fatiguing. Reducing the number of veer corrections can increase both driving safety and 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 also improve indoor 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.

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.

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 patient 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.

Solid Seat Pan

A9900 - Miscellaneous DME supply, accessory, and/or service component of another HCPCS code. Not separately reimbursable on initial issue.

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

Separately reimbursable as a replacement or retrofit on patient owned equipment only. A seat is included in the Medicare basic equipment package for the wheelchair base.

Coverage Criteria

The documentation should describe the client's need for the seating and positioning system applied to the solid seat. There should be a documented need for one or more of the following:

- Assistance with posture control and prevention of spinal deformities
- Assistance with sitting tolerance while in the chair

Clinical Benefit

The Specialty Seat accepts all types of specialty seat backs, orthotic seating systems or positioning components. The specialty seat allows for a range of height, width, depth and angle adjustments and can be readjusted periodically as the needs of the client change.

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.

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 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.

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.

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, Gimbale (Portable Vent Tray)**E1030 - Wheelchair accessory, ventilator tray, gimbale**

A gimbale 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.

Power Seating & Positioning

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 or 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 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"

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 or 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

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 or 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



[Power Tilt, Power Recline, Power Tilt & Recline Medical Documentation Checklist](#)

Power Adjustable Seat Height

E2300 - Wheelchair accessory, power seat elevation system, any type

Coverage Criteria

A power elevating seat is not reimbursable by Medicare.

Clinical Benefit

An elevating seat can benefit the client in performing activities of daily living and allow maximum independence with their residence or workplace. This function may also serve to facilitate assisted and independent transfers. It may also reduce strain on upper extremities and shear forces when transferring for clients who can transfer in a "downhill" or somewhat vertical direction.

The client should be able to safely transition into a functional standing position for the transfers or require a vertical direction to transfer using a sliding board. Independence within the residence can include:

- Assistance with MRADLs by making sinks accessible
- Assistance with homemaking activities by making kitchen areas more accessible
- The client's work environment may necessitate height adjustment of the seat

Payors other than traditional Medicare may reimburse for power seat elevation.



[Documenting the Medical Necessity for iLevel Power Adjustable Seat Height](#)

Power Standing System

E2301 - Wheelchair accessory, power standing system, any type

Coverage Criteria

A power standing system is not reimbursable by Medicare.

Clinical Benefit

A power standing system moves the wheelchair base up and forward to allow the client to come to a standing position. It can benefit the client in performing activities of daily living, positional changes, and provide assistance with MRADLs and/or homemaking activities by making kitchens and bathrooms more accessible. It can also provide assistance with positioning in the school or work setting.

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.

Coverage Criteria

Coverage for a power articulating foot platform is similar to that for an elevating leg rest, along with an explanation regarding the need to perform this function independently and electronically.

- The patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee, or
- The patient meets the criteria for and has a reclining back on the wheelchair, or
- The patient has significant edema of the lower extremities

Clinical Benefits

A power articulating foot platform can help reduce lower extremity edema, or position a fixed knee contracture of fusion. 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 elevate the lower extremities through the chair'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 so 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 power elevating legrests.

1. Positioning the lower extremities closer to the body and closer in 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.

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 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.

Coverage Criteria

Elevating Leg Rests are covered if the following coverage criteria are met:

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

For power elevating leg rests there would also need to be an explanation why the client needs to perform this function independently and electronically.

Clinical Benefits

Elevating leg rests can help to reduce lower extremity edema, or position a fixed knee contracture of fusion. 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. 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.



ELR vs AFP

Electronics

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, finger tip, 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 physician'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.

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.

Enhanced Color Graphical Display

K0108 - Wheelchair component or accessory, not otherwise specified

Coverage Criteria

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

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.

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.

Controllers

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

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

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 legrests). (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

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.

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)
- An attendant control

Controller Types

Type	Integral	Remote	Non-expandable	Expandable
CG/CG2/CG3		X	X	
Dynamic	X		X	
Dynamic DL	X		X	
Dynamic Shark		X	X	
Flight		X	X	
Q-Logic NE		X	X	
Q-Logic NE+		X	X	
Pilot	X		X	
Q-Logic EX		X		X
Remote Plus		X		X
VSI 4-Key	X		X	
VR2 4-Key		X	X	
VR2 6-Key		X	X	

Switches

A switch is a non-proportional type 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.) 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

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

Code	Type of Switch Included in 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
E2300	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.

