

# Washington State Health Care Authority

## Medicaid Provider Guide

**Wheelchairs, Durable Medical Equipment (DME),  
and Supplies**

[Refer to Chapter 182-543 WAC]



Washington State  
Health Care Authority

**A Billing Instruction**

## About This Publication

This publication supersedes all previous Agency *Wheelchairs, Durable Medical Equipment, and Supplies Medicaid Provider Guides* published by the Medicaid Program of the Health Care Authority (the Agency). The following programs have individual billing instructions:

- [Nondurable Medical Supplies and Equipment \(MSE\) Medicaid Provider Guide](#)
- [Medical Nutrition Medicaid Provider Guide](#)
- [Home Infusion Therapy Medicaid Provider Guide](#)
- [Prosthetic/Orthotic Devices and Supplies Medicaid Provider Guide](#)

**Note:** The Agency now reissues the entire billing manual when making updates, rather than just a page or section. The effective date and revision history are now at the front of the manual. This makes it easier to find the effective date and version history of the manual.

## What Has Changed?

Reason for Change	Effective Date	Section/ Page No.	Subject	Change
For more consistency within the Medicaid Program in the Agency  PN 12-14	4/1/12	Section J: Authorization/ page J.3	Submitting photos and x-rays electronically	Updated instructions for providers using the Medical Electronic Attachment, Inc. (MEA) system to submit photos and x-rays for medical and DME requests.  Note: This change is reflected in several Medicaid provider guides, with more details in the the Prior Authorization chapter of the <a href="#">ProviderOne Billing and Resource Guide</a> .

## How Can I Get Agency Provider Documents?

To download and print Agency Medicaid provider guides and notices, go to the Agency website at <http://hrsa.dshs.wa.gov> (click the *Medicaid Provider Guides and Provider Notices* link).

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# Important Contacts

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**Note:** This section contains important contact information relevant to nondurable medical supplies and equipment. For more contact information, see the *Agency Resources Available* web page at:  
[http://hrsa.dshs.wa.gov/Download/Resources\\_Available.html](http://hrsa.dshs.wa.gov/Download/Resources_Available.html)

Topic	Contact Information
Becoming a provider or submitting a change of address or ownership	<p style="text-align: center;">See the <i>Agency Resources Available</i> web page at:  <a href="http://hrsa.dshs.wa.gov/Download/Resources_Available.html">http://hrsa.dshs.wa.gov/Download/Resources_Available.html</a></p>
Finding out about payments, denials, claims processing, or Agency managed care organizations	
Electronic or paper billing	
Finding Agency documents (e.g., billing instructions, # memos, fee schedules)	
Private insurance or third-party liability, other than Agency managed care	
Requesting that equipment/supplies be added to the “covered” list in these billing instructions	<p>1-800-562-3022 (phone)            1-866-668-1214 (fax)</p>
Requesting prior authorization or a limitation extension	<p>Cost Reimbursement Analyst            Professional Reimbursement            PO Box 45510            Olympia, WA 98504-5510            1-360-753-9152 (fax)</p>
Questions about the payment rate listed in the fee schedule	<p>Cost Reimbursement Analyst            Professional Reimbursement            PO Box 45510            Olympia, WA 98504-5510            1-360-753-9152 (fax)</p>

# Definitions & Abbreviations

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This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Agency *Glossary* at [http://hrsa.dshs.wa.gov/download/medical\\_assistance\\_glossary.htm](http://hrsa.dshs.wa.gov/download/medical_assistance_glossary.htm) for a more complete list of definitions.

**Date of Delivery** – The date the client actually took physical possession of an item or equipment. [WAC 182-543-1000]

**Disposable Supplies** – Supplies that may be used once, or more than once, but are time limited. [WAC 182-543-1000]

**Digitized speech** – (Also referred to as devices with “whole message” speech output) - Words or phrases that have been recorded by an individual other than the SGD user for playback upon command of the SGD user.

**Durable Medical Equipment (DME)** – Equipment that:

- Can withstand repeated use;
- Is primarily and customarily used to serve a medical purpose;
- Generally is not useful to a person in the absence of illness or injury; and
- Is appropriate for use in the client’s place of residence.

**EPSDT** - See WAC 182-500-0005.

**Healthcare Common Procedure Coding System (HCPCS)** – A coding system established by the Health Care Financing Administration (HCFA) to define services and procedures. HCFA is now known as the Centers for Medicare and Medicaid Services (CMS). [WAC 182-543-1000]

**Home** – For the purposes of this program, means location, other than hospital or skilled nursing facility where the client receives care. [WAC 182-543-1000]

**House Wheelchair** – A skilled nursing facility wheelchair that is included in the skilled nursing facility’s per-patient-day rate under chapter 74.46 RCW. [WAC 182-543-1000]

**Manual Wheelchair** – See “Wheelchair – Manual.”

**Medical Supplies** – Supplies that are:

- Primarily and customarily used to serve a medical purpose; and
- Generally not useful to a person in the absence of illness or injury. [WAC 182-543-1000]

## Wheelchairs, Durable Medical Equipment, and Supplies

**Nonreusable Supplies** – Supplies that are used only once and then are disposed of. [WAC 182-543-1000]

**Orthotic Device or Orthotic** – A corrective or supportive device that:

- Prevents or corrects physical deformity or malfunction; or
- Supports a weak or deformed portion of the body. [WAC 182-543-1000]

**Other Durable Medical Equipment (other DME)** – All durable medical equipment, excluding wheelchairs and wheelchair related items. [WAC 182-543-1000]

**Personal or Comfort Item** – An item or service that primarily serves the comfort or convenience of the client or caregiver. [WAC 182-543-1000]

**Power-Drive Wheelchair** – See “Wheelchair – Power.” [WAC 182-543-1000]

**Pricing Cluster** - A group of manufacturers' list prices for brands/models of DME, medical supplies and nondurable medical equipment that the Agency considers when calculating the reimbursement rate for a procedure code that does not have a fee established by Medicare. [WAC 182-543-1000]

**Resource Based Relative Value Scale (RBRVS)** – A scale that measures the relative value of a medical service or intervention, based on amount of physician resources involved. [WAC 182-543-1000]

**Reusable Supplies** – Supplies that are to be used more than once. [WAC 182-543-1000]

**Scooter** – A federally-approved, motor-powered vehicle that:

- Has a seat on a long platform;
- Moves on either three or four wheels;
- Is controlled by a steering handle; and
- Can be independently driven by a client. [WAC 182-543-1000]

**Specialty Bed** – A pressure reducing support surface, such as foam, air, water, or gel mattress or overlay. [WAC 182-543-1000]

**Speech generating device (SGD)** - An electronic device or system that compensates for the loss or impairment of a speech function due to a congenital condition, an acquired disability, or a progressive neurological disease. The term includes only that equipment used for the purpose of communication. Formerly known as "augmentative communication device (ACD)."

