Product Planning & Reimbursement Guide

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Contents

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.

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.

See Attachment #1 for the Mobility Assistive Equipment Decision Tree.

Question: What body system or systems is/are responsible for or contributing to the mobility deficit?

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.

When billing any option or accessory, the medical documentation must support the need for the item. Under traditional Medicare, options and accessories for wheelchairs are covered if the patient has a wheelchair that meets Medicare coverage criteria and the option or accessory is medically necessary based on the criteria for coverage.

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. Manual wheelchairs, POV/scooters, power wheelchairs, and certain options and accessories must have a written order prior to delivery.

See Attachment #2 for a list of items that require a written order prior to delivery (WOPD) for Medicare.

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

LCMP Specialty Evaluation and ATP Requirements

Additional requirements apply to ultra lightweight and tilt-in-space manual wheelchairs as well as Group 2 Single Power Option, Group 2 Multiple Power Option power chairs, and all Group 3 power chairs. These requirements also apply to power tilt and/or recline systems and custom fabricated seat and back cushions.

The specialty evaluation must be conducted by a licensed/certified medical professional (LCMP), such as a physical or occupational therapist (PT/OT) or a physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier. The supplier that provides these wheelchairs must employ a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

For a sample LCMP evaluation form see attachment #3.

The role of the ATP is to translate the functional information from the licensed certified medical professional (LCMP) specialty examination into a specific equipment selection for the beneficiary. The ATP must physically see and interact with the patient and document that involvement. The purpose of the ATP evaluation is determining the proper seating, accessories and other components for the wheelchair.

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

For a list of Frequently Asked Questions (FAQs) related to supplier ATP involvement see Attachment #4.

The ATP documentation must be complete and detailed enough so that a third party would be able to understand the nature of the ATPs involvement. The report of the ATP should clearly show that the wheelchair and accessories selected for the patient are appropriate and meet their unique, individual needs. The report should include trunk and limb measurements and address seating and positioning needs based on the LCMPs assessment and recommendations. The date of the assessment should be recorded and the documentation signed and dated by the ATP. The ATP should also include their credentials.

For a sample ATP mobility assessment form see Attachment #5.

MANUAL WHEELCHAIRS

The following features are included in the allowance for all adult manual wheelchairs:
Seat Width: 15”-19”
Seat Depth: 15”-19”
Arm Style: Fixed, swingaway, or detachable; fixed height
Footrests: Fixed, swingaway, or detachable

Codes K0003-K0008 and E1161 include any seat height.

A manual wheelchair with a seat width and/or depth of 14” or less is considered a pediatric size wheelchair and is billed with codes E1231-E1238 or E1229.

E1161 MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE

E1231 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTBALE WITH SEATING SYSTEM

E1232 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE WITH SEATING SYSTEM

E1233 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM

E1234 WHEELCAHIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM

E1235 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM

E1236 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM

E1237 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM

E1238 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM

K0001 STANDARD WHEELCHAIR

K0002 STANDARD HEMI (LOW SEAT) WHEELCHAIR

K0003 LIGHTWEIGHT WHEELCHAIR

K0004 HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR

K0005 ULTRALIGHTWEIGHT WHEELCHAIR

K0006 HEAVY DUTY WHEELCHAIR

K0007 EXTRA HEAVY DUTY WHEELCHAIR

K0008 CUSTOM MANUAL WHEELCHAIR/BASE

K0009 OTHER MANUAL WHEELCHAIR/BASE

Medicare Manual Wheelchair Coverage Criteria

The general Medicare coverage criteria for a standard manual wheelchair coded K0001, and manual wheelchairs coded E1161, K0002-K0009, is as follows: *(Additional coverage criteria applies to manual wheelchairs coded E1161, K0002-K0007, K0008 and K0009.)*

- The patient has 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:
  1) Prevents the patient from accomplishing an MRADL entirely, or
  2) Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL, or
  3) Prevents the patient from completing an MRADL within a reasonable time frame.
- The patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
- The patient's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
- Use of a manual wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it on a regular basis in the home.
- The patient has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

AND

- The patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self propel the manual wheelchair that is provided in the home 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.

OR

- The patient has a caregiver who is available, willing and able to provide assistance with the wheelchair.

If a manual wheelchair will be used inside the home and the coverage criteria listed above are not met, the wheelchair will be denied as not reasonable and necessary. If a manual wheelchair will only be used outside the home, it will be denied as non-covered.

Additional Criteria for Specific Types of Manual Wheelchairs

K0001 – Standard Wheelchair

Weight: Greater than 36 lbs.
Seat Height: 19 inches or greater
Weight capacity: 250 pounds or less

K0002 – Standard Hemi Wheelchair

Weight: Greater than 36 lbs.
Seat Height: Less than 19 inches
Weight capacity: 250 pounds or less

A standard hemi wheelchair is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature, or to enable the beneficiary to place his/her feet on the ground for propulsion.

Note: Documentation should include the beneficiary's lower leg length measurements. See item (P) on the Quantum Seating Measurement Guide, Attachment #6.

K0003 – Lightweight Wheelchair

Weight: 34-36 lbs.
Weight capacity: 250 pounds or less

A lightweight wheelchair is covered when a beneficiary meets both criteria (1) and (2):

1. Cannot self-propel in a standard wheelchair in the home; and
2. The beneficiary can and does self-propel in a lightweight wheelchair.

K0004 – High Strength, Lightweight Wheelchair

Weight: Less than 34 lbs.

A high strength, lightweight wheelchair is covered for a patient who meets the coverage criteria for a standard manual wheelchair and:

- Self propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair, and/or
- Requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight, or hemi-wheelchair, and spends at least two hours per day in the wheelchair.*

A high strength lightweight wheelchair is rarely medically necessary if the expected duration of need is less than three months. (e.g., post operative recovery).

*** Note:** Documentation should include the beneficiary's hip width, thigh depth, lower leg length measurements.

See items (O, L and P) on the Quantum Seating Measurement Guide, Attachment # 6.

K0005 – Ultra Lightweight Wheelchair

Weight: Less than 30 lbs.
Adjustable rear axle position

An ultralightweight wheelchair is covered for a beneficiary who meets all of the following criteria:

- The beneficiary must be a full-time manual wheelchair user
- Must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, and seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair.
- The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier.
- The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) 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 patient.

The documentation for a K0005 wheelchair must include a description of the beneficiary's routine activities. This may include the types of activities the beneficiary frequently encounters and whether the beneficiary is fully independent in the use of the wheelchair.

For a sample document to describe routine activities see Attachment #7.

The features of the K0005 base which are needed as compared to the K0004 base should also be documented.

Examples of differences between the K0004 and K0005 base may include:
Size and proper position of propulsion wheels
Need for an adjustable rear axle

- *The frame may be adjusted to attain a gravity assisted position for efficient propulsion and proper weight distribution along the frame.*
- *The center of the wheel may be positioned for stability, safety and efficient propulsion.*
- *The front of the wheelchair may be configured higher than the back of the chair to allow gravity to assist the user with postural stability.*
- *The adjustable axle allows for vertical, horizontal, camber and overall width changes throughout the wheels for adjustment of the client's exact needs and abilities.*
- *Increases the stability of the chair.*
- *Accommodates the client's anatomical position in the chair maximizing independence in mobility and maneuverability in all environments.*
- *Creates a minimal fixed tilt-in space to assist in positioning.*

K0006 – Heavy Duty Wheelchair

Weight capacity: Greater than 250 pounds

A heavy duty wheelchair (K0006) is covered if the beneficiary weighs more than 250 pounds or the beneficiary has severe spasticity.

K0007 – Extra Heavy Duty Wheelchair

Weight capacity: Greater than 300 pounds

An extra heavy duty wheelchair is covered if the beneficiary weighs more than 300 pounds.

K0008 – Custom Manual Wheelchair/Base

A custom manual wheelchair base (K0008) is covered if, in addition to the general coverage criteria above, the specific configuration required to address the beneficiary's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual manual wheelchair base is required.

If K0008 is used to describe a prefabricated manual wheelchair base, even one that has been modified in any fashion, the claim will be denied for incorrect coding.

E1161 – Manual Wheelchair with Tilt in Space – Kids Up Rock 3 (Fast E1234, Rock 2 E1233)

Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle.

A manual wheelchair with tilt in space will be covered if the beneficiary meets the general coverage criteria for a manual wheelchair, and if the criteria below are met:

- The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
- The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) 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 patient.

Clinical Benefit: A manual tilt-in-space wheelchair may be necessary for an individual to provide for:

- Pressure Relief / Redistribution
- Gravity Assisted Positioning / Repositioning
- Postural Support / Proximal Stability
- Head and Trunk Control
- Accommodation of Postural Asymmetries
- Increased Endurance / Sitting Tolerance
- High and Low Muscle Tone Management
- Improved Vision – Line of Sight
- Increased Respiratory Function
- Positioning for Feeding / Gravity Assisted Swallowing
- Comfort and Pain Relief

NOTE: Wheelchairs with less than 20 degrees of tilt must not to be coded based upon the tilt feature. The appropriate base product must be coded as K0001 – K0007.

Manual Wheelchair
Advance Determination of Medicare Coverage (ADMC)

Manual wheelchairs described by codes E1161, E1231-E1234, K0005-K0008 and K0009 are eligible for Advance Determination of Medicare Coverage (ADMC). 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 the DME MAC supplier manual for additional information.

MANUAL WHEECHAIR ACCESSORIES

ANTI-TIP WHEELS

E0971 – Manual wheelchair accessory, anti-tipping device, each

Clinical Benefit: May be necessary to limit accidental rearward displacement of the wheelchair, especially during transfers or when encountering obstacles. They may also be necessary if the beneficiary cannot counterbalance in the chair, especially when traveling uphill or ascending a curb.

WHEEL LOCK EXTENSIONS

E0961 – Manual wheelchair accessory, wheel lock brake extension (handle), each

Clinical Benefit: May be necessary to allow independent access to the wheel locks for safe and effective transfers.

PNEUMATIC TIRE WITH AIRLESS INSERT

E2213 – Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each

DYNAMIC SEATING FRAME - REACTION™ Dynamic Component

E2295 – Manual wheelchair accessory, for pediatric size wheelchair, allows coordinated movement of multiple positioning features.

Clinical Benefit: May be necessary if the beneficiary is unable to sit in a static seat and requires a flexible system to move into flexion or extension in the chair while maintaining proper positioning of the pelvis and therapeutic supports.

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 in Attachment # 8.

POWER MOBILITY DEVICES

POWER OPERATED VEHICLES (POV/SCOOTER)

(Refer to official PDAC PMD Coding Guidelines for code detail)

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.

POV Basic Equipment Package

Each POV is to include all these items on initial issue (i.e., no separate billing/payment at time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation

All POVs (K0800 – K0808, K0812) must have the specified components and meet the following requirements:

- Have all components in the POV Basic Equipment Package
- 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)

Group 1 POVs (K0800 – K0802) must meet the following requirements:

- Length - less than or equal to 48 inches
- Width - less than or equal to 28 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm
- Radius Pivot Turn - less than or equal to 54 inches
- Dynamic Stability Incline - 6 degrees

Group 2 POVs (K0806 – K0808) must meet the following requirements:

- Length - less than or equal to 48 inches
- Width - less than or equal to 28 inches
- Minimum Top End Speed - 4 MPH
- Minimum Range - 10 miles
- Minimum Obstacle Climb - 50 mm
- Radius Pivot Turn - less than or equal to 54 inches
- Dynamic Stability Incline - 7.5 degrees

NOTE: Group 2 POVs (K0806-K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary for traditional Medicare.

POV HCPCS Codes

K0800 - POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- Go Go ES2
- Go Go Elite Traveller 3 wheel
- Go Go Elite Traveller 4 wheel
- Victory 9 3 wheel
- Victory 9 4 wheel

K0801 - POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

- Go Go Sport 3 wheel
- Go Go Sport 4 wheel
- Victory 10 3 wheel
- Victory 10 4 wheel

K0802 - POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- Maxima 3 wheel

K0806 - POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- Go Go Elite Traveller Plus 3 wheel
- Go Go Elite Traveller Plus 4 wheel

K0807 - POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0808 - POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- Maxima 4 wheel

K0812 - POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED

K0899 - POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA

- Go Go Folding Scooter
- Go Go LX w/ CTS Suspension
- Go Go Ultra X
- Victory Sport
- Pursuit PMV
- Pursuit XL
- Pursuit Sport
- Sport Rider

NOTE: The only products that may be billed 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/do/search.

Medicare Power Operated Vehicle/Scooter Coverage Criteria

The basic Medicare coverage criteria for a power operated vehicle (scooter) is as follows:

- The beneficiary has 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)**.
- The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- The beneficiary does not 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.
- The beneficiary is 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.
- The beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The beneficiary's weight is 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 – i.e., 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.
- Use of a POV will 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.

POWER WHEELCHAIRS

(Refer to official PDAC PMD Coding Guidelines for code detail)

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.

PWC 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.

- 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
- Legrests
    - There is no separate billing/payment if fixed, swingaway, or detachable non-elevating legrests with or without calf pad are provided. Elevating legrests may be billed separately.
- Footrests/foot platform
    - There is no separate billing/payment if fixed, swingaway, 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. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests
    - There is no separate billing/ payment if fixed, swingaway, 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 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 in Attachment #8.

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 1 PWCs (K0813 – K0816) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Incapable of upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- May have crossbrace construction
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating legrests) (except captains chairs)
- Length - less than or equal to 40 inches
- Width - less than or equal to 24 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm (Approx. 3/4")
- Dynamic Stability Incline - 6 degrees

For Group 1 portable PWCs (K0813, K0814), the largest single component may not exceed 55 pounds.

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

- Standard integrated or remote proportional joystick
- May have crossbrace 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

For Group 2 portable PWCs (K0820, K0821), the largest single component may not exceed 55 pounds.

Group 2 NO POWER option PWCs (K0820 – K0829) must have the specified components and meet the following requirements:

- Non-expandable controller
- Incapable upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- 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) (except captains chairs)

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 crossbrace 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 crossbrace 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 and 4 NO POWER option PWCs (K0848 – K0855, K0868 – K0871) 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 and 4 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 or exceeds ALL of the performance characteristics for the group.

Definitions

SINGLE POWER OPTIONS - 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 OPTIONS - 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 HCPCS Codes

K0013 - CUSTOM MOTORIZED/POWER WHEELCHAIR BASE

K0813 - POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0814 - POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0815 - POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0816 - POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Jazzy Elite ES-1 1S-C**

K0820 - POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Jazzy Elite ES Portable 2S-P-SS**

K0821 - POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Jazzy Elite ES Portable 2S-P-C**

K0822 - POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Jazzy Elite ES 2S-SS**
- **Jazzy Select 6 SS**
- **Jazzy Elite 14 2S-SS**
- **J6 2S-SS**
- **Jazzy 600 ES 2S-SS**

- **Quantum 610 2S-SS**

K0823 - POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Jazzy Elite ES 2S-C**
- **Jazzy Select 6 C**
- **Jazzy Elite 14 2S-C**
- **J6 2S-C**
- **Jazzy 600 ES 2S-C**

- **Quantum 610 2S-C**

K0824 - POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

- **Jazzy Elite HD 2HD-SS**
- **Jazzy 614 HD 2HD-SS**

K0825 - POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

- **Jazzy Elite HD 2HD-C**
- **Jazzy 614 HD 2HD-C**

K0826 - POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- **Jazzy 1450 2VHD-SS**

K0827 - POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- **Jazzy 1450 2VHD-C**

K0828 - POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0829 - POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE

K0835 - POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **J6 2SP-SS**

- **Quantum 610 2SP-SS**

K0836 - POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Quantum 610 2SP-C**

K0837 - POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0838 - POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0839 - POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- **Jazzy 1450 2SPVHD-SS**

K0840 - POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0841 - POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0842 - POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0843 - POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0848 - POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Q6 Edge 3S-SS**
- **Q6 Edge 2.0 3S-SS**
- **Q6000Z 3S-SS**
- **Rival 3S-SS**
- **Q6 Edge X 3S-SS**

K0849 - POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Q6 Edge 3S-C**
- **Q6 Edge 2.0 3S-C**
- **Q6000Z 3S-C**
- **Rival 3S-C**
- **Q6 Edge X 3S-C**

K0850 - POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

- **Q6 Edge HD 3HD-SS**

K0851 - POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

- **Q6 Edge HD 3HD-C**

K0852 - POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- **Q1450 3VHD-SS**

K0853 - POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- **Q1450 3VHD-C**

K0854 - POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0855 - POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0856 - POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Q6 Edge 3SP-SS**
- **Q6 Edge 2.0 3SP-SS**
- **Q6000Z 3SP-SS**
- **Rival 3SP-SS**
- **Q6 Edge X 3SP-SS**

K0857 - POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS *(Option when using a captain seat with a power elevating seat)*

- **Q6 Edge 3SP-C**
- **Q6000Z 3SP-C**

K0858 - POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS

- **Q6 Edge HD 3SPHD-SS**

K0859 - POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0860 - POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

- **Q1450 3SPVHD-SS**

K0861 - POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

- **Q6 Edge 3MP-SS**
- **Q6 Edge 2.0 3MP-SS**
- **Q6000Z 3MP-SS**
- **Rival 3MP-SS**
- **Q6 Edge X 3MP-SS**

K0862 - POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

- **Q6 Edge HD 3MPHD-SS**

K0863 - POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS*. (Contact your Quantum Corporate Sales Specialist for options)*

- **Q1450 3MPVHD-SS**

K0864 - POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0868 - POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0869 - POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0870 - POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0871 - POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0877 - POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0878 - POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0879 - POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0880 - POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS

K0884 - POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0885 - POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0886 - POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0890 - POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

K0891 - POWER WHEELCHAIR, 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 Power Wheelchair Coverage Criteria

The basic Medicare coverage criteria for a power wheelchair is as follows:

- The beneficiary has 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)**.

- The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.

- The beneficiary does not 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.

- The beneficiary does not meet the coverage criteria for a POV.

- The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; or if the beneficiary is unable to safely operate the power wheelchair, the beneficiary has 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.

- The beneficiary's weight is 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 – i.e., 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.

- The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.

- Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home. For beneficiaries with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.

- The beneficiary has not expressed an unwillingness to use a power wheelchair in the home.

Additional Criteria for Specific Types of Power Wheelchairs

Group 1 and Group 2 No Power Option

A Group 1 PWC (K0813-K0816) or a Group 2 PWC (K0820-K0829) is covered if all of the coverage criteria for a PWC are met and the wheelchair is appropriate for the beneficiary's weight.

Group 2 Single Power Option

A Group 2 Single Power Option PWC (K0835 – K0840) is covered if all of the coverage criteria for a PWC are met and if:

A. Criterion 1 or 2 is met; **and**
B. Criteria 3 and 4 are met.
    1. The beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control).
    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.
    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 physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or physician may have no financial relationship with the supplier.
    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.

If a Group 2 Single Power Option PWC is provided and if criterion A or B is not met (including but not limited to situations in which it is only provided to accommodate a power seat elevation feature, a power standing feature, or power elevating legrests), it will be denied as not reasonable and necessary.