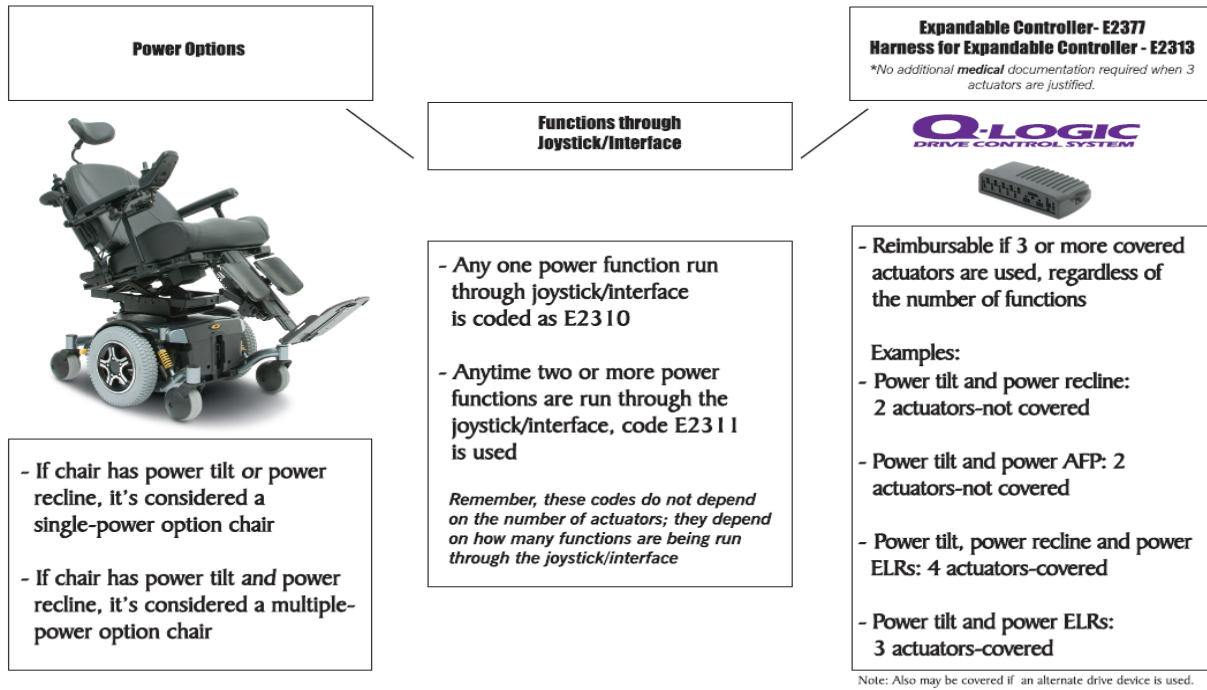
Number of actuators on Quantum power positioning components

- 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 tilt & recline – 2 actuators
- Power adjustable seat height – 1 actuator

Note: a power elevating seat has one actuator, but since it is a non-covered item by Medicare it is not considered an actuator for the purposes of coverage.

This is also a good tool to use when needing to count actuators for electronics. Example of this is a TB3 Power Tilt with 70° Swing Away ALRs will need Q-Logic EX Electronics because there is one actuator for the tilt, and one for each ALR.

Electronics Reimbursement Quick Reference



Meant only to be a guide. For details on coverage, please consult Pride®'s Quantum Rehab® Guide

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 Dynovox systems and X10 devices. Many of the newer models of the Dynovox and X10 are Bluetooth® enabled.

Clinical Benefit

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

Controlling a TV or stereo 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 for 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.

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
CG/CG2/CG3	E2374	E2375
Dynamic	N/A	K0108
Dynamic DL	N/A	K0108
Dynamic Shark	E2374	E2375
Flight	E2374	E2375
Q-Logic NE	E2374	E2375
Q-Logic NE+	E2374	E2375
Pilot	N/A	K0108
Q-Logic EX	E2374	E2376
Remote Plus	E2374	E2376
VSI 4-Key	N/A	K0108
VR2 4-Key	E2374	E2375
VR2 6-Key	E2374	E2375

NOTE: An integrated proportional joystick and controller is an electronics package in which a joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair. Per Medicare policy, an integrated proportional joystick and controller box being replaced due to damage is billed using code K0108.

Refer to Chapter 8 for guidance on billing repairs and replacement parts.

Seating and Positioning

Seating & Positioning

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.

Wheelchair Cushion Coding

Seat and Back Cushion HCPCS Codes

E2601

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

E2602

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

E2603

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

E2604

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

E2605

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

E2606

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

E2607

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

E2608

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

E2609
CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

E2622
SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2623
SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2624
SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2625
SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2611
GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2612
GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2613
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2614
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2615
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2616

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

E2617

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

E2619

REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH

E2620

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

E2621

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

K0108

WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

K0669 *

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

*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. *

**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



[Quantum Rehab Seat and Back Cushions](#)

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.

Positioning HCPCS Codes

E1028

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

E0953

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

E0955

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

E0956

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

E0957

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

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 any 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 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.