**Synthesized Speech** – A technology that translates a user's input into device-generated speech using algorithms representing linguistic rules; synthesized speech is not the prerecorded messages of digitized speech. An SGD that has synthesized speech is not limited to pre-recorded messages but rather can independently create messages as communication needs dictate. [WAC 182-543-1000]



**Three- or Four-wheeled Scooter** – A three- or four-wheeled vehicle meeting the definition of scooter (see “scooter”) and that has the following minimum features:

- Rear drive;
- A twenty-four volt system;
- Electronic or dynamic braking;
- A high to low speed setting; and
- Tires designed for indoor/outdoor use. [WAC 182-543-1000]

**Trendelenburg Position** – A position in which the patient is lying on his or her back on a plane inclined thirty to forty degrees. This position makes the pelvis higher than the head, with the knees flexed and the legs and feet hanging down over the edge of the plane. [WAC 182-543-1000]

**Warranty- Period** – A guarantee or assurance, according to manufacturers’ or provider’s guidelines, of set duration from the date of purchase. [WAC 182-543-1000]

**Wheelchair-manual** – A federally-approved, nonmotorized wheelchair that is capable of being independently propelled and fits one of the following categories:

- Standard:
  - ✓ Usually is not capable of being modified;
  - ✓ Accommodates a person weighing up to two hundred fifty pounds; and
  - ✓ Has a warranty period of at least one year.
- Lightweight:
  - ✓ Composed of lightweight materials;
  - ✓ Capable of being modified;
  - ✓ Accommodates a person weighing up to two hundred fifty pounds; and
  - ✓ Usually has a warranty period of at least three years.

- High strength lightweight:
  - ✓ Is usually made of a composite material;
  - ✓ Is capable of being modified;
  - ✓ Accommodates a person weighing up to two hundred fifty pounds;
  - ✓ Has an extended warranty period of over three years; and
  - ✓ Accommodates the very active person.
- Hemi:
  - ✓ Has a seat-to-floor height lower than eighteen inches to enable an adult to propel the wheelchair with one or both feet: and
  - ✓ Is identified by its manufacturer as “Hemi” type with specific model numbers that include the “Hemi” description.
- Pediatric: Has a narrower seat and shorter depth more suited to pediatric patients, usually adaptable to modifications for a growing child.
- Recliner: Has an adjustable, reclining back to facilitate weight shifts and provide support to the upper body and head.
- Tilt-in-Space: Has a positioning system that allows both the seat and back to tilt to a specified angle to reduce shear or allow for unassisted pressure releases.
- Heavy Duty:
  - ✓ Specifically manufactured to support a person weighing up to three hundred pounds; or
  - ✓ Accommodating a seat width of up to twenty-two inches wide (not to be confused with custom manufactured wheelchairs).

- Rigid: Is of ultra-lightweight material with a rigid (nonfolding) frame.
- Custom Heavy Duty:
  - ✓ Specifically manufactured to support a person weighing over three hundred pounds; or
  - ✓ Accommodates a seat width of over twenty-two inches wide (not to be confused with custom manufactured wheelchairs).
- Custom Manufactured Specially Built:
  - ✓ Ordered for a specific client from custom measurements; and
  - ✓ Is assembled primarily at the manufacturer's factory.

[WAC 182-543-1000]

**Wheelchair–Power** – A federally-approved, motorized wheelchair that can be independently driven by a client and fits one of the following categories:

- Custom power adaptable to:
  - ✓ Alternative driving controls; and
  - ✓ Power recline and tilt-in-space systems.
- Noncustom power: Does not need special positioning or controls and has a standard frame.
- Pediatric: Has a narrower seat and shorter depth that is more suited to pediatric patients. Pediatric wheelchairs are usually adaptable to modifications for a growing child.  
[WAC 182-543-1000]

# About the Program

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## General Information about the Program

[Refer to WAC 182-543-0500]

The federal government considers durable medical equipment (DME) and related supplies, as optional services under the Medicaid program, except when prescribed as an integral part of an approved plan of treatment under the home health program or required under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

**Note:** The Agency may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

The Agency covers DME and related supplies listed within these billing instructions, according to Agency rules and subject to the limitations and requirements within this section.

The Agency pays for DME and related supplies including modifications, accessories, and repairs when it is:

- Covered;
- Within the scope of the client's medical program (see WAC 182-501-0060 and WAC 182-501-0065);
- Medically necessary, as defined in WAC 182-500-0005;
- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC) within the scope of his or her licensure, except for dual eligible medicare/medicaid clients when medicare is the primary payer and the Agency is being billed for a co-pay and/or deductible only;
- Authorized, as required in these billing instructions, any related numbered memoranda, and the following:
  - ✓ Chapter 182-501 WAC;
  - ✓ Chapter 182-502 WAC; and
  - ✓ Chapter 182-543 WAC.
- Provided and used within accepted medical or physical medicine community standards of practice.

The Agency requires prior authorization (PA) for covered durable medical equipment (DME) and

## Wheelchairs, Durable Medical Equipment, and Supplies

related supplies, and related services when the clinical criteria are not met, including the criteria associated with the expedited prior authorization (EPA) process.

The Agency evaluates requests requiring PA on a case-by-case basis to determine medical necessity, according to the process found in WAC 182-501-0165.

**Note:** Refer to Section “J” within these billing instructions for specific details regarding authorization for the DME Program.

The Agency bases its determination about which DME services and related supplies require PA or EPA on utilization criteria (see the Authorization Section within these billing instructions). The Agency considers all of the following when establishing utilization criteria:

- High cost;
- The potential for utilization abuse;
- A narrow therapeutic indication; and
- Safety.