Group 2 Multiple Power Option

A Group 2 Multiple Power Option PWC (K0841-K0843) is covered if all of the coverage criteria for a PWC are met and if:

A. Criterion 1 or 2 is met; and
B. Criteria 3 and 4 are met.
    1. The beneficiary meets coverage criteria for a power tilt and recline seating system.
    2. The beneficiary uses a ventilator which is mounted on the wheelchair.
    3. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or physician may have no financial relationship with the supplier.
    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 No Power Option

A Group 3 PWC with no power options (K0848-K0855) is covered if:

A. All of the coverage criteria for a PWC are met; and

B. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and

C. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or physician may have no financial relationship with the supplier; and

D. 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 and Multiple Power Option

A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) is covered if:

A. All of the coverage criteria for a PWC are met; and

B. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and

C. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or physician may have no financial relationship with the supplier; and

D. 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; and

E. The Group 2 Single Power Option or Multiple Power Options criteria are met.

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.

Power Wheelchair
Advance Determination of Medicare Coverage (ADMC)

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

1. A Group 2, 3 or 5 Single Power Option or Multiple Power Options wheelchair (K0835-K0843, K0856-K0864, K0890-K0891)

2. A Group 3 No Power Option wheelchair (K0848-K0855) that will be provided with an alternative drive control interface at the time of initial issue.

3. Custom motorized/power wheelchair base (K0013)

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 supplier manual for additional information.

Captain's Seat versus Sling/Solid/Seat Back (Power Wheelchairs)

If the beneficiary has a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be denied as not reasonable and necessary.

A power wheelchair with Captain's Chair is not appropriate for a beneficiary who needs a separate wheelchair seat and/or back cushion. If a skin protection and/or positioning seat or back cushion that meets coverage criteria is provided with a power wheelchair with Captain's Chair, the PWC will be denied by Medicare as not reasonable and necessary.

For beneficiaries who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion *(Simplicity)* 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 – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; 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/seat and the general use cushion will be denied as not reasonable and necessary.

Specialty Seat – Solid Seat Pan (Synergy Seat)
Not separately reimbursable on initial issue.

A9900 - Miscellaneous DME supply, accessory, and/or service component of another HCPCS code.
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.

Positioning Components

Head Rest

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

Coverage Criteria

(Headrest Pad only. Swingaway/retractable/removable headrest mounting hardware is coded E1028.)

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

1. The patient 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 patient has any significant postural asymmetries that are due to one of the covered ICD-10 Codes.

A headrest is also covered when the patient 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 patient 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 Trunk or Hip Support

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

(Stealth Lateral Thoracic Supports Pads and Hip/Thigh Pads, Therafin Knee Flip Down Knee Adductor Pads. Swingaway/retractable/removable hardware for all off the above is coded as E1028)

Medial Thigh Support

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

(Therafin Small, Medium and Large Medial Thigh Support, pad only. Swingaway/retractable/removable, hardware is coded E1028.)

Shoulder Harness or Chest Strap

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

(Innovative Concepts, Therafin and Bodypoint Shoulder Harnesses)

Coverage Criteria

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

1. The patient 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 patient has any significant postural asymmetries that are due to one of the covered ICD-10 Codes.

Clinical Benefit

Provides positioning for support and to obtain proper body alignment.

Swing-Away, Retractable or Removable Mounting Hardware

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

This code may be billed in addition to codes E0955-E0957. It must not be billed in addition to code E0960 or used for mounting hardware related to a wheelchair seat cushion or back cushion.
Code E1028 is also 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.

Code E1028 is not to be used for swingaway hardware used with a sip and puff interface (E2325) because swingaway hardware is included in the allowance for that code. Code E1028 is not to be used for hardware on a wheelchair tray (E0950). Do not use E1028 in addition to E1020 (Residual limb support system) as it includes swingaway hardware.

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.

Refer to Appendix #9 for the Wheelchair Seating ICD-10 Reference.

Wheelchair Cushions

Skin Protection Cushion

- **E2603 & E2604 (Solution 1, Tru-Comfort 2)**
- **E2622 & E2623 (Spectrum Air)**

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

1. The patient 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 patient 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 one of the covered ICD-10 codes.

Positioning Seat Cushion – Positioning Back Cushion

- **E2605 & E2606 (Spectrum Gel)**
- **E2620 & E2621 (Tru-Comfort 2)**

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

1. The patient 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 patient has any significant postural asymmetries that are due to one of the covered ICD-10 codes.

Combination Skin Protection and Positioning Seat Cushion

- **E2607 & E2608 (Solution, Spectrum Foam)**
- **E2624 & E2625 (Spectrum Air Contour)**

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

Custom Fabricated Seat and Back Cushions

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. Patient meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Patient 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 patient's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.

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

Refer to Appendix #9 for the Wheelchair Seating ICD-10 Reference.

Wheelchair Options & Accessories

Adjustable Height Armrest

(Height Adjustable Arms for Captain Seat, 2-Post Flip-Back Height Adjustable Removable, Single Post Height Adjustable Removable, Removable Single Post Height Adjustable Removable and Pediatric Removable Height Adjustable)

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**, Attachment # 6.

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.

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 in attachment # 8.

Arm Trough

(Ottobock and Motion Concepts Arm Troughs)

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.

Manual Fully Reclining Back

(Manual Reclining Back, Synergy Manual Reclining Back, TB3 Manual Recline Back)

E1226 - Wheelchair accessory, 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.

Elevating Leg Rest

K0195 - Elevating leg rests, pair (rental only, for use with capped rental wheelchair base)
E0990 - Elevating leg rest, complete assembly, each (purchase wheelchair base)

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.

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.

Angle Adjustable Footplates

(Applies to both Swingaway and elevating legrests on Group 3, BodyPoint High Mount Clamp On Footrests)

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.

Heel Loop with or without Ankle Strap

(Note: Heel Loops come Standard on all Angle Adjustable Footplates)

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.

Toe Loop

(Padded and Non Padded Toe & Ankle Straps)

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.

Leg Strap

K0038 - Leg strap, each *(ART Group Single Leg Strap)*
K0039 - Leg strap, H style, each *(ART Group H-Style Leg Strap)*

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 of 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

(Therafin Stump Supports and Residual Limb Supports)

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.

Adductor Buttons

(Gel Padded Neoprene Adductor Buttons)

K0108 - Wheelchair component or accessory, not otherwise specified

A button placed at the top of the legrest assembly that prevents the leg from adducting due to lower extremity weakness, contractures, or lack of control.

Coverage Criteria
An identified malposition of the lower extremity caused by a specific condition.

Clinical Benefit
Adductor buttons provide proper positioning of the lower extremity

Cane/Crutch Holder

E2207 - Wheelchair Accessory, crutch and cane holder, each

Clinical Benefit
Patient needs crutch or cane to transfer

Oxygen Holder

E2208 - Wheelchair Accessory, cylinder tank carrier, each

Comments: Patient must be mobile away from the stationary oxygen unit

Clinical Benefit: Allows for this use of portable oxygen.

Tray
(Therafin Lap Trays)

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 (Compact Vent Tray)
(Trilogy - on TB3 only, and Compact Vent Tray)

E1029 - Wheelchair accessory, ventilator tray, fixed
A fixed ventilator tray is one that is attached in a fixed position to the wheelchair base or back.

Coverage Criteria
A client who is ventilator dependent.

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

Ventilator Tray, Gimbaled (Portable Vent Tray)
(Articulating Vent Tray, only available on TRU-Balance 2 Power Positioning Systems)

E1030 - Wheelchair accessory, ventilator tray, gimbaled
A gimbaled ventilator tray is one that is attached to the seat back wheelchair frame and is articulated so that the tray will remain horizontal when the seat back is raised or lowered.

Coverage Criteria
A client who is ventilator dependent.

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

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.

Power Seating

TRU-Balance® Power Tilt
TRU-Balance 3 Power Tilt
TRU-Balance® Bariatric Power Tilt
TRU-Balance 3 HD 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 swingaway 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 criterion 4, 5, or 6 is 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"

TRU-Balance® Power Recline
TRU-Balance 3 Power Recline
TRU-Balance 3 HD 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 swingaway 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 criterion 4, 5, or 6 is 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

TRU-Balance® Combination Power Tilt & Recline
TRU-Balance 3 Combination Power Tilt & Recline
TRU-Balance 3 Combination HD 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 swingaway 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 criterion 4, 5, or 6 is 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

Refer to the Power Tilt, Power Recline, Power Tilt & Recline Medical Documentation Checklist, Appendix #10.

Power Seat Elevation

(Power Adjustable Seat Lift for HDs and iLevel are included in this billing code)

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. See Appendix #11 for guidance on 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.

Power Elevating Leg Rests

(70° Power Articulating 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 have the ability to 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.

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.

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.

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

(VSI 6 Key joystick)

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.

Remote

(Q-Logic NE, NE+ 6 Key, Q-Logic EX and VR2 6 key)

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.

Non-expandable
(NE 4 Key and NE+ 6 Key)
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 though 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
(Q-Logic EX Electronics)

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 all of the 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 though 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

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

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.*

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

(ASL Remote 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.

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 in order 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.

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.

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.

Mini-proportional Remote Joystick

(Stealth Proportional Drive Control, Switch-It MicroPilot, ASL Micro Extremity Control)

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.

Compact Proportional Remote Joystick

(Q-Logic StandAlone Joystick, Switch-It Proportional Joystick, ASL Compact 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.

Touchpad

K0108 - Wheelchair option or accessory, not otherwise specified

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

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.

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.

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
(Sip & Puff Module, cable that comes with the KITASMB is coded as a E2313)

E2326 - Power wheelchair accessory, breath tube kit for sip and puff interface
(Therafin Whisper-Lite Sip & Puff)

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
(ASL Rim Control)

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
(Stealth Tri-Array and Ultra-Pro Array, Switch-It 3, 4, 5 Switch, ASL Head Arrays)

A nonproportional, proximetry 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 through the use of extremities, chin, head, or breath movement.

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.

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.

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.

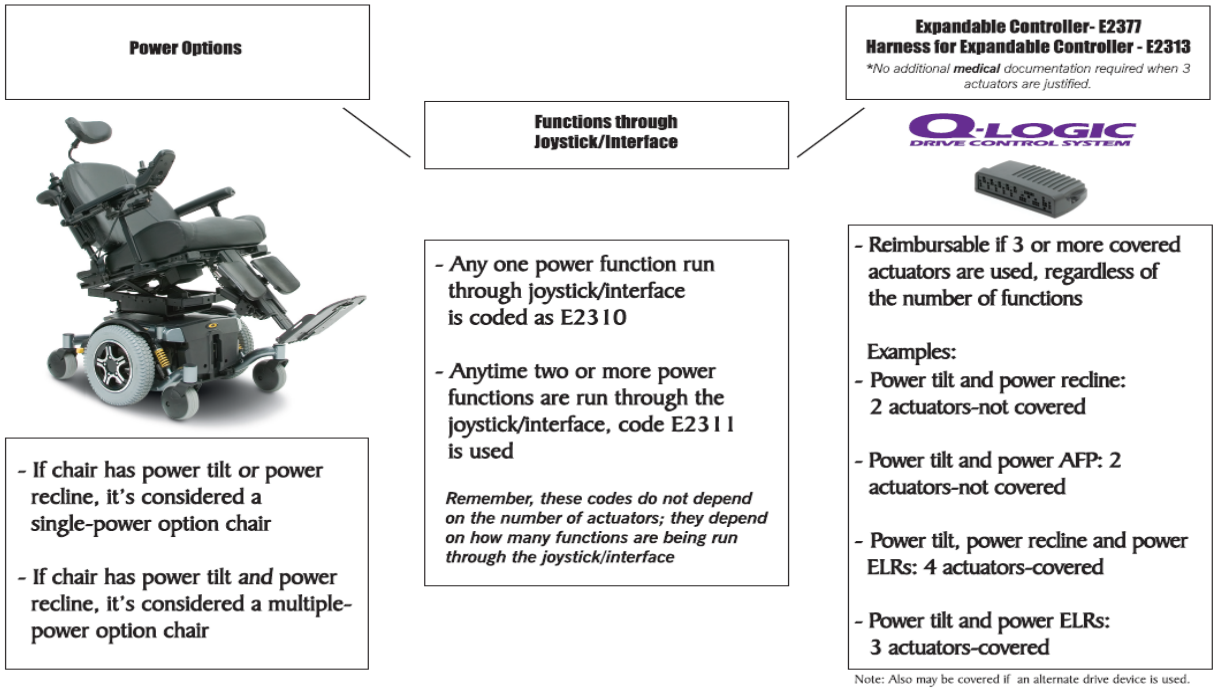
Clinical Benefit

- 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.



Other Interfaces

Enhanced Color Graphical Display

K0108 - Wheelchair component or accessory, not otherwise specified

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.

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.

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.

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.

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. The majority of the time this component is not necessary unless it is being used to interface with external style environmental controls. For example, older Dynovax 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 in order 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 Appendix #12, Repair Module, for guidance on billing repairs and replacement parts.

Attachment #1

Mobility Assistive Equipment Decision Tree

1. Does the individual have a mobility limitation that significantly impairs his/her participation in one or more Mobility Required Activities of Daily Living?		☐ Yes	GO TO QUESTION 2		
		☐ No	STOP- NO MAE		
2. Is the individual able to participate in their MRADLs using a cane or walker? **AND** Is the individual able to safely use a gait aid in all areas of anticipated use?		☐ Yes	CANE OR WALKER IS REASONABLE & NECESSARY		
		☐ No	GO TO QUESTION 3		
3. Does the individual have the ability to self-propel a correctly configured manual wheelchair to participate in MRADLs? **AND** Is the individual able to self-propel a MWC in all areas of anticipated use?		☐ Yes	MANUAL W/C IS REASONABLE & NECESSARY		
		☐ No	GO TO QUESTION 4		
4. Does the individual have the visual, cognitive and physical capability to operate a power mobility device?		☐ Yes	GO TO QUESTION 5		
		☐ No	DEPENDENT MWC IS RESONABLE & NECESSARY		
5. Does the individual have sufficient strength and postural stability to operate a POV (Scooter)? **AND** Is the individual able to safely maneuver a POV in all areas of anticipated use? Minimum top end speed 3.0 MPH; Minimum range 5 miles; Minimum obstacle climb 20mm (.787 inches); Dynamic stability incline 6.0°		☐ Yes	POV (Scooter) IS REASONABLE & NECESSARY		
		☐ No	GO TO QUESTIONS 6 - 10		
What does the individual weigh?	Less than or equal to 300 #			K0800	C
	285 # - 450 #			K0801	C
	428 # - 600 #			K0802	C
Minimum top end speed 4.0 MPH; Minimum range 10 miles; Minimum obstacle climb 50mm (1.969 inches); Dynamic stability incline 7.5°					
What does the individual weigh?	Less than or equal to 300 #			K0806	C
	285 # - 450 #			K0807	C
	428 # - 600 #			K0808	C
6. Does the individual require a light duty, limited use and/or portable power wheelchair? **AND** Is the individual able to safely operate the PWC in all areas of anticipated use? Minimum top end speed 3.0 MPH; Minimum range 5 miles; Minimum obstacle climb 20mm (.787 inches); Dynamic stability incline 6.0°		☐ Yes	GROUP 1 OR GROUP 2 PORTABLE POWER W/C IS REASONABLE & NECESSARY		
		☐ No	GO TO QUESTION 7		
Light duty, portable	Less than or equal to 300 #			K0813 S/S	K0814 C
Light duty	Less than or equal to 300 #			K0815 S/S	K0816 C
7. Does the individual require a medium duty use power wheelchair? **AND** Is the individual able to safely operate the PWC in all areas of anticipated use? Minimum top end speed 3.0 MPH; Minimum range 7 miles; Minimum obstacle climb 40mm (1.575 inches); Dynamic stability incline 6.0°		☐ Yes	GROUP 2 POWER W/C IS REASONABLE & NECESSARY		
		☐ No	GO TO QUESTION 8		
Portable	Less than or equal to 300 #			K0820 S/S	K0821 C
What does the individual weigh?	Less than or equal to 300 #			K0822 S/S	K0823 C
	285 # - 450 #			K0824 S/S	K0825 C
	428# - 600 #			K0826 S/S	K0827 C
	More than 570 #			K0828 S/S	K0829 C
Power seat elevator	Less than or equal to 300 #			K0830 S/S	K0831 C
Does the individual require a single power seat function?	Less than or equal to 300 #			K0835 S/S	K0836 C
	285 # - 450 #			K0837 S/S	K0838 C
	428 # - 600 #			K0839 S/S	
	More than 570 #			K0840 S/S	
Does the individual require more than one power seat function?	Less than or equal to 300 #			K0841 S/S	K0842 C
	285 # - 450 #			K0843 S/S	

Mobility Assistive Equipment Decision Tree

8. Does the individual require a full duty use power wheelchair? **AND** Is the individual able to safely operate the PWC in all areas of anticipated use? Minimum top end speed 4.5 MPH Minimum range 12 miles Minimum obstacle climb 60mm (2.362 inches) Dynamic stability incline 7.5°		☐ Yes	**GROUP 3 POWER W/C IS REASONABLE & NECESSARY**			
		☐ No	**GO TO QUESTION 9**			
What does the individual weigh?	Less than or equal to 300 #		**K0848**	**S/S**	**K0849**	**C**
	285 # - 450 #		**K0850**	**S/S**	**K0851**	**C**
	428# - 600 #		**K0852**	**S/S**	**K0853**	**C**
	More than 570 #		**K0854**	**S/S**	**K0855**	**C**
Does the individual require a single power seat function?	Less than or equal to 300 #		**K0856**	**S/S**	**K0857**	**C**
	285 # - 450 #		**K0858**	**S/S**	**K0859**	**C**
	428 # - 600 #		**K0860**	**S/S**		
Does the individual require more than one power seat function?	Less than or equal to 300 #		**K0861**	**S/S**		
	285 # - 450 #		**K0862**	**S/S**		
	428 # - 600 #		**K0863**	**S/S**		
	More than 570 #		**K0864**	**S/S**		
9. Does the individual require a high activity power wheelchair? **AND** Is the individual able to safely operate the PWC in all areas of anticipated use? Minimum top end speed 6.0 MPH Minimum range 16 miles Minimum obstacle climb 75mm (2.953 inches) Dynamic stability incline 9°		☐ Yes	**GROUP 4 POWER W/C**			
		☐ No	**GO TO QUESTION 10**			
What does the individual weigh?	Less than or equal to 300 #		**K0868**	**S/S**	**K0869**	**C**
	285 # - 450 #		**K0870**	**S/S**		
	428 # - 600 #		**K0871**	**S/S**		
Does the individual require a single power seat function?	Less than or equal to 300 #		**K0877**	**S/S**	**K0878**	**C**
	285 # - 450 #		**K0879**	**S/S**		
	428 # - 600 #		**K0880**	**S/S**		
Does the individual require more than one power seat function?	Less than or equal to 300 #		**K0884**	**S/S**	**K0885**	**C**
	285 # - 450 #		**K0886**	**S/S**		
10. Does the individual require a pediatric power wheelchair? **AND** Does the individual weigh less than 125#? Minimum top end speed 4.0 MPH Minimum range 12 miles Minimum obstacle climb 60mm (2.362 inches) Dynamic stability incline 9° Crash Test- Passed		☐ Yes	**GROUP 5 POWER W/C IS REASONABLE & NECESSARY**			
		☐ No	**PMD IS NOT RESONABLE OR NECESSARY, RETURN TO QUESTION 1**			
	Single power seat function		**K0890**	**S/S**		
	Multiple power seat functions		**K0891**	**S/S**		

Attachment #2

Items that Require a Written Order Prior to Delivery

A written order prior to delivery is required for:

- **Any HCPCS Subject to the *Affordable Care Act* (ACA) Face-to-Face Requirement**
  - Includes manual wheelchairs and some options and accessories
  - Includes some PMD options and accessories
- Negative Pressure Wound Therapy
- Seat Lift Mechanisms
- Support Surfaces
- TENS Units
- **Power Mobility Devices (PMD)**
- **Wheelchair Options and Accessories used with a PMD**
- **Wheelchair Seating**

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

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	Manual wheelchair accessory, seat upholstery, replacement only
E0982	Manual wheelchair accessory, back upholstery, replacement only
E0990	Elevating leg rest
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray
E1030	Wheelchair accessory, ventilator tray, gimbaled

Attachment #3

Wheeled Mobility and Seating Evaluation

To be completed by Physiatrist, Physical Therapist or Occupational Therapist

PATIENT INFORMATION

Name	**DOB**	**Sex**	**Date**	**Time**
Address	**Medical Record #**		**D/C Date**	
	Physician		***This evaluation / justification form will serve as the LMN for the following supplier:***	
	MD NPI # **MD Phone**			
Phone	**Therapist**			
Spouse/Parent/Caregiver name **Phone number**	**1° Insurance/Payor** **Policy #**		Contact Person Phone	
	2° Insurance/Payor **Policy #**			

Reason for Referral	
Patient Goals	
Caregiver Goals	
Specific Mobility Limitations that May Affect Care	

MEDICAL HISTORY

Diagnosis	ICD9 Code	**1° Dx Onset**	ICD9 Code	Diagnosis	
	ICD9 Code	Diagnosis	ICD9 Code	Diagnosis	
☐ Progressive Disease	**Relevant Past and/or Future Planned Surgeries**				
Height	**Weight**	Explain Recent Changes or Trends in Weight			

Pertinent Medical Hx

Cardiac Status Functional Limitations

☐ Intact ☐ Impaired ☐ Severely Impaired ☐ NA Comments

Respiratory Status Functional Limitations

☐ Intact ☐ Impaired ☐ Severely Impaired ☐ O_2 _____ L / Min. Comments

Medications

Prosthetics, Orthotics and/or Splints Used

Patient Name

CURRENT MOBILITY ASSISTIVE EQUIPMENT (MAE) / SEATING

Current Mobility Device ☐ None ☐ Cane ☐ Walker ☐ Stroller ☐ Manual w/c ☐ Manual w/ tilt ☐ Manual w/ recline ☐ Scooter ☐ Power w/c ☐ Power w/ tilt ☐ Power w/ recline ☐ Power w/ tilt & recline ☐ w/ seat elevator ☐ w/ stand

Type of Control

Manufacturer Model

Serial # Color Age

Additional Components

Seat Height Seat Width Seat Depth

Condition of Current Mobility Device

Problems with Current Mobility Device

Current Seating System Age of Seating System

COMPONENT	MANUFACTURER / CONDITION / PROBLEMS
Seat Base	
Mounting Hardware	
Cushion	
Pelvic Support	
Thigh Support	
Knee Support	
Foot Support	
Foot Strap / Heel Loop	
Back	
Mounting Hardware	
Lateral Trunk Supports	
Chest / Shoulder Support	
Head Support	
Mounting Hardware	
UE Support	
Mounting Hardware	
Other	
Other	

When Relevant	Overall Seat Height	Overall W/C Length	Overall W/C Width	Overall W/C Height

Describe Posture in Present Seating System

CURRENT MRADL STATUS (Getting to the location where the ADL is performed with present MAE)

	Indep w/o MAE	Indep w/ MAE	Assist w/ MAE	Unable/ Dep.	Not assessed	Comments / Equipment
Dressing	☐	☐	☐	☐	☐	
Eating	☐	☐	☐	☐	☐	
Grooming/Hygiene	☐	☐	☐	☐	☐	
Toileting	☐	☐	☐	☐	☐	
Bathing	☐	☐	☐	☐	☐	
IADLS	☐	☐	☐	☐	☐	
Bowel Mgmt ☐ Continent ☐ Incontinent ☐ Accidents						Comments
Bladder Mgmt ☐ Continent ☐ Incontinent ☐ Accidents						Comments

DESCRIBE WHAT HAS CHANGED TO REQUIRE NEW AND/OR DIFFERENT MOBILITY ASSISTIVE EQUIPMENT

Patient Name

HOME ENVIRONMENT

☐ House ☐ Condo/Town Home ☐ Apartment ☐ Asst Living ☐ LTCF ☐ SNF ☐ Own ☐ Rent

☐ Lives Alone / No Caregivers ☐ Lives Alone / Caregiver Asst ☐ Lives with Caregiver Hours Home Alone _____

Comments

Ability to reach (in sitting) - ☐ Dresser Drawers ☐ Closet Rod ☐ Medicine Cabinet ☐ BR Faucet/Shower
☐ Freezer/Refrigerator ☐ Oven/Stove ☐ Microwave ☐ Kitchen Sink ☐ Cupboards/Drawers/Shelves
☐ Light Switches ☐ Thermostat ☐ Phone ☐ Fire Alarm ☐ Door Eye Hole/Viewer ☐ Elevator Buttons
☐ Other -

☐ Home is Accessible to Wheelchair Storage of Wheelchair ☐ In Home ☐ Other
Stairs ☐ Yes ☐ No Ramp ☐ Yes ☐ No Degree of Incline _____ Thresholds ☐ Yes ☐ No Height _____
Surfaces - ☐ Carpet Describe ☐ Tile ☐ Wood ☐ Stone/Brick ☐ Other
Comments

COMMUNITY ADL

TRANSPORTATION
☐ Car ☐ Van ☐ Public Transportation ☐ Adapted W/C Lift ☐ Ambulance ☐ Other ☐ Sits in Wheelchair During Transport

Where is W/C Stored During Transport? ☐ Tie Downs

☐ Self Driver Drive While in Wheelchair ☐ Yes ☐ No Passenger While in Wheelchair ☐ Yes ☐ No

Employment
Specific requirements pertaining to mobility

School
Specific requirements pertaining to mobility

Other

STRENGTH / RANGE OF MOTION

Gross Overall Strength								Gross Range of Motion	
Upper Extremity				Lower Extremity					
☐ Normal 5 / 5			☐ -	☐ Normal 5 / 5			☐ -	Shoulder	
☐ Good 4 / 5	☐ +		☐ -	☐ Good 4 / 5	☐ +		☐ -	Elbow	
☐ Fair 3 / 5	☐ +		☐ -	☐ Fair 3 / 5	☐ +		☐ -	Wrist	
☐ Poor 2 / 5	☐ +		☐ -	☐ Poor 2 / 5	☐ +		☐ -	Hand	
☐ Trace 1/ 5	☐ +		☐ -	☐ Trace 1/ 5	☐ +		☐ -	Hip	
☐ No Movement				☐ No Movement				Knee	
								Ankle	

☐ Manual Muscle Test on file / noted on pages 6 & 7

☐ Goniometric Measurements on file / noted on page 6 & 7

☐ Patient has sufficient strength and range of motion to ambulate and participate in MRADLs.
☐ Patient does not have sufficient strength and/or range of motion to ambulate and participate in MRADLs.

☐ Patient has sufficient strength and range of motion to propel a manual W/C and participate in MRADLs.
☐ Patient does not have sufficient strength and/or range of motion to propel a manual W/C and participate in MRADLs.

☐ Patient has sufficient strength and range of motion to safely operate a POV and participate in MRADLs.
☐ Patient does not have sufficient strength and/or range of motion to safely operate a POV and participate in MRADLs.

Comments

BALANCE

Static Sitting	Dynamic Sitting	Static Standing	Dynamic Standing
☐ Normal / WFL	☐ Normal / WFL	☐ Normal / WFL	☐ Normal / WFL
☐ Good / Min Asst	☐ Good / Min Asst	☐ Good / Min Asst	☐ Good / Min Asst
☐ Fair / Mod Asst	☐ Fair / Mod Asst	☐ Fair / Mod Asst	☐ Fair / Mod Asst
☐ Poor / Max Asst	☐ Poor / Max Asst	☐ Poor / Max Asst	☐ Poor / Max Asst
☐ Unable / Dependant	☐ Unable / Dependant	☐ Unable / Dependant	☐ Unable / Dependant

☐ Patient has sufficient balance to ambulate and participate in MRADLs.
☐ Patient does not have sufficient balance to ambulate and participate in MRADLs.

☐ Patient has sufficient balance to propel a manual W/C to participate in MRADLs.
☐ Patient does not have sufficient balance to propel a manual W/C to participate in MRADLs.

☐ Patient has sufficient balance and endurance to safely operate a POV and participate in MRADLs.
☐ Patient does not have sufficient balance and/or endurance to safely operate a POV and participate in MRADLs.

Comments

Patient Name

VISUAL / PERCEPTUAL and COGNITIVE FUNCTIONING

Vision	☐ Right Eye Intact ☐ Left Eye Intact ☐ Right Eye Impaired ☐ Left Eye Impaired	Comments
Perceptual	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Motor Planning	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Sequencing	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Orientation	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Attention	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Memory	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Safety Awareness	☐ Intact ☐ Impaired ☐ N/A or NT	Comments
Handedness	☐ Right ☐ Left ☐ N/A	Comments
Comments		

VERBAL COMMUNICATION

☐ WFL Receptive ☐ WFL Expressive ☐ Understandable ☐ Difficult to Understand ☐ Non-communicative
☐ Non-Verbal Communicator – Method
☐ Augmentative Communication Device Manufacturer/Model
☐ AAC Mount Needed Type

PAIN, SENSATION and SKIN INTEGRITY

Sensation
☐ Intact ☐ Impaired ☐ Absent
☐ Hyposensate ☐ Hypersensate
Describe

Pressure Relief
Able to perform effective pressure relief/reperfusion at seated surface ☐ Yes ☐ No
Method
If not, Why?

Skin Integrity
Current Skin Integrity
☐ Intact ☐ Red Area ☐ Open Area
Location(s) _____

Size(es) _____

☐ Scar Tissue ☐ At Risk -Prolonged Sitting

Braden Score, if administered _____

Hx of Pressure Ulcer ☐ Yes ☐ No
Location(s) _____

When _____

Limited Sitting Tolerance ☐ Yes ☐ No
Hours per Day _____

Hx of Skin Surgery ☐ Yes ☐ No
Location(s) _____

When _____

Complaint of Pain Severity (No pain) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Worst)
Location(s) _____
Comments

TRANSFERS and AMBULATION

Transfers	**Ambulation**				
☐ Independent	☐ Indep. _____ ft. ☐ w/ device ☐ w/o device		☐ Standby Asst/Supervision	☐ w/ device	☐ w/o device
☐ Standby/Contact Assist	**Check all that apply**	☐ Smooth/Level Surfaces	☐ Contact Guard	☐ w/ device	☐ w/o device
☐ Min Assist		☐ Carpet	☐ Min Physical Asst	☐ w/ device	☐ w/o device
☐ Mod Asst		☐ Uneven Terrain	☐ Mod Physical Asst	☐ w/ device	☐ w/o device
☐ Max Asst		☐ Curbs, Stairs	☐ Max Physical Asst	☐ w/ device	☐ w/o device
☐ Dependent		☐ Ramps/Inclines	Distance _____ ft.		
		☐ Other _____	☐ Dependent / Unable to Ambulate		
Transfer Method	**Comments**				
☐ Stand Pivot					
☐ Sit Pivot					
☐ Sliding Board					
☐ Lift / Sling Required					
	Timed Up and Go Test _____ sec. [60-69 yo. = 8.1sec (7.1-9.0), 70-79 yo. = 9.2 sec (8.2-10.2), 70-99 yo. = 11.3 sec (10.0-12.7)]				

EXPLAIN WHY PATIENT IS NON-AMBULATORY or NOT A FUNCTIONAL AMBULATOR

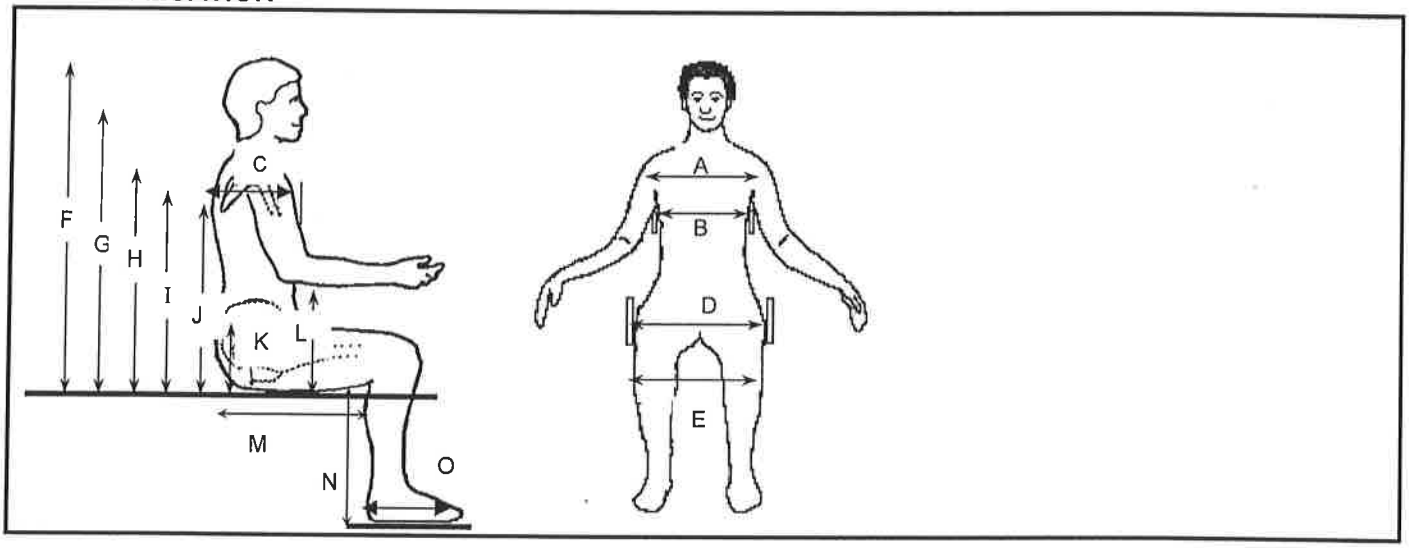
Patient Name

WHEELCHAIR SKILLS (Shown by Trial)

	Indep	Assist	Dependent /Unable	N/A	Comments
Manual W/C Propulsion	☐	☐	☐	☐	☐ Safe ☐ Functional Distance _____
	Comments				Method Arm ☐ Left ☐ Right ☐ Both Foot ☐ Left ☐ Right ☐ Both
Operate Scooter	☐	☐	☐	☐	☐ Safe ☐ Functional Distance _____
	☐ Strength, hand grip, balance, control & transfers are appropriate for scooter use. ☐ Strength, hand grip, balance, control or transfers are **not** appropriate for scooter use. ☐ Living environment is appropriate for scooter use. ☐ Living environment is **not** appropriate for scooter use. ☐ Living environment to be assessed at home evaluation.				
Operate PWC w/ Joystick & Standard Programming	☐	☐	☐	☐	☐ Safe ☐ Functional Distance _____
Operate PWC w/ Joystick & Advanced Programming	☐	☐	☐	☐	☐ Safe ☐ Functional Distance _____
Operate PWC w/ Alternative Control	☐	☐	☐	☐	☐ Safe ☐ Functional Distance _____

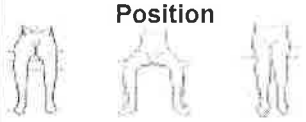
COMMENTS

MAT EVALUATION



	Measurements in Sitting	Left	Right		
	A Shoulder Width			**H**	Shoulder Height
	B Chest Width			**I**	Axilla Height
	C Trunk Depth (Front – Back)			**J**	Scapula Height
	D Hip Width			**K**	PSIS Height
	E External Knee Width			**L**	Elbow Height
	F Maximum Sitting Height			**M**	Thigh Depth
	G Seat to Occiput			**N**	Lower Leg Length
	+ Overall width (asymmetrical width for windswept legs, scoliotic posture or other postural asymmetry)			**O**	Foot Length
				+	Overall depth (leg length discrepancy or adipose tissue)

Patient Name

POSTURE				COMMENTS
PELVIS	**Anterior / Posterior**  ☐ Neutral ☐ Posterior ☐ Anterior ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	**Obliquity**  ☐ WFL ☐ L low* ☐ R low* *viewed from behind ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	**Rotation - Pelvis**  ☐ WFL ☐ Right Anterior ☐ Left Anterior ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	
TRUNK	**Anterior / Posterior**  ☐ WFL ☐ ↑ Thoracic Kyphosis ☐ ↓ Thoracic Kyphosis ☐ ↓ Lumbar Lordosis ☐ ↑ Lumbar Lordosis ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	**Left / Right**  ☐ WFL ☐ Convex Left ☐ Convex Right ☐ c-curve ☐ s-curve ☐ multiple Apex of curve(s) at ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	**Rotation - Shoulders and Upper Trunk**  ☐ Neutral ☐ Left-anterior ☐ Right-anterior ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	
HIPS	**Position**  ☐ Neutral ☐ ABduct ☐ ADduct ☐ Non Reducible ☐ Dislocated ☐ Partly Reducible ☐ Subluxed ☐ Reducible	**Windswept**  ☐ Neutral ☐ Right ☐ Left ☐ Non Reducible ☐ Other ☐ Partly Reducible ☐ Reducible	**LE ROM Limitations**	
KNEES & FEET	**Knee Position** WFL ☐ L ☐ R Limitations ☐ L ☐ R Non Reducible ☐ L ☐ R Partly Reducible ☐ L ☐ R Reducible ☐ L ☐ R	**Foot Position** WFL ☐ L ☐ R Limitations ☐ L ☐ R Non Reducible ☐ L ☐ R Partly Reducible ☐ L ☐ R Reducible ☐ L ☐ R	Dorsi-Flexed ☐ L ☐ R Plantar Flexed ☐ L ☐ R Inversion ☐ L ☐ R Eversion ☐ L ☐ R	

DESCRIBE REFLEXES/TONAL INFLUENCE ON BODY	MODIFIED ASHWORTH SCORE (0, 1, 1+, 2, 3, 4)	
	Muscle Tested	Score

Patient Name

POSTURE				COMMENTS
HEAD & NECK	☐ Functional ☐ Flexed ☐ Extended ☐ Rotated L ☐ Rotated R ☐ Lat Flexed L ☐ Lat Flexed R ☐ Cervical Hyperextension ☐ Non Reducible ☐ Partly Reducible ☐ Reducible	☐ Good Head Control ☐ Adequate Head Control ☐ Limited Head Control ☐ Absent Head Control	**Describe Tone/Movement of Head and Neck**	
UPPER EXTREMITY & HAND	**SHOULDERS** **Left** ☐ Functional ☐ Elevated ☐ Depressed ☐ Protracted ☐ Retracted ☐ Subluxed **Right** ☐ Functional ☐ Elevated ☐ Depressed ☐ Protracted ☐ Retracted ☐ Subluxed **ELBOWS / FOREARM** **Left** ☐ Fisting **Right** ☐ Fisting	☐ Good UE movement/control ☐ Functional UE mvmt./control ☐ Limited UE movement/control ☐ Absent UE movement/control **Functional Reach** (in.) Sitting / Elevated / Standing — Right / Left **UE ROM Limitations**	**Describe Tone/Movement of the Upper Extremities**	

Goals for Wheelchair Mobility

- ☐ Independence with mobility in the home with mobility related ADLs (MRADLs)
- ☐ Independence with community mobility
- ☐ Dependent mobility for safe transport
- ☐ Other – describe