[Quantum Seating Measurement Guide](#) [Wheelchair Seating Reference](#)

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Prior Authorization & ADMC

Prior Authorization Demonstration Program

Medicare currently has a prior authorization demonstration program in place in 19 states for POVs, Group 1 and all Group 2 power chairs, and Group 3 No Power Option power chairs. The program is scheduled to end on August 31, 2018.

The prior authorization demonstration allows a supplier to receive a medical necessity determination for the power mobility device prior to dispensing the equipment. Medicare beneficiaries with a representative payee on file are exempt from the demonstration.

The Prior Authorization Demonstration is in place for Medicare beneficiaries whose permanent residence on file with Social Security is one of the states listed below.

Jurisdiction A	MD, NJ, NY, PA
Jurisdiction B	IL, IN, MI, KY, OH
Jurisdiction C	FL, GA, LA, NC, TN, TX
Jurisdiction D	AZ, CA, MO, WA



[Prior Authorization Demonstration Operational Guide](#)

CMS Prior Authorization webpage - https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/PADemo.html?redirect=/CERT/03_PADemo.asp

Condition of Payment Prior Authorization

Medicare prior authorization is a condition of payment (required for coverage) of power wheelchairs in the K0856 and K0861 codes. Prior Authorization must be obtained for these base wheelchair codes. Accessories for these two power wheelchair codes are not separately subject to prior authorization. Accessory codes required to make a coverage determination, such as power seating systems and specialty controls will be considered part of the Prior Authorization Request.



[Condition of Payment Prior Authorization Operational Guide](#)

Advance Determination of Medicare Coverage (ADMC)

The following power wheelchairs are eligible for Advance Determination of Medicare Coverage (ADMC):

1. Group 2 Single Power Option or Multiple Power Option power wheelchairs ^
K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842 and K0843
2. Group 3 Single Power Option or Multiple Power Option power wheelchairs ^
K0857, K0858, K0859, K0860, K0862, K0863 and K0864
3. Group 3 No Power Option power wheelchairs ^
K0848, K0849, K0850, K085, K0852, K0853, K0854 and K0855
4. Group 5 Single Power or Multiple Power Option power wheelchairs
K0890 and K0891
5. Custom motorized/power wheelchair base
K0013

ADMC is a voluntary program that, with an affirmative ADMC decision, provides the provider and the beneficiary with some assurance that medical necessity requirements for the item have been met. An affirmative decision is good for six months from the date of the decision.

Requests for ADMC must contain adequate information from the patient's medical record to identify the patient for whom the item is intended, the intended use of the item, and the medical condition of the patient that necessitates the use of a customized item. Each DME MAC has instructions on submitting an ADMC request.

Please refer to your Medicare supplier manual for additional information.

^ If the equipment is eligible for the Prior Authorization Demonstration or the mandatory Condition of Payment Prior Authorization program it is NOT eligible for ADMC.

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Reimbursement Methodologies

Power Wheelchair Reimbursement Methodology

K0813 – K0829 (Medicare Rental Only)

Payment Category

Power wheelchairs that fall within HCPCS code range of K0813-K0829 are in the Medicare Capped Rental category of equipment. They are reimbursed on a rental basis for 13 months. After 13 months of rental, ownership transfers to the beneficiary.

Reimbursement Rate

The first three months of rental are reimbursed based on the published fee schedule or single payment amount. Months 4-13 are reimbursed at a rate of the fee schedule or single payment 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 lesser of the fee schedule/single payment 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.

Modifiers

- RR - Rental
- KH - Rental month number one
- KI - Rental months two and three
- KJ - Rental months four through thirteen
- KX – All coverage criteria specified in the related LCD have been met

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 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.

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 or single payment amount. Months 4-13 are reimbursed at a rate of the fee schedule or single payment 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/single payment 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

KH - Rental month number one

BP – Beneficiary Purchase

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

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 and the HCPCS code of the power chair base the option is being used in conjunction with. 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.

Effective July 1, 2017 CMS adopted a new interpretation of a statute that impacted the adjustment of fee schedule amounts for wheelchair accessories and back and seat cushions used with Group 3

complex rehab power wheelchairs. Reimbursement for these items will be based on an unadjusted fee schedule 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 for dates of service on and after July 1 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 < 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	



**CMS Change Request 7116 - Lump Sum Purchase
Rent/Purchase Option Letter**

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HCPCS Coding

HCPCS Coding

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.