The Agency evaluates a request for any DME item listed as noncovered within these billing instructions under the provisions of WAC 182-501-0160. When EPSDT applies, the Agency evaluates a noncovered service, equipment, or supply according to the process in WAC 182-501-0165 to determine if it is:

- Medically necessary;
- Safe;
- Effective; and
- Not experimental (Refer to the Agency’s *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Billing Instructions* for more information).

The Agency evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by WAC 182-531-0050, under the provisions of WAC 182-501-0165 which relate to medical necessity. (See Section “J” within these billing instructions).

# Client Eligibility

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## Who Is Eligible? [Refer to WAC 182-543-1100]

Please see the Agency *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

**Note:** Refer to the *Scope of Healthcare Services Table* web page at: <http://hrsa.dshs.wa.gov/Download/ScopeofHealthcareSvcsTable.html> for an up-to-date listing of Benefit Service Packages.

## Third-Party Liability (TPL)

If the client has TPL coverage (excluding Medicare), prior authorization must be obtained before providing any service requiring prior authorization.

## Are Clients Enrolled in an Agency-Managed Care Plan Eligible?

**YES!** When verifying eligibility using ProviderOne, if the client is enrolled in an Agency managed care plan, managed care enrollment will be displayed on the Client Benefit Inquiry screen. All services must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their managed care plan by calling the telephone number provided to them.

All medical services covered under a managed care plan must be obtained by the client through designated facilities or providers. The managed care plan is responsible for:

- Payment of covered services; and
- Payment of services referred by a provider participating with the plan to an outside provider.

**Note:** To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the Agency *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

## Primary Care Case Management (PCCM)

For the client who has chosen to obtain care with a PCCM provider, this information will be displayed on the Client Benefit Inquiry screen in ProviderOne. These clients must obtain or be referred for services via a PCCM provider. The PCCM provider is responsible for coordination of care just like the PCP would be in a plan setting.

**Note:** To prevent billing denials, please check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the PCCM provider. Please see the *Agency ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for instructions on how to verify a client's eligibility.

# Provider/Manufacturer Information

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## Eligible Providers and Provider Requirements

[Refer to WAC 182-543-2000]

The Agency pays qualified providers for durable medical equipment (DME) and related services on a fee-for-service basis as follows:

- DME providers for DME and related repair services;
- Medical equipment dealers, pharmacies, and home health agencies under their national provider identifier (NPI) for medical supplies;
- Physicians who provide medical equipment and supplies in the office. The Agency may pay separately for medical supplies, subject to the provisions in the Agency's resource-based relative value scale fee schedule; and
- Out-of-state orthotics and prosthetics providers who meet their state regulations.

Providers and suppliers of DME and related services must:

- Meet the general provider requirements in chapter 182-502 WAC;
- Have the proper business license;
- Be certified, licensed and/or bonded if required, to perform the services billed to the Agency;
- Provide instructions for use of equipment;
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties;
- Furnish, upon Agency request, documentation of proof of delivery; (See "How Do I Provide Proof of Delivery?" within this section); and
- Bill the Agency using only the allowed procedure codes listed in published within these billing instructions.

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- Have a valid prescription. To be valid, a prescription must:
  - ✓ Be written on the Agency's Prescription form, 13-794. The Agency's electronic forms are available online at: <http://hrsa.dshs.wa.gov/mpforms.shtml>;
  - ✓ Be written by a physician, advanced registered nurse practitioner (ARNP), or physician's assistant certified (PAC);
  - ✓ Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and before delivery of the supply, equipment, or device. Prescriptions must not be back-dated;
  - ✓ Be no older than one year from the date the prescriber signs the prescription; and
  - ✓ State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity.

**Note:** For dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Agency is being billed for co-pay and/or deductible only, the above does not apply.

## How Can I Request that Equipment/Supplies Be Added to the “Covered” List in These Billing Instructions?

[Refer to WAC 182-543-2100]

Any interested party, such as a provider, suppliers, and manufacturers may request the Agency to include new equipment/supplies in the Agency's *Wheelchairs, Durable Medical Equipment and Supplies Medicaid Provider Guide*.

- The request should include credible evidence, including but not limited to:
  - ✓ Manufacturer's literature;
  - ✓ Manufacturer's pricing;
  - ✓ Clinical research/case studies (including FDA approval, if required);
  - ✓ Proof of the Centers for Medicare and Medicaid Services (CMS) certification, if applicable; and
  - ✓ Any additional information the requester feels would aid the Agency in its determination.

Send requests to:

DME Program Management Unit  
PO Box 45506  
Olympia WA 98504-5506



## How Do I Provide Proof of Delivery? [Refer to WAC 182-543-2200]

When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish the proof of delivery when the Agency requests that information. All of the following apply:

- The Agency requires a delivery slip as proof of delivery, and it must:
  - ✓ Be signed and dated by the client or the client's authorized representative (the date of signature must be the date the item was received by the client);
  - ✓ Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name; and
  - ✓ For durable medical equipment (DME) that may require future repairs, include the serial number.
- When the provider or supplier submits a claim for payment to the Agency, the date of service on the claim must be one of the following:
  - ✓ For a one-time delivery, the date the item was received by the client or authorized representative; or
  - ✓ For DME for which the Agency has established a monthly maximum, on or after the date the item was received by the client or authorized representative.

When a provider uses a delivery/shipping service to deliver items which are not fitted to the client, the provider must furnish proof of delivery that the client received the equipment and/or supply, when the Agency requests that information.

- If the provider uses a delivery/shipping service, the tracking slip is the proof of delivery. It must include:
  - ✓ The client's name or a reference to the client's package(s);
  - ✓ The delivery service package identification number; and
  - ✓ The delivery address.
- If the provider/supplier delivers the product, the proof of delivery is the delivery slip. The delivery slip must include:
  - ✓ The client's name;
  - ✓ The shipping service package identification number;

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- ✓ The quantity, detailed description(s), and brand name(s) of the items being shipped; and
- ✓ For DME that may require future repairs, include the serial number.
- When billing the Agency:
  - ✓ Use the shipping date as the date of service on the claim if the provider uses a delivery/shipping service;
  - ✓ Use the actual date of delivery as the date of service on the claim if the provider/supplier does the delivery.