Goals for Seating System

- ☐ Optimize pressure distribution
- ☐ Provide support needed to facilitate function or safety
- ☐ Provide corrective forces to assist with maintaining or improving posture
- ☐ Accommodate client's posture- Current seated postures and positions are not reducible or will not tolerate corrective forces
- ☐ Client to be independent with relieving pressure in the wheelchair
- ☐ Enhance physiological function such as breathing, swallowing, digestion and/or bowel/bladder elimination
- ☐ Other – describe

EQUIPMENT TRIALS AND RESULTS

Patient Name

MOBILITY BASE RECOMMENDATIONS and JUSTIFICATION

MOBILITY BASE	JUSTIFICATION	
Manufacturer **Model Color** Seat Width Seat Depth Length of need _____	☐ provide transport from point A to B ☐ promote independent mobility ☐ not a safe, functional ambulator ☐ walker or cane inadequate ☐ non-ambulatory ☐	☐ width/depth necessary to accommodate anatomical measurement ☐
☐ **Lightweight Manual Wheelchair**	☐ self propulsion	☐
☐ **High-strength Lightweight MWC**	☐ self propulsion ☐ full-time daily use ☐	☐ requires features not available on a lightweight manual wheelchair ☐
☐ **Ultra-lightweight MWC** **Axle position adjustment** ☐ vertical (dump) ☐ horizontal ☐ rotational (camber)	☐ improved UE access to wheels ☐ reduce UE overuse injury ☐ full time w/c user – all ADLs ☐	☐ increase chair stability ☐ change angle for improved postural stability ☐
☐ **Heavy-duty Manual Wheelchair** ☐ **Extra Heavy-duty MWC**	☐ user weight _____ ☐	☐ broken frame on previous chair ☐ extreme tone/excess movement
☐ **Scooter/POV**	☐ non-ambulatory ☐ non-functional ambulator ☐ cannot functionally propel MWC ☐	☐ has adequate trunk stability ☐ can safely operate & is willing to ☐ can safely transfer ☐
☐ **Power Wheelchair**	☐ non-ambulatory ☐ non-functional ambulator ☐ cannot functionally propel MWC ☐ cannot functionally and/or safely operate scooter/POV ☐ home environment does not support the use of a POV ☐ ☐ can safely operate & is willing to ☐ can safely transfer/be transferred ☐ ☐	☐ requires speed adjustability ☐ requires torque adjustability ☐ requires sensitivity adjustability ☐ requires acceleration adjustability ☐ requires braking adjustability ☐ requires expandable electronics ☐ requires alternative drive control ☐ required to negotiate an incline of _____ ☐ required to negotiate a rise of _____
☐ **Stroller Base**	☐ infant/child ☐ unable to propel MWC ☐ unable to safely operate a PMD	☐ non-functional ambulator ☐ non-functional UE ☐
☐ **Tilt Base or Tilt Feature Added** ☐ Forward ☐ Rearward ☐ Lateral ☐ Powered tilt on power chair ☐ Powered tilt on manual chair ☐ Manual tilt on manual base ☐ Manual tilt on power base	☐ change position against gravitational force on head/shoulders ☐ change position for pressure redistribution/cannot weight shift ☐ improve chewing/swallowing/digestion ☐ visual orientation ☐ ☐	☐ transfers ☐ management of tone/spasticity ☐ rest periods/inability to transfer out of chair for rest ☐ assist/maintain postural alignment ☐ facilitate postural control ☐ maintain vital organ capacity ☐
☐ **Recline** ☐ Power recline on power base ☐ Power recline on manual base ☐ Manual recline on manual base ☐ Manual recline on power base	☐ accommodate femur to back angle ☐ bring to full recline for ADL care ☐ full pressure redistribution/cannot weight shift ☐ head/neck positioning/support ☐ maintain muscle length/joint ROM ☐ management of tone/spasticity	☐ recumbent rest periods ☐ repositioning for transfers ☐ bowel/bladder/catheter management ☐ edema management ☐ improve circulation ☐
☐ **Power Seat Elevator** ☐ **Power Standing Feature**	☐ increase Indep in transfers ☐ increase Indep in ADLs ☐ increase functional reach to _____ ☐	☐ vision/safety in navigating PMD ☐ eye to eye contact/communication ☐ support educational/vocational goals ☐
ADDITIONAL INFORMATION ON POWER SEATING FUNCTIONS		

Patient Name

MOBILITY BASE COMPONENTS	JUSTIFICATION	
Armrests ☐fixed ☐adjustable height ☐removable ☐swing away ☐flip back ☐reclining ☐full length ☐desk length ☐tubular	☐ accommodate seat-elbow meas. ☐ provide support with elbow at 90° ☐ provide support for w/c tray ☐ ☐	☐ change height/angle for ADLs ☐ remove for transfers ☐ allow to come closer to table top ☐ remove for access to tables ☐
Footrests / Leg Rests ☐ 60° ☐ 70° ☐ 80° ☐ 90° ☐ heavy duty ☐ fixed ☐ lift off ☐ swing away ☐ elevating ☐ articulating elevating ☐ power elevating legrests ☐ power articulating/elevating legrests	☐ provide LE support ☐ accommodate knee ROM ☐ elevate legs w/tilt and/or recline ☐ provide change in position for legs ☐ maintain feet on footplate ☐ indep. positioning R /L ☐	☐ manage tone/spasticity ☐ enable lateral transfers ☐ decrease edema ☐ physically unable to operate manual elevating legrests ☐ ☐
Foot Platform ☐ stationary flip up ☐ power center mount elevating ☐ power center mount articulating/elevating	☐ provide LE support ☐ accommodate hip abduction ☐ minimize turning radius ☐ maintain feet on footplate ☐ enable transfers ☐	☐ elevate legs w/ tilt and/or recline ☐ change in position for legs ☐ decrease edema ☐ increase maneuverability of w/c ☐ ☐
Foot Support ☐ flip up ☐ fixed/rigid ☐ adjustable angle ☐ R ☐ L ☐ multi-adjustable angle ☐ R ☐ L	☐ provide foot support ☐ accommodate ankle ROM ☐ allow foot to go under w/c base ☐ transfers	☐ Provide foot support with proper pressure distribution ☐ ☐
Drive/propulsion wheel size **Wheel style** ☐ mag ☐ spokes ☐ ____	☐ increase access to wheel ☐ allow seating system to fit on base ☐	☐ increase propulsion ability ☐ maintenance free ☐
Wheel rims/ hand rims ☐ plastic coated ☐ ergonomic projections ☐ oblique ☐ vertical	☐ increase self-propulsion with hand weakness/decreased grasp ☐	☐ reduce/mitigate carpal tunnel syndrome ☐
Drive/propulsion tires ☐ pneumatic ☐ semi-pneumatic ☐ flat free inserts ☐ solid	☐ decrease maintenance ☐ prevent frequent flats ☐ increase shock absorbency	☐ decrease pain ☐ decrease spasms ☐
Caster housing **Caster size** **Style** ☐ pneumatic ☐ semi-pneumatic ☐ flat free inserts ☐ solid	☐ maneuverability ☐ stability of wheelchair ☐ increase shock absorbency ☐ durability ☐ maintenance	☐ decrease pain ☐ decrease spasms ☐ allow feet under wheelchair base ☐ seat to floor height ☐
Specific seat height Front ____ Back ____	☐ foot propulsion ☐ transfers ☐ postural stability	☐ accommodation of leg length ☐ ☐
Shock absorbers	☐ decrease vibration ☐ decrease pain	☐ decrease spasticity ☐
Spoke protector	☐ protect hand/fingers from spokes	☐
Side guards	☐ prevent skin tears/abrasions	☐
One armed drive attachment ☐ R ☐ L	☐ enable propulsion of manual wheelchair with one arm ☐	
Anti-tippers	☐ prevent rearward displacement	☐
Amputee adapter	☐ increase rearward stability	☐
Wheel locks ☐ push ☐ pull ☐ scissor Extension ☐ R ☐ L	☐ indep in applying wheel locks	☐
Transportation tie-down option	☐ provide crash tested brackets	☐
Push handles ☐ extended ☐ angle adjustable ☐ standard	☐ caregiver access ☐ caregiver assist ☐	☐ allows "hooking" to enable increased ability to perform ADLs, maintain balance or pressure relief
Angle adjustable back	☐ postural control ☐ control of tone/spasticity ☐ accommodate range of motion	☐ UE functional control ☐ accommodate seating system ☐
☐ **Crutch/Cane holder** ☐ **IV hanger** ☐ **Cylinder holder** ☐ **Vent tray**	☐ ☐	☐ ☐

Patient Name

MOBILITY BASE COMPONENTS	JUSTIFICATION	
POWER WHEELCHAIR CONTROLS ☐ **Proportional (analog) Drive Control** Type Body Part(s) ☐ Left ☐ Right	☐ provides access for controlling wheelchair	
☐ **Non-Proportional (digital) Drive Control** Type Body Part(s)	☐ lacks motor control to operate proportional drive control ☐ unable to understand proportional controls	
☐ **Upgraded/Expandable Electronics**	☐ programming for accurate control ☐ progressive disease/changing condition ☐ to operate power seat function(s) through drive control	
☐ **Display box**	☐ to see which mode and drive the wheelchair is set ☐ necessary for alternate controls	
☐ **Digital Interface Electronics**	☐ to allow the w/c to operate when using alternative drive controls	
☐ **Head Array**	☐ to operate wheelchair through switches placed in tri-panel headrest	
☐ **Sip and puff w/ Tubing Kit**	☐ needed to operate sip and puff drive controls	
☐ **Upgraded Tracking Electronics**	☐ increase safety when driving ☐ correct tracking when on uneven surfaces	
☐**Safety Reset Switches**	☐ to change modes and stop the wheelchair when driving in latch mode	
☐ **Single or Multiple Actuator Control Module**	☐ to operate the power seat function(s) through the drive control	
Mount for switches or joystick	☐ attaches switches to w/c ☐ swing away for safe transfers	☐ midline for optimal placement ☐ provides for consistent access
Attendant controlled joystick and mount	☐ safety ☐ long distance driving ☐ operation of seat functions	☐ compliance with transportation regulations ☐
Battery	☐ power motors on wheelchair	☐
Charger	☐ charge battery for wheelchair	☐
Push rim active assist	☐ enable propulsion of manual wheelchair on sloped terrain	☐ enable propulsion of manual wheelchair for distance
Other		
Other		
Other		
Other		

Patient Name

SEATING / POSITIONING COMPONENT RECOMMENDATIONS AND JUSTIFICATION

COMPONENT	Mfg/model/size	JUSTIFICATION	
☐ **Seat cushion**		☐ impaired sensation ☐ decubitus ulcers present ☐ history of decubitus ulcers ☐ increase pressure distribution ☐	☐ stabilize pelvis ☐ prevent pelvic extension ☐ accommodate obliquity/rotation ☐ accommodate multiple deformity ☐ neutralize LE ☐
☐ **Seat cushion-Custom Molded**		☐ commercially available cushion cannot accommodate deformity ☐	
☐ **Seat wedge**		☐ accommodate ROM ☐ aggressive seat shape to decrease sliding down in the seat	☐
☐ **Cover replacement**		☐ protect back or seat cushion	☐
☐ **Mounting hardware** ☐ lateral supports ☐ headrest ☐ medial thigh support ☐ back ☐ seat	☐ fixed ☐ swing away	☐ attach seat platform/cushion ☐ attach back platform/cushion ☐ mount postural support(s) ☐	☐ swing-away for safe transfers ☐ flip-down/away for safe transfers ☐ multi-axis for accurate positioning & removal for safe transfers
☐ **Seat board** ☐ **Seat platform** ☐ **Back board**		☐ support cushion to prevent hammocking of upholstery ☐	☐ attach cushion/back to base ☐ accommodate seat to floor height
☐ **Back cushion**		☐ provide posterior trunk support ☐ provide posterior/lateral trunk support ☐ accommodate deformity ☐ accommodate or decrease tone ☐ facilitate tone	☐ provide lumbar/sacral support ☐ support trunk in midline ☐ pressure relief over spinous processes ☐
☐ **Back cushion-Custom Molded**		☐ commercially available back cannot accommodate deformity ☐	
☐ **Lateral pelvic / thigh / knee support**	☐ R ☐ L	☐ pelvis in neutral ☐ accommodate pelvis ☐ position upper legs	☐ accommodate tone ☐ removable for transfers ☐
☐ **Medial thigh / knee support**		☐ decrease adduction ☐ accommodate ROM	☐ remove for transfers ☐ alignment
☐ **Foot support** ☐ **Foot box** ☐ **Shoe holder**	☐ R ☐ L	☐ position foot ☐ accommodate deformity ☐	☐ stability ☐ decrease tone ☐ control position
☐ **Ankle strap / heel loops**		☐ support foot on foot support ☐ decrease extraneous movement ☐	☐ provide input to heel ☐ protect foot
☐ **Lateral trunk supports**	☐ R ☐ L	☐ decrease lateral trunk leaning ☐ accommodate asymmetry ☐ contour for increased contact	☐ safety ☐ control of tone ☐
☐ **Anterior chest strap, vest, or shoulder retractors**		☐ decrease forward movement of shoulder ☐ accommodation of TLSO decrease forward movement of trunk ☐	☐ added abdominal support ☐ alignment ☐ assistance with shoulder control ☐ decrease shoulder elevation

ADDITIONAL INFORMATION

Patient Name

COMPONENT	Mfg/model/size	JUSTIFICATION	
☐ **Headrest**		☐ provide posterior head support ☐ provide posterior neck support ☐ provide lateral head support ☐ provide anterior head support ☐ support during tilt and recline ☐ improve feeding ☐	☐ improve respiration ☐ placement of switches ☐ safety ☐ accommodate ROM ☐ accommodate tone ☐ improve visual orientation
☐ **Neck support**		☐ decrease neck rotation ☐	☐ decrease forward neck flexion
☐ **Upper extremity support** ☐ Arm trough ☐ _____Hand support ☐ ½ tray ☐ Full tray ☐ Swivel mount	☐ R ☐ L	☐ decrease edema ☐ decrease subluxation ☐ control tone ☐ provide work surface ☐ placement for AAC/ Computer/ EADL or other device ☐	☐ decrease gravitational pull on shoulders ☐ provide midline positioning ☐ provide support for UE function ☐ provide hand support in natural position
☐ **Pelvic positioner** ☐ Single pull belt ☐ Specialized belt ☐ SubASIS bar ☐ Other		☐ stabilize pelvis in neutral rotation ☐ neutralize destructive postural tendency ☐ counteract excessive rotation ☐	☐ pad for protection over boney prominence ☐ prominence comfort ☐ special pull angle to control rotation
☐ **Essential needs bag or pouch**		☐ medicines ☐ special food ☐ orthotics ☐ clothing changes ☐	☐ diapers ☐ catheter/hygiene ☐ ostomy supplies
Other			
Other			

Follow up / Plan of Care

Patient Name Printed		
Patient/Caregiver* Signature		**Date**
*** Caregiver Relationship to Patient**		
Therapist Name Printed		**Lic. #**
Therapist's Signature		**Date**
Supplier's Name Printed		**ATP #**
Supplier's Signature		**Date**

This is to certify that I, the above signed therapist have the following affiliations

- ☐ This DME Supplier
- ☐ Manufacturer of Recommended Equipment
- ☐ Patient's Long Term Care Facility
- ☐ Other ____
- ☐ None of the above

I concur with the above findings and recommendations of the therapist and supplier

Physician's Name Printed		
Physician's Signature		**Date**

Attachment #4

NORIDIAN® Administrative Services LLC

Medicare Administrative Contract (MAC) Jurisdiction D

AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, Am. Samoa, Guam, N. Mariana Islands

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FAQ – POWER MOBILITY DEVICES – SUPPLIER ATP INVOLVEMENT (REVISED JULY 2010)

This is a revision of an article originally published in 2008 and revised in December 2009. It clarifies the requirement in the Power Mobility Devices (PMD) Local Coverage Determination (LCD) that the supplier of a rehab PMD must employ a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient. The term rehab PMD includes Group 2 power wheelchairs (PWCs) with power seating options, all Group 3, 4, and 5 PWCs, and push-rim power assist devices. The response to Q3 has been revised to clarify supplier requirements relating to the DMEPOS Quality Standards.

Q1. What is an ATP?

A. An Assistive Technology Professional (ATP) is a designation of certification by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). Prior to January 1, 2009, RESNA maintained two certifications – Assistive Technology Supplier (ATS) and Assistive Technology Practitioner (ATP). Those certifications were combined into one – Assistive Technology Professional (ATP) – with a single certification examination after January 1, 2009. An ATP is a service provider who analyzes the needs of individuals with disabilities, assists in the selection of appropriate equipment and trains the consumer on how to properly use the specific equipment.

Q2. Why does Medicare require "in-person" involvement in the selection of a rehab wheelchair?

A. As one can see from the description of the ATP in Question 1, the sATP with experience and training in proper assistive technology selection is in an ideal situation to translate the functional information from the licensed certified healthcare professional (LCMP) specialty examination into a specific equipment selection for the beneficiary.

Q3. Clarify "employ" as it relates to an ATP within this policy.

A. The DMEPOS Quality Standards require that a supplier of complex rehab wheelchairs employ (W-2 employee) an individual who has one of the following credentials: ATP or CRTS (Certified Rehabilitative Technology Supplier). This individual may not be a "contract" employee.

However, the supplier could employ additional ATPs to meet the sATP requirement in the PMD LCD. Those additional sATPs could be employed in a full-time, part-time, or contracted capacity, as is acceptable by state law. Those sATPs, if part-time or contracted, must be under

the direct control of the supplier when participating in the wheelchair selection.

Q4. If a supplier has a part time or contracted ATP on staff, what type of special documentation would be needed in an audit to prove the credential?

A. A supplier must show that the employee was working under the supplier's control and guidance. The supplier should also be able to provide evidence of the sATP certification upon request.

Q5. Would a supplier be asked to provide employment records in an MR audit?

A. Yes, employment records, contracting agreements or credential records could be requested. These types of records do not need to be routinely submitted with a claim but must be available upon request.

Q6. What does it mean for the sATP to have direct, in-person involvement in the wheelchair selection process?

A. It means to physically see and interact with the patient and to document that involvement. It is important that the record show how the sATP was involved.

Q7. Can the sATP sign off on the licensed/certified medical professional (LCMP) evaluation, detailed product description, or some other attestation to demonstrate compliance with the requirement?

A. The medical policy does not mandate how suppliers document compliance with the ATP requirement. There must be evidence in the supplier's file of direct in-person interaction with the patient by the sATP in the wheelchair selection process. The supplier, LCMP or treating physician must document how the sATP is involved with the patient. The documentation must be complete and detailed enough so a third party would be able to understand the nature of the sATP involvement and to show that the standard was met. Just "signing off" on a form completed by another individual would not adequately document direct, in-person involvement. For example, if the sATP participates in the specialty evaluation conducted in a multi-specialty clinic, the sATP could request that the person conducting and documenting the specialty evaluation include their name and credentials in the final report – "Ms. Jones was evaluated today for a power mobility device. Taking part in the evaluation was Dr. Smith, Ann Jones, PT, and Bill Doe, ATP from XYZ Mobility." As an alternative, the sATP can create a note documenting their involvement in the specialty evaluation process and that the recommendations reflect their input.

Q8. If the sATP is not present at the specialty evaluation with the therapist or physiatrist, but does assess the patient "in person" following the evaluation by the LCMP, such as during the home evaluation, does this fulfill the requirement for "involvement with the selection process"?