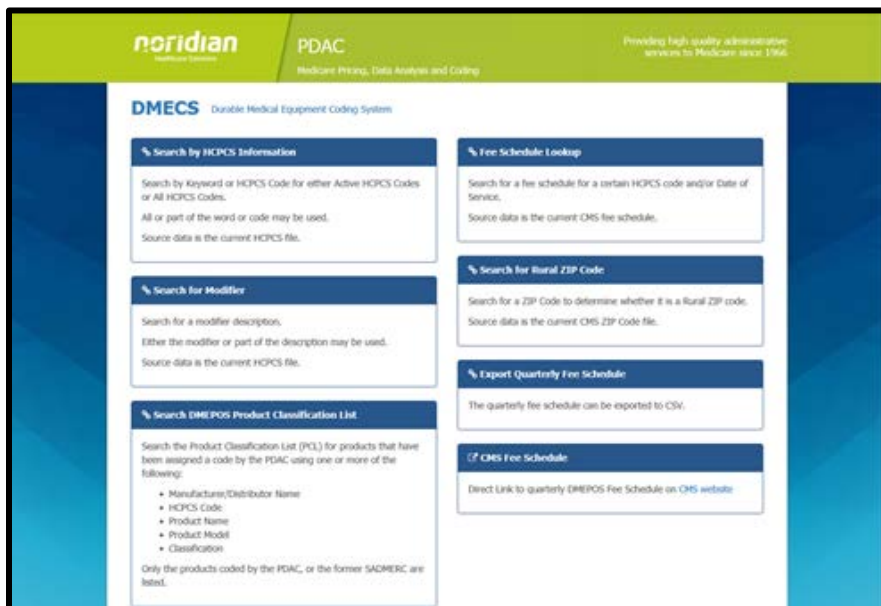
Power Mobility Devices, such as POVs and power wheelchairs, and specialty wheelchair cushions and backs, require an official, written coding verification determination by the Pricing, Data Analysis, and Coding (PDAC) contractor to be covered and reimbursed by the Medicare program.

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/dmecsapp/>



Power Operated Vehicle HCPCS

K0800

GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0801

GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0802

GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0806*

GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0807*

GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0808*

GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0812

NOT OTHERWISE CLASSIFIED

K0899 **

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

*Group 2 POVs must be billed to Medicare as either a beneficiary requested upgrade with a properly executed ABN, or as an upgrade at no additional charge. Traditional/original Medicare considers Group 2 POVs (K0806-K0808) to have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided, and not billed as an upgrade, it will be denied as not reasonable and necessary.

**A POV 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 POV (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-K0812 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://www.dmepdac.com/dmecsapp/>.



Power Wheelchair HCPCS Codes

No Power Option Bases

K0813

GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0814

GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0815

GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0816

GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0820

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

K0821

GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0822

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

K0823

GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0824

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

K0825

GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0826

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

K0827

GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0828

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

K0829

GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE

K0899**

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

**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://www.dmepdac.com/dmecsapp/>.

If a power wheelchair has not received a written coding determination from the PDAC, or if the PDAC determines that the product does not meet the requirements of any code, it must be billed with code K0899.



Complex Rehab Power Wheelchair HCPCS Codes

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

K0835

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

K0836

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

K0837

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

K0838

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

K0839

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

K0840

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

K0841

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

K0842

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

K0843

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

K0848

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

K0849

GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0850

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

K0851

GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0852

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

K0853

GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0854

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

K0855

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

K0856

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

K0857

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

K0858

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

K0859

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

K0860

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

K0861

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

K0862

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

K0863

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

K0864

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

K0868*

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

K0869*

GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0870*

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

K0871*

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

K0877*

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

K0878*

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

K0879*

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

K0880*

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

K0884*

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

K0885*

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

K0886*

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

K0890

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

K0891

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

K0898

POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

K0899**

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

*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://www.dmepdac.com/dmecsapp/>.



Quantum Medicare Product Planning Guide

Wheelchair Options & Accessories HCPCS Codes

E1028

MANUAL SWING-AWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY

E2323

SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED

E0973

ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH

K0020

FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

K0195

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

E0951

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

E0952

TOE LOOP/HOLDER, ANY TYPE, EACH

E0990
ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH

E1020
RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE

E1029
VENTILATOR TRAY, FIXED

E1030
VENTILATOR TRAY, GIMBALED

K0038
LEG STRAP, EACH

K0039
LEG STRAP, H STYLE, EACH

K0040
ADJUSTABLE ANGLE FOOTPLATE, EACH

E2207
CRUTCH AND CANE HOLDER, EACH

E2208
CYLINDER TANK CARRIER, EACH

E0705
TRANSFER DEVICE, ANY TYPE, EACH

E0950
WHEELCHAIR ACCESSORY, TRAY, EACH

E0953
LATERAL THIGH OR KNEE SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH

E0954
FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT

E0955

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

E0956

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

E0957

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

E0960

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

E1226

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

K0105

IV HANGER, EACH

K0108

WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

K0733

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

E2359

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

E2361

NF22 SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

E2363

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

E2365

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

E2371

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

E1002

POWER SEATING SYSTEM, TILT ONLY

E1004

POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION

E1007

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

E1010

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

E1012

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

E2300

POWER SEAT ELEVATION SYSTEM, ANY TYPE

E2301

POWER STANDING SYSTEM, ANY TYPE

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

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

E2312

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

E2313

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

E2321

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

E2322

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

E2324

CHIN CUP FOR CHIN CONTROL INTERFACE

E2325

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

E2326

BREATH TUBE KIT FOR SIP AND PUFF INTERFACE

E2327

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

E2328

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

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

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

E2331

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

E2373

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

E2377

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

Wheelchair Cushion Coding

Seat and Back Cushion HCPCS Codes

E2601

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

E2602

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

E2603

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

E2604

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

E2605

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

E2606

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

E2607

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

E2608

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

E2609
CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

E2622
SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2623
SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2624
SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH

E2625
SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH

E2611
GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2612
GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2613
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2614
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2615
POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

E2616

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

E2617

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

E2620

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

E2621

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

K0108

WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

K0669 *

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

*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.



[Quantum Rehab Seat and Back Cushions](#)

Replacement Only Parts HCPCS Codes

Commonly Billed

K0015

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

K0017

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

K0018

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

K0019

ARM PAD, REPLACEMENT ONLY, EACH

E0995

CALF REST/PAD, REPLACEMENT ONLY, EACH

K0042

STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH

K0052

SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH

E2366

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

E2374

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

E2375

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

E2376

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

E2368

DRIVE WHEEL MOTOR, REPLACEMENT ONLY

E2369

DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY

E2370

INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY

E2381

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

E2382

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

E2384

PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2385

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

E2386

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

E2387

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

E2388

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

E2392

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

E2394

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

E2396

CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH

E2619

REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH

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Repair & Replacement

REPAIR & REPLACEMENT

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.



[Definition of Repairs](#)

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.



[Sample Repair Estimate Repair Order](#)

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.

Wheelchair Options and Accessories

For items/options provided with a patient owned Power Mobility Device (PMD), other than at the time of initial issue, there must be a detailed written order which lists each item that will be separately billed and is signed and dated by the physician. In these situations, the supplier's charges and Medicare allowances do not need to be included. The order must be obtained prior to delivery.

When billing option/accessory codes as a replacement, documentation of the medical necessity for the item, make and model name of the wheelchair base it is being added to, and the date of initial issue of the wheelchair must be available upon request.

Reimbursement

Medicare payment for labor is made for replacement parts as a lump sum based on the carrier's consideration of the item.

Labor Documentation & Billing

Labor to repair medically necessary, patient owned equipment is reimbursable as long as it is not otherwise covered under a manufacturer's or supplier's warranty. The carrier 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 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
Seat Lift	Hand control	2
Seat Lift	Scissor mechanism	3

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.



Billing for Labor **2018 Medicare Service & Repair Fees**

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.



Temporary Replacement Equipment

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)



Billing for Replacement Parts Billing for HCPCS K0108 as a Repair

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
01/02/18 to 01/02/18	12		K0462	1	\$256.21	1
01/02/18 to 01/02/18	12		K0739	1	\$45.06	3
01/02/18 to 01/02/18	12		K0108 NUKX	1	\$15.38	1
01/02/18 to 01/02/18	12		E2370 NUKHKX99	1	\$489.50	1

Required Information

NTE 2300 field: RPRs to PT owned PRIDE JSELECTC K0823 PUR 111614

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 HARUSD1065 MSRP \$15.38 FRIED WIRE

Line 4 – NTE 2400 field: RT MOTR SEIZED UP BBR, NUKHKXRBRT

Repair Modifiers

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

LT – Left side

RT – Right side

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, KH 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 left (LT) and right (RT) modifiers must be used when appropriate. When the same code for bilateral items (right and left) is billed on the same date of service, both items must be billed on the same claim line using the RTL modifiers and 2 units of service. The RT and LT modifiers are not to be used when supplying an option/accessory that is listed as a “pair.”

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.

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.

[HCPCS Code Search for Replacement Parts](#)



[Wheelchair Option & Accessories Bundling Table - Rehab Documentation Requirements for Repairs](#)

Replacement

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

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 physician'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 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.

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. (§414.210(f))

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.



Replacement Module The Affordable Care Act

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Advance Beneficiary Notice

Advance Beneficiary Notice

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 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 approved ABN form CMS R-131 (Exp. 03/2020) must be used. The supplier retains the original ABN, the beneficiary is provided with the patient copy.

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



[Medicare Learning Network – Medicare Advance Beneficiary Notices](#)
[Medicare ABN Form CMS-R-131 \(Exp 03/2020\)](#)
[ABN-CMS-Manual-Instructions MCM Ch 30](#)

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 written order for the equipment from the patient's physician; therefore, the equipment will be denied as the statutory requirements for coverage have not been met

7-Element Written Order

The supplier has not received a compliant 7-element written order for the equipment within 45 days of the patient's face-to-face examination with his/her physician; therefore, the equipment will be denied as the statutory requirements for coverage have not been met.