**Note:** A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

Providers must obtain PA when required before delivering the item to the client. The item must be delivered to the client before the provider bills the Agency.

The Agency does not pay for DME furnished to the Agency's clients when:

- The medical professional who provides medical justification to the Agency for the item provided to the client is an employee of, has a contract with, or has any financial relationship with the provider of the item; or
- The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of DME.

### **Rental or Purchase [Refer to WAC 182-543-2300]**

- The Agency bases its decision to rent or purchase wheelchairs, durable medical equipment and supplies (DME) on the length of time the client needs the equipment.
- A provider must not bill the Agency for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- The Agency purchases *new* DME equipment only.
  - ✓ A new DME item that is placed with a client initially as a rental item is considered a new item by the Agency at the time of purchase.
  - ✓ A used DME item that is placed with a client initially as a rental item *must* be replaced by the supplier with a new item prior to purchase by the Agency.

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- The Agency requires a dispensing provider to ensure the DME rented to a client is both of the following:
  - ✓ In good working order; and
  - ✓ Comparable to equipment the provider rents to clients with similar medical equipment needs who are either private pay clients or who have other third-party coverage.
- The Agency's minimum rental period for covered DME is one day.
- The Agency authorizes rental equipment for a specific period of time. The provider must request authorization from the Agency for any extension of the rental period.
- The Agency's reimbursement amount for rented DME includes all of the following:
  - ✓ Delivery to the client;
  - ✓ Fitting, set-up, and adjustments;
  - ✓ Maintenance, repair and/or replacement of the equipment; and
  - ✓ Return pickup by the provider.
- The Agency considers rented equipment to be purchased after twelve months' rental unless the equipment is restricted as rental only.
- DME and related services purchased by the Agency for a client are the client's property.
- The Agency rents, but does not purchase, certain DME for clients.
- The Agency stops paying for any rented equipment effective the date of a client's death. The Agency prorates monthly rentals as appropriate.
- For a client who is eligible for both Medicare and Medicaid, the Agency pays only the client's coinsurance and deductibles. The Agency discontinues paying client's coinsurance and deductibles for rental equipment when either of the following applies:
  - ✓ The reimbursement amount reaches Medicare's reimbursement cap for the equipment; or
  - ✓ Medicare considers the equipment purchased.

The Agency does not obtain or pay for insurance coverage against liability, loss and/or damage to rental equipment that a provider supplies to a client.

# Coverage - Other DME

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## Hospital Beds, Mattresses, and Related Equipment

[Refer to WAC 182-543-3000]

The Agency covers, with prior authorization (PA), one hospital bed in a ten year period, per client, with the following limitations:

- A manual hospital bed as the primary option when the client has full-time caregivers; or
- A semi-electric hospital bed only when:
  - ✓ The client's medical need requires the client to be positioned in a way that is not possible in a regular bed and the position cannot be attained through less costly alternatives (e.g., the use of bedside rails, a trapeze, pillows, bolsters, rolled up towels or blankets);
  - ✓ The client's medical condition requires immediate position changes
  - ✓ The client is able to operate the controls independently; and
  - ✓ The client needs to be in the Trendelenburg position.

The Agency bases the decision to rent or purchase a manual or semi-electric hospital bed on the length of time the client needs the bed.

## Rental

The Agency pays up to 11 months continuous rental of a hospital bed in a 12-month period as described as follows:

- A manual hospital bed with mattress, with or without bed rails. The client must meet all of the following clinical criteria:

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

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- ✓ Has a length of need/life expectancy that is 12 months or less;
  - ✓ Has a medical condition that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file);
  - ✓ Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file);
  - ✓ Has a medical condition that necessitates upper body positioning at no less than a 30° angle the majority of time the client is in the bed;
  - ✓ Does not have full-time caregivers; and
  - ✓ Does not also have a rental wheelchair.
- A semi-electric hospital bed with mattress, with or without bed rails. The client must meet all of the following clinical criteria:
    - ✓ Has a length of need/life expectancy that is 12 months or less;
    - ✓ Has tried pillows, bolsters, and/or rolled up blankets/towels in own bed, and determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file);
    - ✓ Has a chronic or terminal condition such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation;
    - ✓ Must be able to independently and safely operate the bed controls; and
    - ✓ Does not have a rental wheelchair.

## Purchase

The Agency pays, with prior authorization (PA), for the initial purchase of a semi-electric hospital bed with mattress, with or without bed rails, when the following criteria are met:

- The client:
  - ✓ Has a length of need/life expectancy that is twelve months or more;
  - ✓ Has tried positioning devices such as: pillows, bolsters, foam wedges, and/or rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file);

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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## Wheelchairs, Durable Medical Equipment, and Supplies

- ✓ Must be able to independently and safely operate the bed controls;
- ✓ Does not also have a rental wheelchair; and
- Is diagnosed:
  - ✓ With quadriplegia;
  - ✓ With tetraplegia;
  - ✓ With Duchene muscular dystrophy;
  - ✓ With amyotrophic lateral sclerosis (ALS), often referred to as “Lou Gehrig’s disease”;
  - ✓ As ventilator-dependent; or
  - ✓ With chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) with aspiration risk or shortness of breath that causes the need for an immediate position change of more than thirty degrees.
- Requests for PA must be submitted in writing to the Agency and be accompanied by:
  - ✓ A completed General Information for Authorization form, 13-835; (See Section J within these Billing instructions)
  - ✓ Hospital Bed Evaluation form, 13-747.

**Note:** The Agency’s electronic forms are available online at <http://hrsa.dshs.wa.gov/mpforms.shtml>

- ✓ Documentation of the client’s life expectancy, in months and/or years, the client’s diagnosis, the client’s date of delivery and serial number of the hospital bed; and
- ✓ Be accompanied by written documentation, from the client or caregiver, indicating the client has not been previously provided a hospital bed, purchase or rental.