A. If the sATP has direct contact with the patient and has been involved in the wheelchair selection process, the requirement is met, providing that the sATP interaction is clearly documented within the patient's file. If the sATP has not had direct in-person involvement in the wheelchair selection process, the requirement is not met and the KX modifier must NOT be

added to the code.

Q9. How should the sATP document their involvement if their evaluation takes place at the office or the beneficiary's home?

A. A critical component in the provision of a PMD is ensuring that the wheelchair and accessories selected are appropriate for the beneficiary and meet their unique, individual needs. This often includes taking trunk and limb measurements, seating and positioning needs, and other observations about the beneficiary and their ability to use a PMD. This interaction should be documented by the sATP conducting the evaluation and signed and dated by the sATP, including their credentials.

Q10. Must the sATP be present for the delivery, fitting, and/or patient training for the wheelchair provided?

A. The policy states that the credentialed sATP must have direct, in-person involvement with the equipment selection process. The policy does not require that the sATP be present for delivery, fitting, and/or patient training for the wheelchair.

Q11. Can the sATP evaluation be conducted at the time of the PMD delivery to the beneficiary?

A. No. The purpose of the sATP evaluation is determining the proper seating, accessories and other components of the PMD prior to ordering and delivery; therefore, conducting this evaluation at the time of delivery of the device to the beneficiary's residence is not consistent with the intent of this requirement.

Q12. A company employs an ATP, as well as a number of non-credentialed staff who have direct, in-person involvement with the selection process. Is it permissible for the sATP to review the staff's recommendations and sign concurrence to meet the requirement?

A. The sATP must have direct in-person involvement with the wheelchair selection process. An sATP cannot simply "review" and "sign off" on non-credentialed staff work in order to meet the requirement.

Q13. Can the sATP select a product prior to the face-to-face (F2F) examination by the physician and/or prior to the specialty evaluation by the LCMP?

A. Since the role of the sATP is to assure that the equipment selected is appropriate to address the medical needs identified during the F2F examination and specialty evaluation process, it would be inappropriate to begin product selection prior to completion of the F2F examination or specialty evaluation. Any in-person sATP/beneficiary interactions prior to the F2F examination or specialty evaluation would not be considered sufficient to meet the LCD requirement.

Q14. An ATP candidate has taken the RESNA exam but at the time of the in-person evaluation has not yet received the credential. In the event of an audit, will the pending receipt of the sATP credential, retroactively dated to the day the test was taken, be considered compliant?

A. The LCD requires that there must have been an evaluation by a properly credentialed, supplier-employed ATP. The sATP must have been certified as of the date he/she performed

the in-person evaluation of the patient. The sATP is not a credentialed ATP until receipt of the credential from RESNA. The RESNA document will specify the effective date of the credential.

Q15. If an ATP employed by a supplier who has had direct in-person involvement in the wheelchair selection process for a patient leaves a company before the wheelchair is delivered, will the claim be considered compliant?

A. Leaving the company employment would not invalidate what that person did while working as a RESNA-certified ATP. The patient's record must illustrate the previously employed sATP had in-person involvement with the wheelchair selection process.

Q16. Can an sATP perform any part of the F2F examination process required for all PMDs or the specialty evaluation required for rehab wheelchairs?

A. No.

Q17. If the sATP participated in the evaluation by means of a live video feed, would that be acceptable?

A. Yes. Involvement of the sATP in the evaluation of the patient via a live video feed is acceptable for beneficiaries who reside in remote locations as long as the evaluation is conducted in accordance with the Telehealth requirements outlined in the Centers for Medicare and Medicaid Services (CMS) Benefit Policy Manual (Internet-Only Manual 100-2), Chapter 15, Section 270.

Posted on 08/03/10

Attachment #5

ATP MOBILITY ASSESSMENT FORM

Name: _____ Date: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
DOB: _____ Weight: _____ Height: _____ Gender: _____
PLACE OF SERVICE: ☐ Assisted Living ☐ Home ☐ SNF ☐ Other: _____

Physician: _____ NPI: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Primary Insurance: _____ Secondary Insurance: _____
Policy: _____ Policy: _____
Phone: _____ Phone: _____

Diagnosis: _____ | _____ | _____ | _____
Skin Integrity: _____

CURRENT MOBILITY DEVICE

Cane ☐ Crutches ☐ Walker ☐ Manual Wheelchair ☐ POV/Scooter ☐
Power Wheelchair ☐ Make/Model: _____ S/N: _____
Seat Height: _____ Width: _____ Depth: _____ Back Height: _____
Seating System: _____
Problems noted with current seating and/or mobility device: _____

WHEELCHAIR USAGE AND ENVIRONMENTAL / ACCESSIBILITY CONSIDERATIONS

Where used: ☐ Home ☐ School ☐ Work ☐ Other _____
Hours home alone: ☐ All day ☐ >12 Hrs ☐ >8 Hrs ☐ >4 Hrs ☐ >2 Hrs ☐ <2 Hrs
Total usage: ☐ All day ☐ >12 Hrs ☐ >8 Hrs ☐ >2 Hrs ☐ <2 Hrs ☐ Minimal
Transfers: ☐ Ind. ☐ Assist. ☐ Stand. ☐ Lateral ☐ Slide ☐ Dep. /Device
Home entrance: _____ # Stories: _____ # Stairs: _____ Ramp: _____
Floor coverings: _____
Bathroom door width: _____ Bedroom door width: _____ Hall width: _____
Transportation: ☐ Public ☐ Bus ☐ Van ☐ Auto ☐ Airline ☐ Other _____
☐ Driver in w/c ☐ Transfer to driver seat ☐ Passenger in w/c ☐ Transfer to passenger seat

Notes: _____

Client Name: _____

What are your mobility limitations an how does this affect your ability to move throughout your home to participate in your activities of daily living (toileting, feeding, dressing, grooming and bathing)?

Toileting: _____
Grooming: _____
Bathing: _____
Dressing: _____
Feeding: _____

KEY: 1 = Increased time 2 = Distance 3 = Balance 4 = Safety 5 = Pain 6 = Shortness of Breath

Notes: _____

Have you tried or do you use a cane or walker? ☐ Yes ☐ No

Can you walk without the assistance of a caregiver? ☐ Yes ☐ No

What distance are you able to walk without rest? _____

What physically limits your ability to walk or walk further? Describe

- ☐ Non-functional leg(s) _____
- ☐ Loss of lower extremity _____
- ☐ Weakness in leg(s) _____
- ☐ Extremity pain _____
- ☐ Back pain _____
- ☐ Balance / Fear of falling _____
- ☐ Shortness of breath _____
- ☐ Chest pain _____

What other factors limit your ability to walk or walk further? Describe

- ☐ Cannot hold equipment _____
- ☐ Cannot lift equipment _____
- ☐ Distance to room _____
- ☐ Floor covering(s) _____

Notes: _____

Have you tried or do you use a manual wheelchair to participate in MRADL's in your home? ☐ Yes ☐ No

Manual Wheelchair Make: _____ Model: _____ ☐ Rental/Trial ☐ Customer Owned

Can you self-propel without the assistance of a caregiver? ☐ Yes ☐ No

What distance are you able to self-propel without rest? _____

What physically limits your ability to self-propel / self-propel further? Describe

- ☐ Non-functional arm(s) _____
- ☐ Non-functional Leg(s) _____
- ☐ Weakness in arm(s) _____
- ☐ Weakness in leg(s) _____
- ☐ Pain in arm(s) _____
- ☐ Pain in leg(s) _____
- ☐ Shortness of breath _____
- ☐ Chest Pain _____

What limits your ability to self-propel / self-propel further? Describe

- ☐ Cannot grip handrim _____
- ☐ Cannot repeat motion _____
- ☐ Distance to room(s) _____
- ☐ Floor covering(s) _____

Notes: _____

Client Name: _____

Have you tried or do you have the ability to use a POV (Scooter) in your home? ☐ Yes ☐ No
Are you able to safely maneuver a POV (Scooter) in your home?

SCOOTER / POV Make: _____ Model: _____ ☐ Trial ☐ Customer Owned

Demonstrated the ability to safely operate all components of the scooter / POV	☐ Yes	☐ No
Demonstrated the ability to safely transfer to/from the scooter / POV	☐ Yes	☐ No
Demonstrated improved ability to perform MRADL's with the scooter / POV	☐ Yes	☐ No

What physically limits your ability to operate a scooter / POV? Describe

- ☐ Non-functional arm(s)
- ☐ Weakness in arm(s)
- ☐ Pain
- ☐ Limited range of motion
- ☐ Limited balance
- ☐ Other

What other factors limit your ability to use a scooter / POV? Describe

- ☐ Cannot grip tiller
- ☐ Turning radius
- ☐ Seating required
- ☐ Other

Notes: _____

Have you tried or do you have the ability to operate a power wheelchair? ☐ Yes ☐ No
Are you able to safely maneuver a power wheelchair in your home?

POWER WHEELCHAIR Make: _____ Model: _____ ☐ Trial ☐ Customer Owned

Demonstrated the ability to safely operate a power wheelchair	☐ Yes	☐ No
Demonstrated the ability to transfer to/from a power wheelchair	☐ Yes	☐ No
Demonstrated improved ability to perform MRADL's with the recommenced PWC	☐ Yes	☐ No

What physically limits your ability to operate a power wheelchair? Describe

- ☐ Non-functional arm(s)*
- ☐ Spasticity*
- ☐ Incoordination/Tremors*
- ☐ Weakness-hand/arm(s)*
- ☐ Limited range of motion
- ☐ Pain*
- ☐ Limited balance*
- ☐ Other*

What other factors limit your ability to use a power wheelchair? Describe

- ☐ Cannot grip control*
- ☐ Special seating req'd*
- ☐ Power seat functions*
- ☐ Other*
- ☐ Other*
- ☐ Other*

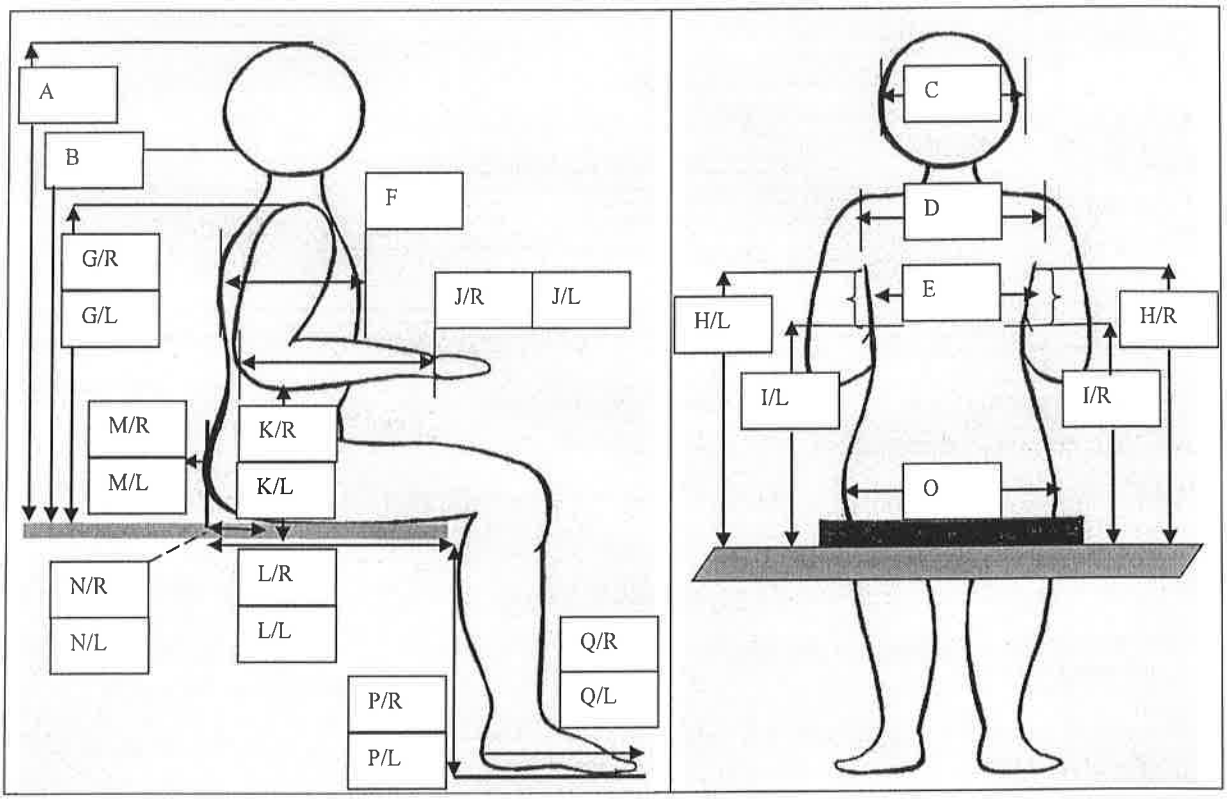
*** An OT / PT Seating & Wheeled Mobility Evaluation is required**

Notes: _____

Client Name: _____

MEASUREMENTS		LEFT	RIGHT
A	Max. sitting height		_____
B	Occiput height		_____
C	Head width		_____
D	Shoulder width		_____
E	Chest width		_____
F	Trunk depth		_____
G	Shoulder height	_____	_____
H	Axilla height	_____	_____
I	Scapular height	_____	_____

		LEFT	RIGHT
J	Forearm depth	_____	_____
K	Elbow height	_____	_____
L	Thigh depth	_____	_____
M	PSIS height	_____	_____
N	Ischial depth	_____	_____
O	Hip width	_____	
P	Lower leg length	_____	_____
Q	Foot depth	_____	_____
R	_____		



Equipment Recommendation: _____

_____

_____

_____

_____

I acknowledge that I have reviewed this entire document, agree with the information contained herein and that the answers I have provided are accurate and truthful.

☐ I am able to safely / independently operate the recommended equipment in my home and am willing to use it routinely

☐ I am not able to safely or independently use the recommended equipment within my home

☐ I do not wish to use the recommenced equipment in my home and require it for use in the community only

Client Signature: _____ Date: _____

Name of Representative Completing the Assessment: _____ ATP Certification #: _____

Signature: _____ Date: _____

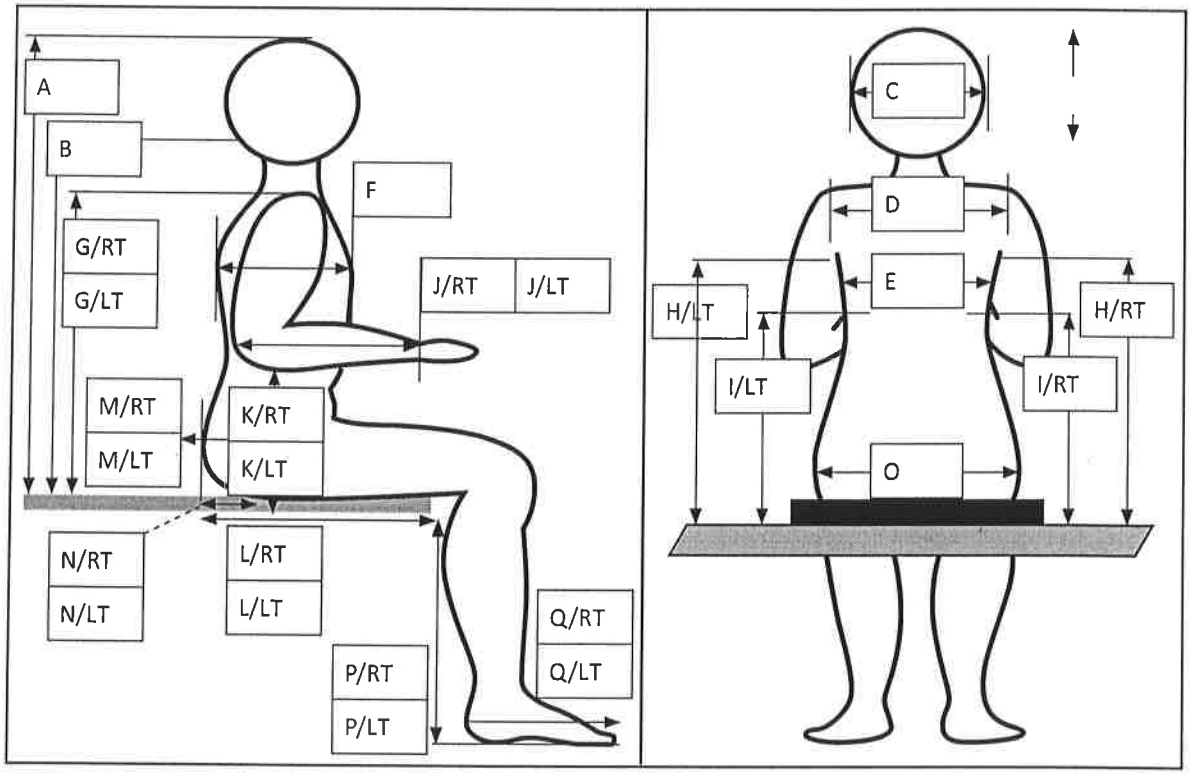
Attachment #6

QUANTUM®

Seating Measurements

Client Name _____

MEASUREMENTS		LEFT (LT)	RIGHT (RT)			LEFT (LT)	RIGHT (RT)
A	Max. sitting height		_____	J	Forearm depth	_____	_____
B	Occiput height		_____	K	Elbow height	_____	_____
C	Head width		_____	L	Thigh depth	_____	_____
D	Shoulder width		_____	M	PSIS height	_____	_____
E	Chest width		_____	N	Ischial depth	_____	_____
F	Trunk depth		_____	O	Hip width	_____	
G	Shoulder height	_____	_____	P	Lower leg length	_____	_____
H	Axilla height	_____	_____	Q	Foot depth	_____	_____
I	Scapular height	_____	_____	R	_____		



Notes _____

_____

_____

_____

_____

Name of Representative Completing the Assessment _____

Signature _____ Date _____

Attachment #7

Name _____

Address _____ City _____ ST ___ Zip _____

Medicare # _____ DOB ____/____/____ ___ M ___ F

Diagnosis _____

Please answer the following to the best of your ability. If these answers are provided by someone other than the beneficiary please indicate the relationship to the beneficiary and the reason he/she cannot complete this affidavit of activity and independence.

1. **Routine Daily Activities**- Please indicate how often you do the following activities and how much help, if any you need to do them.

Activity	Frequency	Functional Level		
Toileting	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do
Bathing	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do
Grooming	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do
Dressing	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do
Meal Prep.	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do
Laundry	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do
Housekeeping	_____ x / Day	__ Independent	__ Need Help	__ Dependent/Don't do

Other _____

_____

_____

2. The above activities are carried out while _____ walking or _____ using a wheelchair?
3. What limits your ability to carry out the above activities? _____

_____

_____

4. **Outside Activities**- Please provide a brief description of the activities you frequently do on a daily, weekly or monthly basis.

Activity	Frequency	Notes
Grocery Shopping	__ Day __ Week __ Month	_____
Other Shopping	__ Day __ Week __ Month	_____
Banking	__ Day __ Week __ Month	_____

Activity	Frequency	Notes
Other Errands	__ Day __ Week __ Month	
Yard work	__ Day __ Week __ Month	
School	__ Day __ Week __ Month	
Work	__ Day __ Week __ Month	
Workshop	__ Day __ Week __ Month	
Volunteering	__ Day __ Week __ Month	
Doctor Visits	__ Day __ Week __ Month	
Therapy	__ Day __ Week __ Month	
Parenting	__ Day __ Week __ Month	
Recreation	__ Day __ Week __ Month	
Church	__ Day __ Week __ Month	

Additional Activities _____

_____

5. **Wheelchair Mobility-**

_____ I am able to push the w/c on all surfaces & for all distances traveled.
_____ I am able to push the w/c on level surfaces; however I need help on uneven terrain.
_____ I am able to push the w/c for short distances; however I need help for long distances.
_____ I am learning to push the wheelchair.
_____ I am not able to push the wheelchair.