45-Day Timeline

The supplier has not received the required documentation from the physician within the required 45 day timeline; therefore, the equipment will be denied as the statutory requirements for coverage have not been met.

120-Day Timeline

The equipment will be delivered more than 120 days after the patient's face-to-face examination with his/her physician; 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.

Back-up Equipment

The patient has a XXX on file with Medicare from 00/00/0000 and has requested this chair as a back-up to the XXX. This will be denied as Medicare does not pay for back-up equipment.

Medicare will not pay for a manual wheelchair when the patient previously received a XXX.

These components are for the patient's back-up XXX. Medicare does not pay for back-up equipment; therefore, repairs to the back-up equipment will be denied as a non-covered benefit.

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.

DPD

The patient has requested that the equipment be delivered before the supplier has received the required detailed product description; therefore, the equipment will be denied as the statutory requirements for coverage have not been met.

Face-to-Face

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.

Non-coded Product

The product has not received Medicare coding approval; therefore, it will not be considered a covered benefit.

Power Adjustable Seat Height (power seat elevation)

This item is not considered to be medical in nature, but is for patient convenience; therefore, the system and the electronics to operate it are considered a non-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.

10 Chapter

Modifiers

Modifiers

Rehab Power Wheelchair Bases (purchase)

HCPCS K0835-K0864

NU - Purchase of new equipment

UE - Purchase of used equipment

KH - Rental month number one

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)

NU - New equipment

UE - Used equipment

KH - Rental Month 1 (capped rental items only)

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 6 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 6 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

KH - Capped Rental Item First Month

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.

Does the Medicare beneficiary reside in a Competitive Bid Area?

If a Medicare beneficiary resides in a Competitive Bid Area (CBA) and you are providing a competitive bid accessory or seat of back cushion with a NON-competitive bid power chair base, add the KY modifier to the accessory code. (The KY is added in addition to all other required modifiers.) This will allow Medicare to apply fee schedule pricing to the accessory instead of the contracted single payment amount.

You can determine if a Medicare beneficiary resides in a CBA using their ZIP code via the Competitive Bid Contractor Website at <https://www.dmecompetitivebid.com/palmetto/cbic.nsf/DocsCat/Home>

On this site you will also find link to lists of HCPCS including wheelchair accessories and seating that are competitive bid contract items.

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Billing for Upgrades

Billing for Upgrades

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 seven-element order must indicate the PMD base that is medically necessary for the beneficiary. Then, any upgrade information should be noted on the Detailed Product Description. List both the medically necessary item and the upgrade on the DPD.

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 physician's order. The upgraded item must still meet the intended and medical necessity purpose of the physician 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 beneficiary must sign the ABN Form (CMS-R-131) prior to delivery. 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.

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 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 (a) the difference between the submitted charge for the GA claim line and the submitted charge for the GK claim line and (b) the deductible and co-insurance that relate to the allowed charge for the GK claim line.

If a supplier chooses to provide a **physician ordered** upgrade or an upgrade for **supplier convenience** free of charge, 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 must be reported on the claim.

If the request for the upgraded item is from the **beneficiary** and the supplier decides to provide it free of charge, no ABN is obtained. Two claim lines are billed. On the first claim line, the supplier bills with a GZ modifier the HCPCS code of the upgrade 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 the modifiers that may be used in upgrade scenarios 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
- KB - Beneficiary requested upgrade for ABN, more than 4 modifiers identifies on claim
- 99 - Modifier overflow, more than 4 modifiers identified on claim

Medicare Power Wheelchair 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	24A To	24B	24C	24D	24E	24F	24G	24H	24I	24J
02 08 18	02 08 18	12		K0861 NUKHBPGA	1	\$5511.20	1			
02 08 18	02 08 18	12		K0841 NUKHBPKB (KX GK)	1	\$2561.93	1			
02 08 18	02 08 18	12		E1007 NUKHBPKX		\$8479.70	1			

Line Item 1 - Supplier charge for beneficiary requested upgrade item (K0861) = \$5511.20

NU - New equipment
KH - Rental month 1 (capped rental item)
BP - Beneficiary purchase
GA - Waiver of liability statement on file

Line Item 2 - Medicare allowance for medically necessary PWC base (K0841) = \$2561.93

NU - New equipment
KH - Rental month 1 (capped rental item)
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
KB - For EDI claims enter the modifiers **NUKHBPKXGK** in the narrative text field, for paper claims enter the modifiers NUKHBPKXGK in item #19

Line Item 3 – Medicare allowance for medically necessary/physician ordered tilt & recline = \$8479.70

NU - New equipment
KH - Rental month 1 (capped rental item)
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.