## Mattresses and Related Equipment

[Refer to WAC 182-543-3000]

The Agency pays for, with prior authorization (PA), the following:

Equipment	Limitation
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**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Pressure pad, alternating with pump	One in a five-year period
Dry pressure mattress	One in a five year period
Gel or gel-like pressure pad for mattress	One in a five-year period
Gel pressure mattress	One in a five year period
Water pressure pad for mattress	One in a five year period
Dry pressure pad for mattress	One in a five year period
Mattress, inner spring	One in a five year period
Mattress, foam rubber	One in a five year period.

## Patient Lifts/Traction Equipment/Fracture Frames/Transfer Boards

[Refer to WAC 182-543-3100]

The Agency covers the purchase of the following, without PA, with limitations:

Equipment	Limitation
Patient lift, hydraulic, with seat or sling	One per client in a five-year period
Traction equipment	One per client in a five-year period
Trapeze bars	One per client in a five-year period PA for rental required
Fracture frames	One per client in a five-year period PA for rental required
Transfer board or devices	One per client in a five-year period

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**Positioning Devices** [Refer to WAC 182-543-3200]

The Agency covers, without prior authorization (PA), positioning devices with the following limitations:

Equipment	Limitation
Positioning system/supine board (small or large), including padding, straps adjustable armrests, footboard, and support blocks	One per client in a five-year period
Prone stander (infant, child, youth, or adult size) The prone stander must be prescribed by a physician and the client must not be residing in a nursing facility	One per client in a five-year period.
Adjustable standing frame (for child/adult thirty - sixty-eight inches tall), including two padded back support blocks, a chest strap, a pelvic strap, a pair of knee blocks, an abductor, and a pair of foot blocks	One per client in a five-year period.
Positioning car seats	One per client, eight years of age and older or four feet nine inches or taller, in a five-year period.

**Osteogenesis Electrical Stimulator (Bone Growth Stimulator)**

[Refer to WAC 182-543-3300]

The Agency covers, with PA, noninvasive osteogenesis electrical stimulators, limited to one per client, in a five-year period.

The Agency pays for the purchase of non-spinal bone growth stimulators, only when:

- The stimulators have pulsed electromagnetic field (PEMF) simulation; and
- The client meets **one or more of the following clinical criteria:**

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## Wheelchairs, Durable Medical Equipment, and Supplies

- ✓ Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanx, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after three months have elapsed since the date of injury without healing; or
- ✓ Has a failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery

The Agency pays for the purchase of spinal bone growth stimulators, when:

- Prescribed by a neurologist, an orthopedic surgeon, or a neurosurgeon and;
- The client meets one or more of the following clinical criteria:
  - ✓ Has a failed spinal fusion where a minimum of nine months have elapsed since the last surgery; or
  - ✓ Is post-op from a multilevel spinal fusion surgery; or
  - ✓ Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.

## Communication Devices/Speech Generating Devices (SGD)

[Refer to 182-543-3400

The Agency covers:

- One artificial larynx, any type, without prior authorization, per client in a five-year period; and
- One speech generating device (SGD), with prior authorization, per client every two years.

The Agency pays only for those approved speech generating devices (SGDs) that have:

- Digitized speech output, using pre-recorded messages;
- Synthesized speech output requiring message formation by spelling and access by physical contact with the device; or

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## Wheelchairs, Durable Medical Equipment, and Supplies

- Synthesized speech output, permitting multiple methods of message formulation and multiple methods of device access.

The Agency requires prior authorization (PA) for SGDs and reviews requests on a case-by-case basis. Requests to the Agency for prior authorization must meet all of the following:

- The client must have a severe expressive speech impairment and the client's medical condition warrants the use of a device to replace verbal communication (e.g., to communicate medical information); and
- The request must be in writing and be accompanied by:
  - ✓ A completed General Information for Authorization form, 13-835 See WAC 182-543-7000; and
  - ✓ A completed Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices form, 15-310.

The Agency requires, at a minimum, all the following information:

- A detailed description of the client's therapeutic history;
- A written assessment by a licensed speech language pathologist (SLP);
- Documentation of all of the following:
  - ✓ The client has reliable and consistent motor response, which can be used to communicate with the help of an SGD;
  - ✓ The client has demonstrated the cognitive and physical abilities to utilize the equipment effectively and independently to communicate;
  - ✓ The client's treatment plan includes a training schedule for the selected device.
- A copy of the prescription for the SGD from the client's treating physician written on an Agency Prescription form, 13-794 (see WAC 182-543-2000(2)).

The Agency may require trial-use rental of a SGD. The Agency applies the rental costs for the trial-use to the purchase price.

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## Wheelchairs, Durable Medical Equipment, and Supplies

The Agency pays for the repair or modification of an SGD when all of the following are met:

- All warranties are expired;
- The cost of the repair or modification is less than fifty percent of the cost of a new SGD and the provider has supporting documentation; and
- The repair has a warranty **for a minimum of ninety days.**

The Agency does not pay for devices requested for the purpose of education.

The Agency pays for replacement batteries for a SGD in accordance with WAC 182-543-5500(3). The Agency does not pay for back-up batteries for a SGD.

Clients who are eligible for both Medicare and Medicaid must apply first to Medicare for an SGD. If Medicare denies the request and the client requests an SGD from the Agency, the Agency evaluates the request according to the rules of this section.

## Ambulatory Aids (Canes, Crutches, Walkers, Related Supplies)

[Refer to WAC 182-543-3500]

The Agency covers the purchase of the following ambulatory aids with stated limitations without prior authorization:

Ambulatory Aid	Limitation
Canes	One per client in a five-year period;
Crutches	One per client in a five-year period;
Walkers	One per client in a five-year period.

The Agency pays for replacement underarm pads for crutches and replacement handgrips and tips for canes, crutches, and walkers. Prior authorization is not required.

The Agency pays for miscellaneous DME as follows:

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## Wheelchairs, Durable Medical Equipment, and Supplies

- Blood glucose monitor (specialized or home) - 1 in a 3-year period. See WAC 182-543-5500(4) for blood monitoring/testing supplies. The Agency does not pay for continuous glucose monitoring systems including related equipment and supplies.
- Continuous passive motion (CPM) machine - up to 10 days rental and requires PA.
- Lightweight protective helmet/soft shell (including adjustable chin/mouth strap) - 2 per 12-month period.
- Lightweight ventilated hard-shell helmet (including unbreakable face bar, woven chin strap with adjustable buckle and snap fastener, and one set of cushion pads for adjusting fit to head circumference) - 2 per 12-month period.
- Pneumatic compressor - 1 in a 5-year period.
- Positioning car seat - 1 in a 5-year period.