_____ I am able to get in and out of the wheelchair without help.
_____ I am able to get in and out of the wheelchair; however I need some help to do so.
_____ I am not able to get in and out of the wheelchair without the help of someone else.

Experience with current and/or other equipment- _____

_____

_____

_____

By signing this document I acknowledge that the answers provided are accurate and truthful.

_____ _____
Beneficiary (or Parent/Guardian/Representative) Signature Date

_____ _____
Relationship Reason beneficiary cannot sign

Attachment #8

Wheelchair Bundling Table

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
Power Operated Vehicle (K0800-K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power Wheelchair Base Groups 1 and 2 (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Attachment #9

Wheelchair Seating ICD-10 Reference

Includes added G and Q codes, subsequent visit and sequela, LCD Revision 2.
Includes ICD-10 codes for stage 1 pressure ulcers, LCD Revision3.

Skin Protection Cushion

E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Tru-Comfort 2 Solution 1
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Tru Comfort 2 Solution 1
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Spectrum Air
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Spectrum Air

A skin protection seat cushion 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 the 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 on the area in 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 one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis.

Skin Protection Seating ICD-10 codes

ICD-10 Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.1	Early-onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.29	Other motor neuron disease

G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G32.81	Cerebellar ataxia in diseases classified elsewhere
G32.89	Other specified degenerative disorders of nervous system in diseases classified elsewhere
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy

G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified

G94	Other disorders of brain in diseases classified elsewhere
G95.0	Syringomyelia and syringobulbia
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)
G95.19	Other vascular myelopathies
G99.2	Myelopathy in diseases classified elsewhere
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side

I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
L89.130	Pressure ulcer of right lower back, unstageable
L89.131	Pressure ulcer of right lower back, stage 1
L89.132	Pressure ulcer of right lower back, stage 2

L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.140	Pressure ulcer of left lower back, unstageable
L89.141	Pressure ulcer of left lower back, stage 1
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.150	Pressure ulcer of sacral region, unstageable
L89.151	Pressure ulcer of sacral region, stage 1
L89.152	Pressure ulcer of sacral region, stage 2
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.200	Pressure ulcer of unspecified hip, unstageable
L89.201	Pressure ulcer of unspecified hip, stage 1
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.210	Pressure ulcer of right hip, unstageable
L89.211	Pressure ulcer of right hip, stage 1
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.220	Pressure ulcer of left hip, unstageable
L89.221	Pressure ulcer of left hip, stage 1
L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.300	Pressure ulcer of unspecified buttock, unstageable
L89.301	Pressure ulcer of unspecified buttock, stage 1
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3

L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.310	Pressure ulcer of right buttock, unstageable
L89.311	Pressure ulcer of right buttock, stage 1
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.320	Pressure ulcer of left buttock, unstageable
L89.321	Pressure ulcer of left buttock, stage 1
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
M62.3	Immobility syndrome (paraplegic)
M62.89	Other specified disorders of muscle
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus

Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q67.8	Other congenital deformities of chest
Q68.1	Congenital deformity of finger(s) and hand
Q74.3	Arthrogryposis multiplex congenita
Q78.0	Osteogenesis imperfecta

Positioning
Cushions, Backs, Accessories

Seat

E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Spectrum Gel
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Spectrum Gel

Back

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 mounting hardware	Tru- Comfort 2
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Tru-Comfort 2

Accessories

E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware	
E0956	Lateral trunk support 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 strap, including any type mounting hardware	

A positioning seat cushion, positioning back cushion and positioning accessory (E0955-E0957, E0960) 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 one of the diagnoses listed in criterion 2b above *(for a skin protection cushion)* or to one of the following diagnoses: monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis.

Positioning Cushion, Back, Positioning Accessory ICD-10 Codes*

*Excludes E0955

ICD-10 Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.1	Early-onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia

G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G32.81	Cerebellar ataxia in diseases classified elsewhere
G32.89	Other specified degenerative disorders of nervous system in diseases classified elsewhere
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum

G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G82.20	Paraplegia, unspecified

G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified
G94	Other disorders of brain in diseases classified elsewhere
G95.0	Syringomyelia and syringobulbia
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)
G95.19	Other vascular myelopathies
G99.2	Myelopathy in diseases classified elsewhere
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side

I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side

I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side

I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side

I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q78.0	Osteogenesis imperfecta
S78.011A	Complete traumatic amputation at right hip joint, initial encounter
S78.011D	Complete traumatic amputation at right hip joint, subsequent encounter
S78.011S	Complete traumatic amputation at right hip joint, sequela
S78.012A	Complete traumatic amputation at left hip joint, initial encounter
S78.012D	Complete traumatic amputation at left hip joint, subsequent encounter
S78.012S	Complete traumatic amputation at left hip joint, sequela
S78.019A	Complete traumatic amputation at unspecified hip joint, initial encounter
S78.019D	Complete traumatic amputation at unspecified hip joint, subsequent encounter
S78.019S	Complete traumatic amputation at unspecified hip joint, sequela
S78.021A	Partial traumatic amputation at right hip joint, initial encounter
S78.021D	Partial traumatic amputation at right hip joint, subsequent encounter
S78.021S	Partial traumatic amputation at right hip joint, sequela

S78.022A	Partial traumatic amputation at left hip joint, initial encounter
S78.022D	Partial traumatic amputation at left hip joint, subsequent encounter
S78.022S	Partial traumatic amputation at left hip joint, sequela
S78.029A	Partial traumatic amputation at unspecified hip joint, initial encounter
S78.029D	Partial traumatic amputation at unspecified hip joint, subsequent encounter
S78.029S	Partial traumatic amputation at unspecified hip joint, sequela
S78.111A	Complete traumatic amputation at level between right hip and knee, initial encounter
S78.111D	Complete traumatic amputation at level between right hip and knee, subsequent encounter
S78.111S	Complete traumatic amputation at level between right hip and knee, sequela
S78.112A	Complete traumatic amputation at level between left hip and knee, initial encounter
S78.112D	Complete traumatic amputation at level between left hip and knee, subsequent encounter
S78.112S	Complete traumatic amputation at level between left hip and knee, sequela
S78.119A	Complete traumatic amputation at level between unspecified hip and knee, initial encounter
S78.119D	Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter
S78.119S	Complete traumatic amputation at level between unspecified hip and knee, sequela
S78.121A	Partial traumatic amputation at level between right hip and knee, initial encounter
S78.121D	Partial traumatic amputation at level between right hip and knee, subsequent encounter
S78.121S	Partial traumatic amputation at level between right hip and knee, sequela
S78.122A	Partial traumatic amputation at level between left hip and knee, initial encounter
S78.122D	Partial traumatic amputation at level between left hip and knee, subsequent encounter
S78.122S	Partial traumatic amputation at level between left hip and knee, sequela
S78.129A	Partial traumatic amputation at level between unspecified hip and knee, initial encounter
S78.129D	Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter
S78.129S	Partial traumatic amputation at level between unspecified hip and knee, sequela
S78.911A	Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter
S78.911D	Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter
S78.911S	Complete traumatic amputation of right hip and thigh, level unspecified, sequela
S78.912A	Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter
S78.912D	Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter
S78.912S	Complete traumatic amputation of left hip and thigh, level unspecified, sequela

S78.919A	Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
S78.919D	Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter
S78.919S	Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S78.921A	Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter
S78.921D	Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter
S78.921S	Partial traumatic amputation of right hip and thigh, level unspecified, sequela
S78.922A	Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter
S78.922D	Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter
S78.922S	Partial traumatic amputation of left hip and thigh, level unspecified, sequela
S78.929A	Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
S78.929D	Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter
S78.929S	Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S88.011A	Complete traumatic amputation at knee level, right lower leg, initial encounter
S88.011D	Complete traumatic amputation at knee level, right lower leg, subsequent encounter
S88.011S	Complete traumatic amputation at knee level, right lower leg, sequela
S88.012A	Complete traumatic amputation at knee level, left lower leg, initial encounter
S88.012D	Complete traumatic amputation at knee level, left lower leg, subsequent encounter
S88.012S	Complete traumatic amputation at knee level, left lower leg, sequela
S88.019A	Complete traumatic amputation at knee level, unspecified lower leg, initial encounter
S88.019D	Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter
S88.019S	Complete traumatic amputation at knee level, unspecified lower leg, sequela
S88.021A	Partial traumatic amputation at knee level, right lower leg, initial encounter
S88.021D	Partial traumatic amputation at knee level, right lower leg, subsequent encounter
S88.021S	Partial traumatic amputation at knee level, right lower leg, sequela
S88.022A	Partial traumatic amputation at knee level, left lower leg, initial encounter
S88.022D	Partial traumatic amputation at knee level, left lower leg, subsequent encounter
S88.022S	Partial traumatic amputation at knee level, left lower leg, sequela
S88.029A	Partial traumatic amputation at knee level, unspecified lower leg, initial encounter
S88.029D	Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter

S88.029S	Partial traumatic amputation at knee level, unspecified lower leg, sequela
S88.911A	Complete traumatic amputation of right lower leg, level unspecified, initial encounter
S88.911D	Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter
S88.911S	Complete traumatic amputation of right lower leg, level unspecified, sequela
S88.912A	Complete traumatic amputation of left lower leg, level unspecified, initial encounter
S88.912D	Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter
S88.912S	Complete traumatic amputation of left lower leg, level unspecified, sequela
S88.919A	Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter
S88.919D	Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter
S88.919S	Complete traumatic amputation of unspecified lower leg, level unspecified, sequela
S88.921A	Partial traumatic amputation of right lower leg, level unspecified, initial encounter
S88.921D	Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter
S88.921S	Partial traumatic amputation of right lower leg, level unspecified, sequela
S88.922A	Partial traumatic amputation of left lower leg, level unspecified, initial encounter
S88.922D	Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter
S88.922S	Partial traumatic amputation of left lower leg, level unspecified, sequela
S88.929A	Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter
S88.929D	Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter
S88.929S	Partial traumatic amputation of unspecified lower leg, level unspecified, sequela

Skin Protection & Positioning

Skin Protection & Positioning

E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Solution Spectrum Foam
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Solution Spectrum Foam
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Spectrum Air Contour
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches, any depth	Spectrum Air Contour

A combination skin protection and positioning cushion is covered for a beneficiary who meet the criteria for both a skin protection seat cushion and a positioning seat cushion.

Criteria (a), (b), or (c) must be met AND criteria (d) must be met.

a. If there is a past history or current pressure ulcer in the area of contact with the seating surface; or
b. If there is absent or impaired sensation in the area of contact with the seating surface due to one of the diagnoses listed as a covered diagnoses for skin protection cushions; or
c. If there is an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions; and
d. If the beneficiary has significant postural asymmetries due to one of the diagnoses listed as a covered diagnosis for positioning cushions.

Skin Protection & Positioning Cushion ICD-10 Codes

ICD-10 Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease

E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia
G10	Huntington's disease
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G32.89	Other specified degenerative disorders of nervous system in diseases classified elsewhere
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.0	Diffuse sclerosis of central nervous system

G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side

G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified
G94	Other disorders of brain in diseases classified elsewhere
G95.0	Syringomyelia and syringobulbia
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)
G95.19	Other vascular myelopathies
G99.2	Myelopathy in diseases classified elsewhere
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side

I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side

I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus

OR

A combination of ICD-10 code L89.130, L89.131, L89.132, L89.133, L89.134, L89.140, L89.141, L89.142, L89.143, L89.144, L89.150, L89.151, L89.152, L89.153, L89.154, L89.200, L89.201, L89.202, L89.203, L89.204, L89.210, L89.211, L89.212, L89.213, L89.214, L89.220, L89.221, L89.222, L89.223, L89.224, L89.300, L89.301, L89.302, L89.303, L89.304, L89.310, L89.311, L89.312, L89.313, L89.314, L89.320, L89.321, L89.322, L89.323, L89.324, L89.41, L89.42, L89.43, L89.44 or L89.45, AND one of the following ICD-10 codes:

ICD-10 Code	Description
G04.89	Other myelitis
G11.0	Congenital nonprogressive ataxia
G11.1	Early-onset cerebellar ataxia

G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G32.81	Cerebellar ataxia in diseases classified elsewhere
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side

I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
Q78.0	Osteogenesis imperfecta
S78.011A	Complete traumatic amputation at right hip joint, initial encounter

S78.011D	Complete traumatic amputation at right hip joint, subsequent encounter
S78.011S	Complete traumatic amputation at right hip joint, sequela
S78.012A	Complete traumatic amputation at left hip joint, initial encounter
S78.012D	Complete traumatic amputation at left hip joint, subsequent encounter
S78.012S	Complete traumatic amputation at left hip joint, sequela
S78.019A	Complete traumatic amputation at unspecified hip joint, initial encounter
S78.019D	Complete traumatic amputation at unspecified hip joint, subsequent encounter
S78.019S	Complete traumatic amputation at unspecified hip joint, sequela
S78.021A	Partial traumatic amputation at right hip joint, initial encounter
S78.021D	Partial traumatic amputation at right hip joint, subsequent encounter
S78.021S	Partial traumatic amputation at right hip joint, sequela
S78.022A	Partial traumatic amputation at left hip joint, initial encounter
S78.022D	Partial traumatic amputation at left hip joint, subsequent encounter
S78.022S	Partial traumatic amputation at left hip joint, sequela
S78.029A	Partial traumatic amputation at unspecified hip joint, initial encounter
S78.029D	Partial traumatic amputation at unspecified hip joint, subsequent encounter
S78.029S	Partial traumatic amputation at unspecified hip joint, sequela
S78.111A	Complete traumatic amputation at level between right hip and knee, initial encounter
S78.111D	Complete traumatic amputation at level between right hip and knee, subsequent encounter
S78.111S	Complete traumatic amputation at level between right hip and knee, sequela
S78.112A	Complete traumatic amputation at level between left hip and knee, initial encounter
S78.112D	Complete traumatic amputation at level between left hip and knee, subsequent encounter
S78.112S	Complete traumatic amputation at level between left hip and knee, sequela
S78.119A	Complete traumatic amputation at level between unspecified hip and knee, initial encounter
S78.119D	Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter
S78.119S	Complete traumatic amputation at level between unspecified hip and knee, sequela
S78.121A	Partial traumatic amputation at level between right hip and knee, initial encounter
S78.121D	Partial traumatic amputation at level between right hip and knee, subsequent encounter
S78.121S	Partial traumatic amputation at level between right hip and knee, sequela
S78.122A	Partial traumatic amputation at level between left hip and knee, initial encounter
S78.122D	Partial traumatic amputation at level between left hip and knee, subsequent encounter

S78.122S	Partial traumatic amputation at level between left hip and knee, sequela
S78.129A	Partial traumatic amputation at level between unspecified hip and knee, initial encounter
S78.129D	Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter
S78.129S	Partial traumatic amputation at level between unspecified hip and knee, sequela
S78.911A	Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter
S78.911D	Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter
S78.911S	Complete traumatic amputation of right hip and thigh, level unspecified, sequela
S78.912A	Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter
S78.912D	Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter
S78.912S	Complete traumatic amputation of left hip and thigh, level unspecified, sequela
S78.919A	Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
S78.919D	Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter
S78.919S	Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S78.921A	Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter
S78.921D	Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter
S78.921S	Partial traumatic amputation of right hip and thigh, level unspecified, sequela
S78.922A	Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter
S78.922D	Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter
S78.922S	Partial traumatic amputation of left hip and thigh, level unspecified, sequela
S78.929A	Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
S78.929D	Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter
S78.929S	Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S88.011A	Complete traumatic amputation at knee level, right lower leg, initial encounter
S88.011D	Complete traumatic amputation at knee level, right lower leg, subsequent encounter
S88.011S	Complete traumatic amputation at knee level, right lower leg, sequela
S88.012A	Complete traumatic amputation at knee level, left lower leg, initial encounter
S88.012D	Complete traumatic amputation at knee level, left lower leg, subsequent encounter
S88.012S	Complete traumatic amputation at knee level, left lower leg, sequela
S88.019A	Complete traumatic amputation at knee level, unspecified lower leg, initial encounter

S88.019D	Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter
S88.019S	Complete traumatic amputation at knee level, unspecified lower leg, sequela
S88.021A	Partial traumatic amputation at knee level, right lower leg, initial encounter
S88.021D	Partial traumatic amputation at knee level, right lower leg, subsequent encounter
S88.021S	Partial traumatic amputation at knee level, right lower leg, sequela
S88.022A	Partial traumatic amputation at knee level, left lower leg, initial encounter
S88.022D	Partial traumatic amputation at knee level, left lower leg, subsequent encounter
S88.022S	Partial traumatic amputation at knee level, left lower leg, sequela
S88.029A	Partial traumatic amputation at knee level, unspecified lower leg, initial encounter
S88.029D	Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter
S88.029S	Partial traumatic amputation at knee level, unspecified lower leg, sequela
S88.911A	Complete traumatic amputation of right lower leg, level unspecified, initial encounter
S88.911D	Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter
S88.911S	Complete traumatic amputation of right lower leg, level unspecified, sequela
S88.912A	Complete traumatic amputation of left lower leg, level unspecified, initial encounter
S88.912D	Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter
S88.912S	Complete traumatic amputation of left lower leg, level unspecified, sequela
S88.919A	Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter
S88.919D	Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter
S88.919S	Complete traumatic amputation of unspecified lower leg, level unspecified, sequela
S88.921A	Partial traumatic amputation of right lower leg, level unspecified, initial encounter
S88.921D	Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter
S88.921S	Partial traumatic amputation of right lower leg, level unspecified, sequela
S88.922A	Partial traumatic amputation of left lower leg, level unspecified, initial encounter
S88.922D	Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter
S88.922S	Partial traumatic amputation of left lower leg, level unspecified, sequela
S88.929A	Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter
S88.929D	Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter
S88.929S	Partial traumatic amputation of unspecified lower leg, level unspecified, sequela

Custom Fabricated Seat and Back Cushions

E2609	Custom fabricated wheelchair seat cushion, any size
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware

For a custom fabricated seat or back cushion criteria (a) must be met and citerion (b), (c), or (d) must be met:

a. For E2609 or E2617, there is 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, there is a past history of or current pressure ulcer in the area of contact with the seating surface; or
c. For E2609, there is absent or impaired sensation in the area in contact with the seating surface or an inability to carry out a functional weight shift due to one of the diagnoses listed as a covered diagnosis for skin protection cushions; or
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.