Medicare Pays	\$2049.54	(80% of the allowed amount for medically necessary K0841)
	\$6783.76	(80% of the allowed amount for medically necessary E1007)
Patient Responsibility	\$512.39	(20% co-pay for medically necessary K0841)
	\$1695.94	(20% co-pay for medic ally necessary E1007)
	\$2949.27	(Difference between medically necessary and upgraded base \$5511.20 - \$2561.93)
Total Patient Responsibility	\$5157.60	

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
02 08 18	02 08 18	12		K0856 NUKHBPGA	1	\$5502.40	1			
02 08 18	02 08 18	12		K0848 NUKHBPKB (KX GK)	1	\$5126.27	1			
02 08 18	02 08 18	12		E2300 NUGYGX		\$2495.00	1			

Line Item 1 - Supplier charge for beneficiary requested upgrade item (K0856) = \$5502.40

NU - New equipment
KH - Rental month 1 (capped rental item)
BP - Beneficiary purchase
GA - Waiver of liability statement on file

Line Item 2 - Medicare allowance for medically necessary PWC base (K0848) = \$5126.27

NU - New equipment
KH - Rental month 1 (capped rental item)
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
KB - For EDI claims enter the modifiers **NUKHBPXGK** in the narrative text field, for paper claims enter the modifiers NUKHBPKXGK in item #19

Line Item 3 – Supplier charge for power adjustable seat height = \$2495.00

NU - New equipment
GY - Item or service statutorily excluded, does not meet the definition of any Medicare benefit
GX - Notice of liability issued, voluntary under payer policy

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	\$4101.02	(80% of the allowed amount for medically necessary K0848)
Patient Responsibility	\$1025.25	(20% co-pay for medically necessary base)
	\$376.13	(Difference between medically necessary and upgraded base \$5502.40 - \$5126.27)
Non-covered option	\$2495.00	(Power adjustable seat height)
Total Patient Responsibility	\$3896.38	

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		24B	24C	24D	24E	24F	24G	24H	24I	24J
From	To									
02 08 18	02 08 18	12		K0861 NUKHBPGA	1	\$5511.20	1			
02 08 18	02 08 18	12		K0856 NUKHBPKB (KX GK)	1	\$5502.40	1			
02 08 18	02 08 18	12		E2300 NUGYGX		\$2495.00	1			
02 08 18	02 08 18	12		E1002 NUKHBP99(KXKU)	1	\$3931.70	1			

Line Item 1 - Supplier charge for upgraded item (K0861) = \$5511.20

NU - New equipment

KH - Rental month 1 (capped rental item)

BP - Beneficiary purchase

GA - Waiver of liability statement on file

Line Item 2 - Medicare allowance for physician ordered/medically necessary PWC base (K0856) = \$5502.40

NU - New equipment

KH - Rental month 1 (capped rental item)

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

KB - For EDI claims enter the modifiers **NUKHBPKXGK** in the narrative text field, for paper claims enter the modifiers NUKHBPKXGK in item #19

Line Item 3 – Supplier charge for power adjustable seat height = \$2495.00

NU - New equipment

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

GX - Notice of liability issued, voluntary under payer policy

Line Item 3 – Medicare allowance for medically necessary power tilt (E1002) = \$3931.70

- NU - New equipment
- KH - Rental month 1 (capped rental item)
- 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	\$4401.92	(80% of the allowed amount for medically necessary K0856)
	\$3145.36	(80% of the allowed amount for medically necessary tilt (E1002))
Patient Responsibility	\$1100.48	(20% co-pay for medically necessary K0856)
	\$786.34	(20% co-pay for medically necessary E1002)
	\$8.80	(Difference between medically necessary and upgraded base \$5511.20 - \$5502.40)
Non-covered option	\$2495.00	(Power adjustable seat height)
Total Patient Responsibility	\$4390.62	

Upgrade at No Additional Charge

*Upgrade from Group 3 Single Power Option to Group 3 Multiple Power Option
Power Adjustable Seat Height
Medically Necessary Power Tilt*

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

24A		24B	24C	24D	24E	24F	24G	24H	24I	24J
From	To									
02 08 18	02 08 18	12		K0856 NUKHBP99 (KXGL)	1	\$5502.40	1			
02 08 18	02 08 18	12		E2300 NUGYGX	1	\$2495.00	1			
02 08 18	02 08 18	12		E1002 NUKHBP99(KXKU)	1	\$3931.70	1			

Line Item 1 - Medicare allowance for medically necessary/physician ordered PWC base = \$5502.40

- NU - New equipment
- KH - Rental month 1 (capped rental item)
- 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.
- 99 - Modifier overflow – more than 4 modifiers on claim line. Modifiers required for claim processing –

NUKHBPXGL

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 4th 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 – Supplier charge for power adjustable seat height = \$2495.00

NU - New equipment

GY - Voluntary ABN for statutorily non-covered item

GX - Voluntary ABN for statutorily non-covered item

Line Item 3 – Medicare allowance for medically necessary power tilt = \$3931.70

NU - New equipment

KH - Rental month 1 (capped rental item)

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.