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# “Other” DME Coverage Table

## Beds, Mattresses, and Related Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	A4640	RA or RE	Replacement pad for use with medically necessary alternating pressure pad owned by patient.	No	Yes	Purchase only.
	A6550		Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each.	Yes		Purchase only.
	A7000		Canister, disposable, used with suction pump, each.			Purchase only.  Limit of 5 per client every 30 days. Covered only when billed in conjunction with prior authorized E2402.
N	A9272		Disposable mech wound suct	Yes		<b>Effective Jan. 1, 2012</b>
N	K0743		Portable home suction pump	Yes		<b>Effective Jan. 1, 2012</b>

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
N	K0744		Absorp drg < = 16 suction pump	Yes		To be used with K0743 <b>Effective Jan. 1, 2012</b>
N	K0745		Absorp drg > 16 <= 48 suction pump	Yes		To be used with K0743 <b>Effective Jan. 1, 2012</b>
N	K0746		Absorp drg > 48 suc pump	Yes		To be used with K0743 <b>Effective Jan. 1, 2012</b>
	E0181	NU RR	Pressure pad, alternating with pump; heavy duty. Rental requires PA.	Yes		For clients over 250 lbs. Deemed purchased after 1 year's rental. <b>Limit of 1 per client every 5 years.</b>
	E0182		Pump for alternating pressure pad.	No	Yes	Replacement purchase only.
	E0184		Dry pressure mattress.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0185	NU RR	Gel or gel-like pressure pad for mattress.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0186	NU RR	Air pressure mattress.	Rental requires PA.	Yes	For powered pressure reducing mattress see code E0277. Deemed purchased after 1 year's rental.
#	E0187		Water pressure mattress.			
	E0190		Positioning cushion/pillow/wedge, any shape or size.	No	Yes	Purchase only.
#	E0193		Powered air flotation bed (low air loss therapy).			
	E0194	NU RR	Air fluidized bed.	PA or EPA. See EPA Section G.		Deemed purchased after 1 year's rental.
	E0196		Gel pressure mattress.		Yes	Purchase only. Limit of 1 per client every 5 years.
	E0197	NU RR	Air pressure pad for mattress (standard mattress length and width).	Rental requires PA.	Yes	Deemed purchased after 1 year's rental.
	E0198		Water pressure pad for mattress, standard mattress length and width.	No	Yes	Purchase only. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0199		Dry pressure pad for mattress, standard mattress length and width.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
#	E0250		Hospital bed, fixed height, with any type side rails, with mattress.			
#	E0251		Hospital bed, fixed height, with any type side rails, without mattress.			
#	E0255		Hospital bed, variable height, hi-lo, with any type side rails, with mattress.			See E0292 and E0305 or E0310.
#	E0256		Hospital bed, variable height, hi-lo, with any type side rails, without mattress.			See E0293 and E0305 or E0310.
#	E0260		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress.			See E0294 and E0305 or E0310.

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0261		Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress.			See E0295 and E0305 or E0310.
#	E0265		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress.			See E0296 and E0305 or E0310.
#	E0266		Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress.			See E0297 and E0305 or E0310.
#	E0270		Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress.			
	E0271	NU	Mattress, inner spring.	No	Yes	Limit of 1 per client every 5 years. Replacement only.
	E0272		Mattress, foam rubber (replacement only).	No	Yes	Limit of 1 per client every 5 years. Purchase only.
#	E0273		Bed board.			
#	E0274		Over-bed table.			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0277	NU RR	Powered pressure-reducing air mattress.	PA or EPA. See EPA Section G.		Deemed purchased after 1 year's rental.
#	E0280		Bed cradle, any type.			
#	E0290		Hospital bed, fixed height, without side rails, with mattress.			
#	E0291		Hospital bed, fixed height, without side rails, with mattress.			
	E0292	NU RR	Hospital bed, variable height, hi-lo, without side rails, with mattress.	PA or EPA. See EPA Section G.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years.
	E0293	NU RR	Hospital bed, variable height, hi-lo, without side rails, without mattress.	Yes	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years.
	E0294	NU RR	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress.	PA or EPA. See EPA Section G.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0295	NU RR	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress.	Yes	Yes	Deemed purchased after 1 year's rental.  Limit of 1 per client every 10 years.
#	E0296	NU RR	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress.	Yes	Yes	Deemed purchased after 1 year's rental.  Limit of 1 per client every 10 years.
#	E0297	NU RR	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress.	Yes	Yes	Deemed purchased after 1 year's rental.  Limit of 1 per client every 10 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0300	NU RR	Pediatric crib, hospital grade, fully enclosed.	Yes	Yes	Deemed purchased after 1 year's rental.
#	E0301		Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress.			
#	E0302		Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.			
	E0303	NU RR	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress.	Yes	Yes	Deemed purchased after 1 year's rental.  Limit of 1 per client every 10 years.
	E0304	NU RR	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress.	Yes	Yes	Deemed purchased after 1 year's rental.  Limit of 1 per client every 10 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0305	NU RR	Bedside rails, half length, pair.	Rental requires PA or EPA. See EPA Section G.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years.
	E0310	NU RR	Bedside rails, full length, pair.	Rental requires PA or EPA. See EPA Section G.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 10 years.
#	E0315		Bed accessory: board, table, or support device, any type.	No		
	E0316		Safety enclosure frame/canopy for use with hospital bed, any type.	Yes	Yes	Purchase only.
	E0328		Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress.	Yes	Yes	Purchase only. Limit of 1 per client every 10 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0329		Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress.	Yes	Yes	Purchase only. Limit of 1 per client every 10 years
#	E0370		Air pressure elevator for heel.	No		
	E0371	NU RR	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.		Deemed purchased after 1 year's rental.
	E0372	NU RR	Powered air overlay for mattress, standard mattress length and width.	PA or EPA. See EPA Section G.		Deemed purchased after 1 year's rental.
	E0373	NU RR	Nonpowered advanced pressure reducing mattress.	PA or EPA. See EPA Section G.		Deemed purchased after 1 year's rental.
	E2402	RR	Negative pressure wound therapy electrical pump, stationary or portable.	Yes		Rental only.