Custom Fabricated Seat Cushion ICD-10 Codes

(See ICD-10 codes for positioning backs for E2617)

ICD-10 Code	Description
B91	Sequelae of poliomyelitis
E75.00	GM2 gangliosidosis, unspecified
E75.01	Sandhoff disease
E75.02	Tay-Sachs disease
E75.09	Other GM2 gangliosidosis
E75.10	Unspecified gangliosidosis
E75.11	Mucolipidosis IV
E75.19	Other gangliosidosis
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E75.29	Other sphingolipidosis
E75.4	Neuronal ceroid lipofuscinosis
F84.2	Rett's syndrome
G04.1	Tropical spastic paraplegia

G04.89	Other myelitis
G10	Huntington's disease
G11.0	Congenital nonprogressive ataxia
G11.1	Early-onset cerebellar ataxia
G11.2	Late-onset cerebellar ataxia
G11.3	Cerebellar ataxia with defective DNA repair
G11.4	Hereditary spastic paraplegia
G11.8	Other hereditary ataxias
G11.9	Hereditary ataxia, unspecified
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.21	Amyotrophic lateral sclerosis
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G20	Parkinson's disease
G21.4	Vascular parkinsonism
G24.1	Genetic torsion dystonia
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.81	Alpers disease
G31.82	Leigh's disease
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G32.81	Cerebellar ataxia in diseases classified elsewhere
G32.89	Other specified degenerative disorders of nervous system in diseases classified elsewhere
G35	Multiple sclerosis
G36.0	Neuromyelitis optica [Devic]

G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.0	Diffuse sclerosis of central nervous system
G37.1	Central demyelination of corpus callosum
G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G71.0	Muscular dystrophy
G71.2	Congenital myopathies
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side

G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
G93.89	Other specified disorders of brain
G93.9	Disorder of brain, unspecified
G94	Other disorders of brain in diseases classified elsewhere
G95.0	Syringomyelia and syringobulbia
G95.11	Acute infarction of spinal cord (embolic) (nonembolic)
G95.19	Other vascular myelopathies
G99.2	Myelopathy in diseases classified elsewhere
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side

I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side

I69.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side

I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
I69.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
I69.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
I69.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
I69.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I69.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
I69.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
I69.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side

I69.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
I69.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side
L89.130	Pressure ulcer of right lower back, unstageable
L89.131	Pressure ulcer of right lower back, stage 1
L89.132	Pressure ulcer of right lower back, stage 2
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.140	Pressure ulcer of left lower back, unstageable
L89.141	Pressure ulcer of left lower back, stage 1
L89.142	Pressure ulcer of left lower back, stage 2
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.150	Pressure ulcer of sacral region, unstageable
L89.151	Pressure ulcer of sacral region, stage 1
L89.152	Pressure ulcer of sacral region, stage 2
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.200	Pressure ulcer of unspecified hip, unstageable
L89.201	Pressure ulcer of unspecified hip, stage 1
L89.202	Pressure ulcer of unspecified hip, stage 2
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4
L89.210	Pressure ulcer of right hip, unstageable
L89.211	Pressure ulcer of right hip, stage 1
L89.212	Pressure ulcer of right hip, stage 2
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.220	Pressure ulcer of left hip, unstageable
L89.221	Pressure ulcer of left hip, stage 1

L89.222	Pressure ulcer of left hip, stage 2
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.300	Pressure ulcer of unspecified buttock, unstageable
L89.301	Pressure ulcer of unspecified buttock, stage 1
L89.302	Pressure ulcer of unspecified buttock, stage 2
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.310	Pressure ulcer of right buttock, unstageable
L89.311	Pressure ulcer of right buttock, stage 1
L89.312	Pressure ulcer of right buttock, stage 2
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.320	Pressure ulcer of left buttock, unstageable
L89.321	Pressure ulcer of left buttock, stage 1
L89.322	Pressure ulcer of left buttock, stage 2
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.41	Pressure ulcer of contiguous site of back, buttock and hip, stage 1
L89.42	Pressure ulcer of contiguous site of back, buttock and hip, stage 2
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus

Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q78.0	Osteogenesis imperfecta
S78.011A	Complete traumatic amputation at right hip joint, initial encounter
S78.011D	Complete traumatic amputation at right hip joint, subsequent encounter
S78.011S	Complete traumatic amputation at right hip joint, sequela
S78.012A	Complete traumatic amputation at left hip joint, initial encounter
S78.012D	Complete traumatic amputation at left hip joint, subsequent encounter
S78.012S	Complete traumatic amputation at left hip joint, sequela
S78.019A	Complete traumatic amputation at unspecified hip joint, initial encounter
S78.019D	Complete traumatic amputation at unspecified hip joint, subsequent encounter
S78.019S	Complete traumatic amputation at unspecified hip joint, sequela
S78.021A	Partial traumatic amputation at right hip joint, initial encounter
S78.021D	Partial traumatic amputation at right hip joint, subsequent encounter
S78.021S	Partial traumatic amputation at right hip joint, sequela
S78.022A	Partial traumatic amputation at left hip joint, initial encounter
S78.022D	Partial traumatic amputation at left hip joint, subsequent encounter
S78.022S	Partial traumatic amputation at left hip joint, sequela
S78.029A	Partial traumatic amputation at unspecified hip joint, initial encounter
S78.029D	Partial traumatic amputation at unspecified hip joint, subsequent encounter
S78.029S	Partial traumatic amputation at unspecified hip joint, sequela
S78.111A	Complete traumatic amputation at level between right hip and knee, initial encounter
S78.111D	Complete traumatic amputation at level between right hip and knee, subsequent encounter
S78.111S	Complete traumatic amputation at level between right hip and knee, sequela
S78.112A	Complete traumatic amputation at level between left hip and knee, initial encounter
S78.112D	Complete traumatic amputation at level between left hip and knee, subsequent encounter
S78.112S	Complete traumatic amputation at level between left hip and knee, sequela

S78.119A	Complete traumatic amputation at level between unspecified hip and knee, initial encounter
S78.119D	Complete traumatic amputation at level between unspecified hip and knee, subsequent encounter
S78.119S	Complete traumatic amputation at level between unspecified hip and knee, sequela
S78.121A	Partial traumatic amputation at level between right hip and knee, initial encounter
S78.121D	Partial traumatic amputation at level between right hip and knee, subsequent encounter
S78.121S	Partial traumatic amputation at level between right hip and knee, sequela
S78.122A	Partial traumatic amputation at level between left hip and knee, initial encounter
S78.122D	Partial traumatic amputation at level between left hip and knee, subsequent encounter
S78.122S	Partial traumatic amputation at level between left hip and knee, sequela
S78.129A	Partial traumatic amputation at level between unspecified hip and knee, initial encounter
S78.129D	Partial traumatic amputation at level between unspecified hip and knee, subsequent encounter
S78.129S	Partial traumatic amputation at level between unspecified hip and knee, sequela
S78.911A	Complete traumatic amputation of right hip and thigh, level unspecified, initial encounter
S78.911D	Complete traumatic amputation of right hip and thigh, level unspecified, subsequent encounter
S78.911S	Complete traumatic amputation of right hip and thigh, level unspecified, sequela
S78.912A	Complete traumatic amputation of left hip and thigh, level unspecified, initial encounter
S78.912D	Complete traumatic amputation of left hip and thigh, level unspecified, subsequent encounter
S78.912S	Complete traumatic amputation of left hip and thigh, level unspecified, sequela
S78.919A	Complete traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter
S78.919D	Complete traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter
S78.919S	Complete traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S78.921A	Partial traumatic amputation of right hip and thigh, level unspecified, initial encounter
S78.921D	Partial traumatic amputation of right hip and thigh, level unspecified, subsequent encounter
S78.921S	Partial traumatic amputation of right hip and thigh, level unspecified, sequela
S78.922A	Partial traumatic amputation of left hip and thigh, level unspecified, initial encounter
S78.922D	Partial traumatic amputation of left hip and thigh, level unspecified, subsequent encounter
S78.922S	Partial traumatic amputation of left hip and thigh, level unspecified, sequela
S78.929A	Partial traumatic amputation of unspecified hip and thigh, level unspecified, initial encounter

S78.929D	Partial traumatic amputation of unspecified hip and thigh, level unspecified, subsequent encounter
S78.929S	Partial traumatic amputation of unspecified hip and thigh, level unspecified, sequela
S88.011A	Complete traumatic amputation at knee level, right lower leg, initial encounter
S88.011D	Complete traumatic amputation at knee level, right lower leg, subsequent encounter
S88.011S	Complete traumatic amputation at knee level, right lower leg, sequela
S88.012A	Complete traumatic amputation at knee level, left lower leg, initial encounter
S88.012D	Complete traumatic amputation at knee level, left lower leg, subsequent encounter
S88.012S	Complete traumatic amputation at knee level, left lower leg, sequela
S88.019A	Complete traumatic amputation at knee level, unspecified lower leg, initial encounter
S88.019D	Complete traumatic amputation at knee level, unspecified lower leg, subsequent encounter
S88.019S	Complete traumatic amputation at knee level, unspecified lower leg, sequela
S88.021A	Partial traumatic amputation at knee level, right lower leg, initial encounter
S88.021D	Partial traumatic amputation at knee level, right lower leg, subsequent encounter
S88.021S	Partial traumatic amputation at knee level, right lower leg, sequela
S88.022A	Partial traumatic amputation at knee level, left lower leg, initial encounter
S88.022D	Partial traumatic amputation at knee level, left lower leg, subsequent encounter
S88.022S	Partial traumatic amputation at knee level, left lower leg, sequela
S88.029A	Partial traumatic amputation at knee level, unspecified lower leg, initial encounter
S88.029D	Partial traumatic amputation at knee level, unspecified lower leg, subsequent encounter
S88.029S	Partial traumatic amputation at knee level, unspecified lower leg, sequela
S88.911A	Complete traumatic amputation of right lower leg, level unspecified, initial encounter
S88.911D	Complete traumatic amputation of right lower leg, level unspecified, subsequent encounter
S88.911S	Complete traumatic amputation of right lower leg, level unspecified, sequela
S88.912A	Complete traumatic amputation of left lower leg, level unspecified, initial encounter
S88.912D	Complete traumatic amputation of left lower leg, level unspecified, subsequent encounter
S88.912S	Complete traumatic amputation of left lower leg, level unspecified, sequela
S88.919A	Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter
S88.919D	Complete traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter
S88.919S	Complete traumatic amputation of unspecified lower leg, level unspecified, sequela

S88.921A	Partial traumatic amputation of right lower leg, level unspecified, initial encounter
S88.921D	Partial traumatic amputation of right lower leg, level unspecified, subsequent encounter
S88.921S	Partial traumatic amputation of right lower leg, level unspecified, sequela
S88.922A	Partial traumatic amputation of left lower leg, level unspecified, initial encounter
S88.922D	Partial traumatic amputation of left lower leg, level unspecified, subsequent encounter
S88.922S	Partial traumatic amputation of left lower leg, level unspecified, sequela
S88.929A	Partial traumatic amputation of unspecified lower leg, level unspecified, initial encounter
S88.929D	Partial traumatic amputation of unspecified lower leg, level unspecified, subsequent encounter
S88.929S	Partial traumatic amputation of unspecified lower leg, level unspecified, sequela

Attachment #10

MEDICAL DOCUMENTATION CHECKLIST
Power Tilt (E1002), Power Recline (E1004), Power Tilt & Recline (E1007)

MEDICARE COVERAGE CRITERIA

POWER TILT AND/OR RECLINE SEATING SYSTEMS

A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating legrests will be covered if criteria 1, 2, and 3 are met and if criterion 4, 5, or 6 is 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 of the beneficiary's seating and positioning needs. The PT, OT, or physician 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.

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.

If these criteria are not met, the power seating component(s) will be denied as not reasonable and necessary.

MEDICAL NECESSITY FOR POWER TILT, POWER RECLINE OR POWER TILT/RECLINE

Does the comprehensive medical record confirm that the beneficiary is at high risk for the development of a decubitus ulcer in an area in contact with the seating surface)?	**Addressed** ☐	**Implied** ☐	**Omitted** ☐
Does the beneficiary currently have a decubitus ulcer in an area in contact with the seating surface?	Yes ☐ Comment:	No ☐	
Does the beneficiary have a history of a decubitus ulcer in an area in contact with the seating surface?	Yes ☐ Comment:	No ☐	
Does the beneficiary have a documented risk for the development of a decubitis ulcer? (Braden Score ≤ 12, Waterlow Score 15+, Norton Score < 13, etc.)	Yes ☐ Comment:	No ☐	
Does the beneficiary have absent or impaired sensation?	Yes ☐ Comment:	No ☐	
Is there other evidence for the development of a decubitus ulcer?	Yes ☐ Comment:	No ☐	

AND

Does the comprehensive medical record confirm that the beneficiary is unable to perform a functional weight shift?	Addressed ☐	Implied ☐	Omitted ☐
Does the beneficiary have ≤ FAIR + sitting balance such that they cannot shift their weight from side to side and un-weight the ischial tuberosities without risk of falling?	Yes ☐ Comment:	No ☐	
Does the beneficiary have limitations of strength, range of motion, endurance, coordination or pain that precludes or limits their ability to perform a wheelchair push-up a sufficient number of times per hour (4+) or of sufficient duration (15+ seconds), in order for reperfusion to occur?	Yes ☐ Comment:	No ☐	
Does the beneficiary require ANY assistance to come to a standing or partial standing position from the power wheelchair?	Yes ☐ Comment:	No ☐	
Is there other evidence of the inability to perform a functional weight shift (i.e., pressure mapping)?	Yes ☐ Comment:	No ☐	

OR

Does the comprehensive medical record confirm that the beneficiary requires intermittent catheterization?	Addressed ☐ Comment:	Implied ☐	Omitted ☐

AND

Does the comprehensive medical record confirm that the beneficiary is unable to independently transfer to/from a bed?	Addressed ☐	Implied ☐	Omitted ☐
Does the beneficiary use a mechanical lift to transfer?	Yes ☐ Comment:	No ☐	
Does the beneficiary require assistance (maximal, moderate, minimal, stand-by, contact guard or supervision) to transfer to/from the power wheelchair to bed?	Yes ☐ Comment:	No ☐	

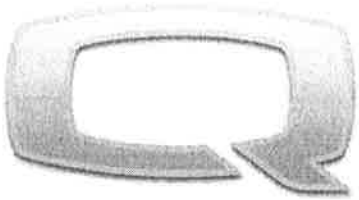
OR

Does the comprehensive medical record confirm that the beneficiary manages their increased muscle tone/spasticity with power tilt, power recline or a combination of power tilt & recline?	Addressed ☐	Implied ☐	Omitted ☐
Does the beneficiary have spasticity documented?	Yes ☐ Comment:	No ☐	
Does the comprehensive medical record document HOW the beneficiary will manage their spasticity with the power seating function?	Yes ☐ Comment:	No ☐	

Does the comprehensive medical record identify other medical needs for power tilt, power recline or the combination of power tilt/recline?
Note: These are clinical considerations, not Medicare coverage criteria.

- ☐ Postural alignment/re-alignment (head control and/or postural stability)
- ☐ Bowel and bladder management (indwelling catheter, protective undergarments)
- ☐ Digestive system function (including chewing and swallowing)
- ☐ Contractures and/or orthopedic deformity (joint angles, muscle length)
- ☐ Safe negotiation of obstacles and/or inclines.
- ☐ Lower extremity edema
- ☐ Orthostatic hypotension or autonomic dysreflexia
- ☐ Respiratory system function (vital organ capacity)
- ☐ Visual orientation/line of sight
- ☐ Manage fatigue/physiological rest periods
- ☐ Pain management

Attachment #11



QUANTUM®

Medical Necessity for iLevel® Power Adjustable Seat Height

The addition of a power adjustable seat height system is medically necessary to raise and lower the client in his or her seated position, without changing the seat angle(s), to provide changes in vertical position and access to the environment in a three-dimensional plane. In a complex rehab power wheelchair without power adjustable seat height technology this individual's vertical height is _____ in. and vertical reach is limited to in. S/he is unable to/requires assist to:

- ☐ Transfer to the wheelchair from _____ /from the wheelchair to _____ at a height of _____ using a _____ method.
- ☐ Reach the _____ at a height of _____ (list all)
  - Dresser drawers; clothes rod; washer and dryer
  - Medicine cabinet; bathroom sink /faucet; mirror; shower head/faucet
  - Freezer/refrigerator; oven/stove; microwave; drawers/cupboards/shelves; counter; sink/faucet
  - Light switches; thermostat; fire alarm; phone; door eye hole/viewer; elevator buttons to safely function in his or her home environment and perform/participate in his or her ADLs.

With the iLevel power adjustable seat height feature added to the power wheelchair the individual's vertical height ranges from _____ to _____ in. and vertical reach is increased from _____ to _____ in.

Use of the iLevel® power adjustable seat height system has been assessed for _____ and is deemed essential to:

- ☐ Facilitate independent transfers to/from the wheelchair
  NOTE: Describe WHY the seat needs to be adjusted to a specific height or multiple different heights to transfer and/or describe WHY a specific seat height cannot be established or customized for transfers.
  REMINDER: This may include the ability to transfer to a doctor's examination table independently.
- ☐ Augment reach and:
  - Decrease over shoulder/overhead reaching and upper extremity injury
    NOTE: There should be a quantitative assessment of the number of times he or she will be required to reach overhead without power seat elevation to perform/participate in his or her ADLs and how this relates to his or her current pain, strength and/or ROM issues.
  - Reduce pain in the upper extremities
    NOTE: There should be documentation in the clinical evaluation that describes his or her current pain condition (e.g., adhesive capsulitis, osteoarthritic changes reflected in radiological findings, history of rotator cuff injury or carpal tunnel syndrome from repetitive motion).
  - Reduce the load when reaching for, picking up, lifting or carrying items higher than _____ in.
    NOTE: There should be a quantitative assessment of the load the individual can safely manage from the seated position relative to his or her UE position (e.g., can reach for, pick up, lift and carry XX oz. with the shoulder flexed/abducted at YYY°). This may also relate to the force he or she is able to manage to turn on/off a light switch or push an elevator button from a given position.
  - Increase biomechanical advantage of the upper extremities to:
    - Maximize strength of available muscles by changing the lever arms
    - Maximize available range of motion at the shoulder, elbow and wrist
    - Minimize overuse injury

NOTE: There should be documentation as to what he or she CAN do at various seat heights as compared to what he or she CANNOT do at the standard seat-to-floor height. (E.g., can independently transfer a plate and food weighing XX oz to/from the microwave 55" from the floor with the seat elevated to 28" with the shoulder at 100° of abduction – unable to place or retrieve a plate of any weight with the seat at 18" and the shoulder at 135° of adduction). Function should relate to the assessment of strength, ROM, endurance and the repetitive nature of the tasks.

- Reduce pain in the neck
  NOTE: There should be documentation in the clinical evaluation that describes his or her current pain condition (e.g., headaches, numbness/tingling in arms, muscle pain/fatigue, spinal stenosis, spondylosis, disk herniation/rupture, etc.) and impact of the head position during various activities and how that position changes in an elevated position.