Medicare Pays	\$4401.92	(80% of the allowed amount for medically necessary K0856)
	\$3145.36	(80% of the allowed amount for medically necessary E1002)
Patient Responsibility	\$1100.48	(20% co-pay for medically necessary K0856)
	\$786.34	(20% co-pay for medically necessary E1002)
Non-covered option	\$2495.00	(Power adjustable seat height)
Total Patient Responsibility	\$4381.82	



Differentiating No Power Option, Group 2, and Group PWCs with Rehab Seating

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Managing the Intake and Order Process

Managing the Intake and Order Process

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, where 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 physician 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, is organized, and is 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 3-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 physician 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 physician 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 ATP.
 - c. Explain the need for the LCMP specialty evaluation.
 - d. Make sure the prescribing clinician is aware of the 45-day 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 written order with the ordering clinician (and beneficiary if necessary).
9. Collect and date stamp all documents received from the ordering physician and other clinicians involved in the patient's care.
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 examination, LCMP mobility evaluation, LCMP Specialty Evaluation, ATP report, 7-element order, written order if applicable for compliance and medical necessity.
12. Contact the 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 cannot be completed by the supplier prior to receipt of the 7-element order.
14. Determine the equipment best suited for the client based on the physician'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. Obtain a price quote from the equipment manufacturer.
16. Generate the Detailed Product Description and send it to physician for review and signature.
17. Review any documents not already prescreened.
18. Submit for Prior Authorization or Advance Determination of Medicare Coverage if applicable.
19. Explain alternatives to the beneficiary and the physician should insurance requirements not be met.
20. Effectuate ABN if applicable.
21. Order equipment from manufacturer if necessary.
22. Schedule delivery.
23. Deliver equipment.
24. Place all paperwork in 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.



[Intake Form](#)

[Patient Call Checklist](#)

[Intake Checklist](#)

[PWC Consumer Guide](#)

[MAE Decision Tree](#)

[Choosing the Right Mobility Product](#)

Tools of the Trade

Tools of the Trade

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
DPD – Detailed Product Description
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
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
WOPD – Written Order Prior to Delivery



The Rehab Power Chair Solutions Company

Toolbox

Power Mobility Device Overview

[Pride Medicare Product Planning Guide](#)

[Quantum Medicare Product Planning Guide](#)

[Clinical Criteria for PMD Coverage and MAE Algorithm](#)

[MAE Decision Tree](#)

[Pride/Quantum Physician's Power Mobility Device Reference](#)

[Dear Physician Letter – Power Wheelchair and POV Documentation Requirements](#)

[Wheeled Mobility and Seating Evaluation \(for PT, OT or Physiatrist\)](#)

[PMD Electronic Clinical Template](#)

[SE1112 – PMD Documentation Checklist](#)

[7-Element Order Template](#)

[Wheeled Mobility and Seating Evaluation \(for PT, OT or Physiatrist\)](#)

[Attestation of No Financial Relationship](#)

[Supplier ATP Involvement](#)

[ATP Report Template-2 page](#)

[ATP Report Template-5 page](#)

[ATP Report Template-7 page](#)

[Sample DPD CRT](#)

[Pride's Home Assessment Form](#)

Options & Accessories

[Wheelchair Bundling Table Rehab](#)

[Quantum Seating Measurement Guide](#)

[Power Tilt, Power Recline, Power Tilt & Recline Medical Documentation Checklist](#)

[Documenting the Medical Necessity for iLevel Power Adjustable Seat Height](#)

[ELR vs AFP](#)

Wheelchair Seating

[Quantum Rehab Seat and Back Cushions](#)

[Quantum Seating Measurements](#)

[Wheelchair Seating Reference](#)

Prior Authorization & ADMC

[Prior Authorization Demonstration Operational Guide](#)

[Condition of Payment Prior Authorization Operational Guide](#)

Reimbursement Methodologies

[CMS Change Request 7116-Lump Sum Purchase](#)

[Rent/Purchase Option Letter](#)

Repairs & Replacement

[Definition of Repairs](#)

[Sample Repair Estimate](#)

[Repair Order](#)

[Wheelchair Accessory Bundling Table -Rehab](#)

[Billing for Labor](#)

[2018 Medicare Service & Repair Fees](#)

[Temporary Replacement Equipment](#)

[Billing for Replacement Parts](#)

[Billing for HCPCS K0108 as a Repair](#)

[Documentation Requirements for Repairs](#)

[Replacement Module](#)

[The Affordable Care Act](#)

Advance Beneficiary Notice

[Medicare Learning Network – Medicare Advance Beneficiary Notices](#)

[Medicare ABN Form CMS R-131 \(Exp 03/2020\)](#)

[ABN-CMS-Manual-Instructions MCM Ch 30](#)

Upgrades

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