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**Wheelchairs, Durable Medical Equipment, and Supplies**

**Other Patient Room Equipment**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
	E0621		Sling or seat, patient lift, canvas or nylon.	No	Yes	Purchase only.
#	E0625		Patient lift, bathroom or toilet, not otherwise classified.	No		
#	E0627		Seat lift mechanism incorporated into a combination lift-chair mechanism.	No		
#	E0628		Separate seat lift mechanism for use with patient owned furniture - electric.	No		
#	E0629		Separate seat lift mechanism for use with patient owned furniture - nonelectric.	No		
	E0630	NU RR	Patient lift, hydraulic, with seat or sling.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. (Includes bath.)

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0635	NU RR	Patient lift, electric, with seat or sling.	Yes	Yes	Deemed purchased after 1 year's rental.
#	E0636		Multipositional patient support system, with integrated lift, patient accessible controls.			
#	E0639		Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories.			
#	E0640		Patient lift, fixed system, includes all components/accessories.			
#	E0656		Segmental pneumatic appliance for use with pneumatic compressor, trunk.			
#	E0657		Segmental pneumatic appliance for use with pneumatic compressor, chest.			
#	E0769		Electrical stimulation or electromagnetic wound treatment device, not otherwise classified.			

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0770		Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified			
#	E0830		Ambulatory traction device, all types, each.			
	E0840		Traction frame, attached to headboard, cervical traction.			
#	E0849		Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible.			
	E0850		Traction stand, freestanding, cervical traction.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
#	E0855		Cervical traction equipment not requiring additional stand or frame.			
#	E0856		Cervical traction device, cervical collar with inflatable air bladder.			
	E0860		Traction equipment, overdoor, cervical.	No	Yes	Purchase only. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0870		Traction frame, attached to footboard, simple extremity traction (e.g. Buck's).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0880		Traction stand, freestanding, extremity traction (e.g., Buck's).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0890		Traction frame, attached to footboard, pelvic traction.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0900		Traction stand, freestanding, pelvic traction (e.g., Buck's).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0910	NU RR	Trapeze bar, also known as patient helper, attached to bed with grab bar.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.
	E0911	NU RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed with grab bar	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0912	NU RR	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.
	E0920	NU RR	Fracture frame, attached to bed. Includes weights.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.
	E0930	NU RR	Fracture frame, freestanding, includes weights.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.
	E0940	NU RR	Trapeze bar, freestanding, complete with grab bar.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.
	E0941	NU RR	Gravity assisted traction device, any type.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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P = Policy change

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0946	NU RR	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster).	Rental requires PA	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years.
	E0947		Fracture frame, attachments for complex pelvic traction.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0948		Fracture frame, attachments for complex cervical traction.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0972		Wheelchair accessory, transfer board or device, each.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0705		Transfer board or device, any type, each.	No	Yes	Purchase only. Limit of 1 per client every 5 years.

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**Wheelchairs, Durable Medical Equipment, and Supplies**

**Positioning Devices**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
	E0637	NU RR	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator).	Yes	Yes	Deemed purchased after one year's rental.
	E0638		Standing frame system, one position (e.g. upright, supine or prone stander) any size pediatric with or without wheels (includes padding, straps, adjustable armrests, footboard, and support blocks).	No	Yes	Limit of 1 per client every 5 years. Purchase only.
	E0638	NU	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps).		Yes	Limit of 1 per client every 5 years. Purchase only.
	E0638	NU	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps).		Yes	Limit of 1 per client every 5 years. Purchase only.

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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**Wheelchairs, Durable Medical Equipment, and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
	E0638	NU	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps).		Yes	Limit of 1 per client every 5 years. Purchase only.
	E0638	NU	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps).		Yes	Limit of 1 per client every 5 years. Purchase only.
#	E0641		Standing frame system, multi-position (e.g. three-way stander), any size including pediatric, (includes padding, straps, adjustable armrests, footboard, and support blocks.)			
#	E0642		Standing frame system, mobile dynamic stander, any size including pediatric, (includes padding, straps, adjustable armrests, footboard, and support blocks.)			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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## Noninvasive Bone Growth/Nerve Stimulators

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0720		TENS, two lead, localized stimulation.			
#	E0731		Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric).			
	E0740	NU RR	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer.	Yes	Yes	Deemed purchased after 1 year's rental.
#	E0744		Neuromuscular stimulator for scoliosis.			
#	E0745		Neuromuscular stimulator, electronic shock unit.			
#	E0746		Electromyography (EMG) biofeedback device.			
	E0747		Osteogenesis stimulator, electrical noninvasive, other than spinal applications.	PA or EPA. See EPA Section G.		Purchase only. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0748		Osteogenesis stimulator, electrical noninvasive, spinal applications.	PA or EPA. See EPA Section G.		Purchase only. Limit of 1 per client every 5 years.
#	E0749		Osteogenesis stimulator, electrical, surgically implanted.			
#	E0755		Electronic salivary reflex stimulator (intraoral/noninvasive).			
	E0760		Osteogenesis stimulator, low intensity ultrasound, noninvasive.	PA or EPA. See EPA Section G.		Purchase only. Limit of 1 per client every 5 years.
#	E0761		Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.			
#	E0762		Transcutaneous electrical joint stimulation device system, includes all accessories.			

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0764		Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured.			
#	E0765		FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.			

## Communication Devices

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E1902		Communication board, non-electronic augmentative or alternative communication device.			
	E2500		Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time.	Yes		Purchase only.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E2502		Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time.	Yes		Purchase only.
	E2504		Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time.	Yes		Purchase only.
	E2506		Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time.	Yes		Purchase only.
	E2508		Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device.	Yes		Purchase only.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E2510		Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access.	Yes		Purchase only.
#	E2511		Speech generating software program, for personal computer or personal digital assistant.			
	E2512		Accessory for speech generating device, mounting system.	Yes		Purchase only
	E2599		Accessory for speech generating device, not otherwise classified.	Yes		Purchase only.
	L8500		Artificial larynx, any type.	No		Purchase only. Limit of 1 per client every 5 years.