- ☐ Access to areas of the home necessary for completion of/participation in ADLs (e.g., cupboard, refrigerator/freezer, microwave, stove, sink, medicine cabinet, dresser, closet, etc.)
  NOTE: Whenever possible state how this impacts the person's medical condition (e.g., hydration needs as related to neurogenic bladder, frequency of UTIs), and WHY accommodations to the environment cannot be made or were considered and ruled out. ALSO state if the individual lives alone or how much time he or she spends alone during the day/night and WHY this is not for the "convenience" of others.
- ☐ Access to areas of the home and community for safety (e.g., light switches, thermostat, fire alarm, elevator buttons, door viewer, etc.)
  NOTE: Safety by itself is a bit tricky to justify since all persons have "safety" needs. Whenever possible correlate to the person's medical condition (e.g., adjusting the thermostat and thermoregulatory dysfunction) and WHY accommodations to the environment cannot be made or were considered and ruled out. ALSO state if the individual lives alone or how much time he or she spends alone during the day/night and WHY this is not for his or her "comfort" or the "convenience" of others.
- ☐ Maintain/improve seated posture
  NOTE: There should be documentation in the clinical evaluation that describes his or her current seated position (e.g., non-reducible posterior pelvic tilt, increased thoracic kyphosis and forward head position), the impact of movement (overhead reach, neck extension) on that position and any resultant secondary complications (elicit a symmetric tonic neck reflex [STNR], shearing at the ischial tuberosities, etc.).
- ☐ Improve the line of site for safe operation of the PWC in the identified settings of anticipated use
  NOTE: iLevel allows the individual to see and be seen to safely maneuver and navigate the PWC on level terrain at the same height and speed as those he or she is with. Consider ALL settings of anticipated use (e.g., grocery shopping, banking, work, school, etc.) and how this will impact his or her ability to perform instrumental activities of daily living or support vocational/educational goals. ALSO consider safety in crossing the street in a timely manner (what speed is required at the light, visibility to drivers making a right turn, etc.), moving through crowds (passing period at school, city sidewalks, etc.) and the ability to perform job related tasks and activities.
- ☐ Decrease the need for personal care assistance (PCA) from _____ to _____ hours/day
  NOTE: This would be speculative unless the individual has a trial period with iLevel where a reduction in PCA is quantified. Consider stating this as a long term objective following extended use of the wheeled mobility device with power seat elevator within the person's multiple customary environments.
- ☐ Support identified communication goals and:
  - Maintain posture
  - Promote eye-to-eye contact
  - Reduce hyperlordotic cervical curvatures of the spine
  - Relieve strain on the neck, shoulders and upper back
  - Enhance vision and/or visual access to the environment
  - Enhance hearing and/or auditory access to the environment

NOTE: Explain the reason why this is a medical need, not just a social goal (e.g. reduced diaphragmatic support for adequate voice production in a person with pulmonary compromise; limited neck extension ROM; strong influence of an STNR, which impedes his or her ability to communicate medical needs).

- ☐ Enhance and support identified vocational goal(s) of _____ and promote employment opportunities
  NOTE: Leave this out unless a vocational/business is paying for this feature—otherwise, the insurer may document that this is not a medical need.
- ☐ Enhance and support identified educational goal(s) of _____ and promote learning
  NOTE: Leave this out unless an educational agency is paying for this feature—otherwise, the insurer may document that this is not a medical need.

Attachment #12

Disclaimer: The information contained herein is correct at the time of publication. While Pride makes every effort to update our Product Planning & Reimbursement resources as regulatory changes occur, it is recommended that providers contact the Product Planning & Reimbursement Center with any concerns or questions.

REPAIR MODULE

Medicare payment may be made for the repair and replacement of medically required DME if the equipment has been in use before the user enrolled in Part B of the Medicare program and the user qualifies for the equipment under the Medicare coverage criteria.

Payment for repairs and maintenance may not include payment for parts and labor covered under a manufacturer or supplier's warranty.

Repairs[1]

To repair means to fix or mend and to put the equipment back into good condition after damage or wear.

Repairs to equipment, which a beneficiary owns, are covered when necessary to make the equipment serviceable. *However, payment will not be made for repairs to previously denied equipment.*

If the expense for repairs exceeds the estimated expense of purchasing or renting another piece of equipment for the remaining period of medical need, no payment can be made for the excess amount.

Since renters of equipment recover from the rental charge the expenses they incur in maintaining in working order the equipment they rent out, separately itemized charges for repair of rented equipment are not covered.

A new physician's order is not needed for repairs.

More extensive maintenance, which based on the manufacturer's recommendation is to be performed by authorized technicians, is covered as a repair for medically necessary equipment which a beneficiary owns.

Documentation for Repairs to Beneficiary-Owned Power Mobility Devices[2]:

CMS' Program Integrity Manual, Chapter 5, Section 5.8.1 – Suppliers Documentation for DMEPOS Repair Claims

When reviewing DMEPOS claims for repairs, the contractor shall review for continued medical necessity of the item and necessity of the repair. Contractors are not required to determine that the requirements for provision of the DMEPOS item as when it was originally ordered were met. For example, even though a face-to-face encounter is required for the initial provision of certain wheelchairs, it is not needed for the repair of a wheelchair already covered and paid for by Medicare.

However, documentation from the physician or treating practitioner that indicates the wheelchair being repaired continues to be medically necessary is required. For this purpose, documentation is considered timely when it is on record in the preceding 12 months, unless otherwise specified in relevant Medicare policy.

In addition, the contractor shall ensure that the supplier's record includes the nature of the repair required and work performed to restore the item to its functionality to meet the Medicare beneficiary's medical need.

These instructions do not replace or alter other longstanding instructions related to coverage and payment for reasonable and necessary repairs and maintenance and servicing of DMEPOS items. Contractors shall continue to adhere to these program policies and procedures.

Billing Repairs to Beneficiary-owned Equipment[3]

In case of repairs to a beneficiary-owned DMEPOS item, if Medicare paid for the base equipment initially, medical necessity for the base equipment has been established. With respect to Medicare reimbursement for the repair, there are two documentation requirements:

1. The treating physician must document that that the DMEPOS item being repaired continues to be reasonable and necessary; and,
2. Either the treating physician or the supplier must document that the repair itself is reasonable and 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.

Additional documentation for Billing Repairs of Beneficiary-owned Equipment[4]

The information needed on the claim is a statement that this service is for repairs to beneficiary owned equipment in addition to the date of purchase, the HCPCS code, and a description of the beneficiary owned equipment.

Example: "RPRs to PT owned PRIDE JAZZY610 K0011 PWC PUR 41603" (51 characters)
All other required supporting medical documentation should be retained in provider files.

Reclassification of Certain Durable Medical Equipment from the Inexpensive and Routinely Purchased Payment Category to the Capped Rental Payment Category[5]

Effective April 1, 2014, certain DME Wheelchair Accessories were reclassified from the inexpensive or routinely purchased (IN) DME payment category to the capped rental (CR) DME payment category.

Certain DME wheelchair accessories that are capped rental items furnished for use as a part of a complex rehabilitative power wheelchair (codes K0835-K0864) are payable on a lump sum purchase basis if the beneficiary chooses the purchase option. If the beneficiary declines the purchase option, and instead elects to rent the wheelchair accessory, the supplier must furnish the item on a rental basis.

Reference MLN Matters Number: MM8566 Revised for a full list of reclassified DME wheelchair accessories.

Billing for Replacement Parts[6]

A). 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. All options and accessories provided at the time of initial issue of a POV are not separately billable.

Miscellaneous replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using the HCPCS code K0108. When billing more than one line item with 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.

B). Modifiers
KX, GA, GZ, GY:

Certain LCDs require modifiers to be used when submitting a claim. For the Wheelchair Options and Accessories 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
GZ – Item or service expected to be denied as not reasonable and necessary
GY – Item or service excluded or does not meet the definition of any Medicare benefit

The pricing modifiers required for payment purposes are:

NU – New item
UE – Used item
RR – Rented item

The UE modifier must be used when a replacement item is a rebuilt component.

Repair/Replacement modifiers[7]:

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

Modifier RB is used for replacement parts furnished in order to repair beneficiary-owned DMEPOS.

The RB modifier applies when an option or accessory is provided either as a replacement for the same part which has been worn or damaged (e.g., replacing a tire of the same type).

Modifiers such as NU for new, UE for used, KX for necessary information on file, and other appropriate modifiers must be used in addition to the replacement modifier (RA or 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 RTLT 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."

Claims will be rejected when the modifier is missing, invalid or when unnecessary modifiers are used. Such claims must be resubmitted with the correct information as this rejected claim does not have appeal rights.

Wheelchair Options and Accessories[6]
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.

The Affordable Care Act (ACA) 6407[6]

There are specific items/options that require an in-person or face-to-face interaction between the beneficiary and their treating physician prior to prescribing the item. The in-person or face-to-face interaction is specific in documenting the beneficiary's evaluation and/or treatment for a condition that supports the need for the item(s) of the DME ordered. A Written Order Prior to Delivery (WOPD) is required prior to delivery of these items/options. All Medicare coverage and documentation requirements also apply.

The in-person or face-to-face interaction must be performed by a physician (MD or DO), Physician Assistant (PA), Nurse Practitioner (NP) or Clinical Nurse Specialist (CNS). The in-person or face-to-face interaction must meet the following requirements:

- Must be performed within six (6) months prior to the WOPD.
- Must document in the examination that the beneficiary was evaluated and/or treated for a condition that supports the need for the items/options of the DME ordered.

If the encounter was performed by a PA, NP, or CNS, a physician (MD or DO) must document the occurrence of the in-person or face-to-face encounter by signing/co-signing and dating the pertinent portion of the medical record.

A list of the item(s)/option(s) listed in the ACA 6407 can be found within the MLN Matters Number: MM8304 Revised.

ACA 6407 Prescription Requirements
A Written Order Prior to Delivery (WOPD) must be completed and received by the provider PRIOR to delivery of the item/option. The WOPD (at a minimum) must include the following information:

- Beneficiary's name
- Physician's name
- Date of the order and the start date, if the start date is different from the date of the order
- Detailed description of the item(s)
- The prescribing practitioner's National Provider Identifier (NPI)
- The signature of the ordering practitioner
- Signature date

ACA 6407 Date and Timing Requirements
For the item(s)/option(s) listed in the ACA 6407, there are Date and Timing Requirements. Those requirements are:

- The date of the in-person or face-to-face encounter must be on or before the date of the written order and may be no older than 6 months prior to the prescription date.
- The date of the in-person or face-to-face encounter must be on or before the date of delivery for the item(s)/option(s) prescribed.
- The date of the written order must be on or before the delivery date.
- The DMEPOS supplier must have documentation of both the in-person or face-to-face encounter and completed WOPD in their file prior to the delivery of the item(s)/option(s).

A date stamp (or similar) is required which clearly indicates the supplier's date of receipt of both the face-to-face record and the completed WOPD with the prescribing physician's signature and signature date. It is recommended that both documents be separately date-stamped to avoid any confusion regarding the receipt date of these documents.

Billing Information for K0108 as a repair[8]

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

- Narrative description of the item
- The manufacturer name
- The model/part number
- The Manufacturer Suggested Retail Price (MSRP)
    - In rare cases an MSRP is not available; indicate "NO MSRP"
- Date of purchase of the base being repaired

Billing for Labor[8]

The labor portion of a repair is billed using HCPCS code K0739

A) **K0739 -** Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor component, per 15 minutes.

Payment for any labor involved in the assembling, preparing or modifying of the equipment is included in the allowance for the wheelchair base and accessories and cannot be separately billed.

The payment rates for K0739 include 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).*

Claims for repairs **must** include:

- Narrative information itemizing each repair.
- The time taken for each repair.

No modifiers are to be used with the K0739 HCPCS code.

B) Units of Service for Commonly Repaired Items[9]

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 Armpad	1
Power Wheelchair	Shroud/cowling	2
Manual Wheelchair	Anti-tipping device	1
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.

Most DMEPOS warranties will cover parts, but not labor. If the part is under warranty, the labor can be billed with a narrative stating the part was obtained under warranty. The claim should include a statement indicating that labor was not covered under manufacturer warranty.[10]

C) Travel Charges[11]

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

DME MAC FAQ – Complex Rehab Repair Issues – posted April 2009

8. **Question:** If a beneficiary refuses to bring their equipment to the supplier location, can they be charged a fee for this service?

   Answer: No, Medicare's payment for repairs, i.e., parts and labor, is all-inclusive. There is no separate payment for travel time, service charges, fuel surcharges, etc. On an assigned claim, suppliers may not charge a beneficiary for these costs. On a nonassigned claim, the beneficiary will be responsible for the difference between the submitted charges for the repairs and the amount Medicare pays.

Temporary Replacement Equipment[8]

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).

A) 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 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.

No modifiers are to be used with the K0462 HCPCS code.

Providers cannot bill the K0462 when repairing capped rental wheelchairs during the rental period.

Note: Medicare expects dealers to have frequently replaced items available for repairs.

B) Complex Temporary Wheelchair (K0462)[11]

DME MAC FAQ – Complex Rehab Repair Issues – posted April 2009

6. **Question:** HCPCS code K0462 (temporary replacement for patient-owned equipment being repaired, any type) is used when a supplier provides a complete wheelchair to a beneficiary on a temporary basis if his/her wheelchair requires major repair (i.e., taking more than one day). Rehab power wheelchairs include sophisticated seating systems and advanced electronics that are highly individualized for the patient. Providing a similar loaner wheelchair is not possible. If a supplier is able to substitute a temporary replacement component while the patient's item is being repaired, can K0462 be used in that situation?

   Answer: Use of HCPCS code K0462 for temporary replacement is applicable when an appropriate complete item is provided or when swapping out individual components while leaving the beneficiary's base equipment in place as described in the scenario above. Suppliers are reminded that detailed records describing the nature of the repair and the justification for the temporary replacement of the item should be maintained.

Example Claim

24A		24B	24C	24D	24E	24F	24G
01/23/15		12		K0462 |	1	$577.42	1
01/23/15		12		K0739 |	1	$44.58	3
01/23/15		12		K0108 | NURBKX	1	$15.38	1
01/23/15		12		E2370 I NURBRTKX	1	$768.05	1

Required Information
NTE 2300 field: RPRs to PT owned PRIDE JSELECTC K0823 PUR 111607

Line 1 – NTE 2400 field: G2S PWC PRIDE JSELECTC RPL HARN ORDER MOTOR
Line 2 – NTE 2400 field: RPL PWR HARN FRIED WIRE 15 MIN RPL RT MOTR SEIZED UP BBR 30 MIN
Line 3 – NTE 2400 field: ELE HARN PWR CORD PRIDE HARUSHD1065 MSRP $15.38 FRIED WIRE
Line 4 – NTE 2400 field: RT MOTR SEIZED UP BBR

REPAIRS TO EQUIPMENT IN A COMPETITIVE BID AREA

For repair information for competitive bid please see CMS' The Durable Medical Equipment, Prosthetics, Orthotics, and Supplier (DMEPOS) Competitive Bidding Program Repairs and Replacements Fact Sheet at:

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/DME_Repair_Replacement_Factsheet_ICN905283.pdf

References:

1. *Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 110.2*
2. *CMS' Program Integrity Manual, Chapter 5, Section 5.8.1 – Suppliers Documentation for DMEPOS Repair Claims*
3. *DME MAC Local Coverage Determination (LCD) for Power Mobility Devices*
4. *DME MAC Billing Repairs to patient owned equipment – posted 2007*
5. *MLN Matters Number: MM8566 Revised*
6. *DME MAC Local Coverage Article for Wheelchair Options/Accessories Local Coverage Determination and Policy Article*
7. *MLN Matters Number: MM6297 Revised*
8. *Repairs and Replacement of DME and Oxygen – DME MAC Jurisdiction A Outreach and Education Team*
9. *DME MAC - Repair Labor Billing and Payment Policy posted February 2009*
10. *MLN Matters Number: MM5370 Revised*
11. *DME MAC FAQ – Complex Rehab Repair Issues – posted April 2009*

DME Company
123 Main Street, Anywhere, USA
(123)456-7891

SAMPLE EQUIPMENT REPAIR ASSESSMENT

Client Name _____ Customer ID _____
Phone _____
Address _____
City _____ State _____ ZIP _____
Date of Birth _____ Height _____ Weight _____
Physician _____ Diagnosis _____
Primary Insurance _____ Secondary Insurance _____
Date _____ Tech/Rep _____

EQUIPMENT

Equipment Mfg/Make _____ Model _____ Serial # _____
Covered by Warranty? _____ Warranty Holder _____
Seat type _____ Seat Height _____ Seat Width& Depth _____
Supplier _____ Rental _____ Date of Purchase _____

ASSESSMENT

Reason for assessment _____

COMPONENT	QTY/SIDE	TYPE	CONDITION*	RECOMMENDATION
Actuator				
Anti-tipper				
Armrest				
Battery				
Battery Charger				
Bearing				
Caster fork				
Caster wheel/tire				
Control module				
Cushion - seat				
Cushion - back				
Drive Motor/Gearbox				
Drive/Propulsion wheel				
Foot/leg rest				
Heel loop				
Joystick				
Motor Gearbox Combo				
Pelvic Belt				
Other				
Other				
Other				
Other				

*** See Attachment A**

I acknowledge that I have reviewed this entire document, agree with the information contained herin and that the answers I have provided are accurate and truthful.

Client Signature _____ Date _____
Repair Tech Signature _____ Date _____

DME Company
123 Main Street, Anywhere, USA
(123)456-7891

SAMPLE DETAILED REPAIR ORDER

Client Name _____

DESCRIPTION/QTY	MFG/Part #	HCPCS	ALLOWANCE	LABOR (MINUTES)

SHOP NOTES

_____

_____

_____

_____

_____

SHOP QUALITY ASSURANCE CHECK

Parts on hand? _____ Parts Order Required? _____

Loaner required? _____ Reason _____

Loaner Make/Model/HCPCS _____

Date repair completed? _____

Comments _____

_____

_____

Repair Tech Signature _____ _____

Date of Signature _____

Sample Repair Assessment Adjectives

BALD
BENT
BINDING
BROKEN
CRACKED
CUT
DOES NOT HOLD A CHARGE
FRAYED
GRINDING
INOPERABLE
LEAKY
MISSING
OVERHEATING
PUNCTURED
RIPPED
SEIZED UP
SHORTING OUT
SLICED
SLIPPING
SNAPPED
SPLIT
SQUEAKY
STRIPPED
SUBMERGED
TRIPPING

SAMPLE PRESCRIPTION FOR WHEELCHAIR REPAIRS

Start Date of the Order _____

Physician/Treating Practitioner Name _____
NPI _____
Street Address _____
City _____ State _____ ZIP _____
Ph ( ) _____ Fax ( ) _____

Beneficiary Name _____ **DOB** _____
Street Address _____
City _____ State _____ ZIP _____

Diagnoses - ICD-9/ICD-10 Codes _____

_____

Length of Need _____

Item(s) Ordered * *Circle type and side (R/L) as appropriate.*

	Actuator R/L (Type_____) (Qty___)		Joystick (Type_____)
	Adapter for Amputee		Mounting Hardware, Swing-away, Retractable, Removable, R/L/ (Qty____)
	Anti-rollback Device R/L (Qty____)		Motor/Gearbox R/L (Qty____)
	Anti-tipping Device R/L (Qty____)		Motor-Gearbox Combination R/L (Qty____)
	Armrest, Adj. Height Detachable R/L (Qty____)		Pelvic Belt/Strap
	Armrest, Adj. Height, Fixed R/L (Qty___)		Recline Mechanism/System
	Battery (Type_____) (Qty___)		Residual Limb Support System R/L (Qty___)
	Battery Charger		Shoulder Harness/Strap
	Caster Tire R/L (Qty___)		Tilt Mechanism/System
	Caster Fork R/L (Qty___)		Upholstery, Seat Replacement
	Control Module (Type_____)		Upholstery, Back Replacement
	Cushion - Seat (Type_____)		Ventilator Tray
	Cushion - Back (Type_____)		Ventilator Tray, Gimbaled
	Drive /Propulsion Tire R/L (Qty___)		Brake Extension R/L (Qty___)
	Drive /Propulsion Wheel R/L (Qty___)		Wheel Lock R/L (Qty____)
	Elevating Leg Rest R/L (Qty___)		Wiring/Wiring Harness
	Footrest/Footplate/Footplatform R/L (Qty__)		Other
	Frame (Type_____)		Other
	Hand Rim R/L		Other
	Hand Rim with Projections R/L (Qty____)		Other
	Heel Loop R/L/ (Qty____)		Other

**A face-to-face examination with the beneficiary in the 6 (six) months prior to the date of the written order is required for some items of DME. Refer to appropriate LCD and Policy Article.*

Physician's Signature _____

Physician Name (print clearly) _____

Date _____