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**Wheelchairs, Durable Medical Equipment, and Supplies**

**Ambulatory Aids**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
	A4635		Underarm pad, crutch, replacement, each.	No	Yes	Purchase only.
	A4636		Replacement handgrip, cane, crutch, or walker, each.	No	Yes	Purchase only.
	A4637		Replacement tip, cane, crutch, or walker, each.	No	Yes	Purchase only.
	E0100		Cane; includes canes of all materials; adjustable or fixed, with tip.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0105		Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0110		Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0111		Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0112		Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips.	No	Yes	Purchase only. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0113		Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0114		Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0116		Crutch, underarm; other than wood; adjustable or fixed; each, with pad, tip and handgrip, with or without shock absorber, each.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0117		Crutch, underarm, articulating, spring assisted, each.	Yes		Purchase only.
#	E0118		Crutch substitute, lower leg platform, with or without wheels, each.			
#	E8000		Gait trainer, pediatric size, posterior support, includes all accessories and components.			See code E8001.

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**Wheelchairs, Durable Medical Equipment, and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
	E8001		Gait trainer, pediatric size, upright support, includes all accessories and components.	Yes	Yes	Purchase only.
#	E8002		Gait trainer, pediatric size, anterior support, includes all accessories and components.			See code E8001.
	E0130		Walker, rigid (pickup), adjustable or fixed height.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0135		Walker; folding (pickup), adjustable or fixed height.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0140		Walker, with trunk support, adjustable or fixed height, any type.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0141		Walker, rigid, wheeled, adjustable or fixed height.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0143		Walker, folding, wheeled, adjustable or fixed height.	No	Yes	Purchase only. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0144		Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0147		Walker, heavy duty, multiple braking system, variable wheel resistance (over 250 lbs).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0148		Walker, heavy duty, without wheels, rigid or folding, any type (over 250lbs).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0149		Walker, heavy duty, wheeled, rigid or folding, any type (over 250 lbs).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0153		Platform attachment, forearm crutch, each.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0154		Platform attachment, walker, each.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0155		Wheel attachment, rigid pick-up walker, per pair seat attachment, walker.	No	Yes	Purchase only. Limit of 1 per client every 5 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0156		Seat attachment, walker.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0157		Crutch attachment, walker, each.	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0158		Leg extensions for walker, per set of four (4).	No	Yes	Purchase only. Limit of 1 per client every 5 years.
	E0159		Brake attachment for wheeled walker, <i>replacement</i> , each.	No	Yes	Purchase only.

## Bathroom Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0160		Sitz type bath or equipment, portable, used with or without commode.			
#	E0161		Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s).			

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0162		Sitz bath chair.			
	E0163	NU RR	Commode chair, stationary, with fixed arms.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0165	NU RR	Commode chair, stationary, with detachable arms.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0167		Pail or pan, for use with commode chair. (replacement)	No	Yes	Included in purchase price of commode. Purchase only. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0168	NU RR	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
#	E0170		Commode chair with integrated seat lift mechanism, electric, any type.			
#	E0171		Commode chair with integrated seat lift mechanism, non-electric, any type.			
#	E0172		Seat lift mechanism placed over or on top of toilet, any type.			
	E0175		Foot rest, for use with commode chair, each.	Yes	Yes	Purchase only. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0240		Bath/shower chair, with or without wheels, any size.			Not covered for clients 21 years of age and older
	E0241		Bathtub wall rail, each.	No	Yes	Purchase only. Not covered for clients 21 years of age and older
	E0242		Bathtub rail, floor base.	No	Yes	Purchase only. Not covered for clients 21 years of age and older
	E0243		Toilet rail, each.	No	Yes	Purchase only. Not covered for clients 21 years of age and older
	E0244		Raised toilet seat.	No	Yes	Purchase only. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0245		Tub stool or bench.	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0246	NU	Transfer tub rail attachment, each.	No	Yes	Purchase only. Not covered for clients 21 years of age and older
	E0247		Transfer bench for tub or toilet with or without commode opening.	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0248		Transfer bench, heavy duty, for tub or toilet with or without commode opening (over 250 lbs).	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0275		Bed pan, standard, metal or plastic.	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0276		Bed pan, fracture, metal or plastic.	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0325		Urinal; male, jug-type, any material.	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0326		Urinal; female, jug-type, any material.	No	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0350		Control unit for electronic bowel irrigation/evacuation system.	Yes	Yes	Purchase only. Not covered for clients 21 years of age and older
	E0352		Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system.	Yes	Yes	Purchase only. Not covered for clients 21 years of age and older
	E0700		Safety equipment (e.g., belt, harness or vest).	No	Yes	Purchase only.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0240	NU RR	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters).	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0247	NU	Durable medical equipment, miscellaneous. (Adjustable bath/seat with back).		Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0247	NU	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat).		Yes	Purchase only. Limit of 1 per client every 5 years Not covered for clients 21 years of age and older
	E0240	NU	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps).		Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0240	NU	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps).	<i>EPA #87000 0776 must be used when billing this item. See EPA Section G.</i>	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E1399	NU	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps).	Yes	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E1399	NU	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back).	Yes	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E1399	NU	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back).	Yes	Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	E0248	NU	Durable medical equipment, miscellaneous. [Heavy duty bath chair (for clients over 250 lbs.)].		Yes	Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older

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**Wheelchairs, Durable Medical Equipment, and Supplies**

**Blood Monitoring**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
	A4660		Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.	No		Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	A4663		Blood pressure cuff only.	No		Purchase only. Not covered for clients 21 years of age and older
	A4670		Automatic blood pressure monitor.	No		Purchase only. Limit of 1 per client every 5 years. Not covered for clients 21 years of age and older
	A9275		Home glucose disposable monitor, include test strips.	No		Purchase Only
	E0607		Home blood glucose monitor.	No		Purchase only. Limit of 1 per client, per 3 years.
	E2100		Blood glucose monitor with integrated voice synthesizer.	Yes		Purchase only. Limit of 1 per client, per 3 years.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E2101		Blood glucose monitor with integrated lancing/blood sample.			

## Support Devices/Orthotics

See the *Prosthetics and Orthotics Billing Instructions* for Support Devices/Orthotics Codes

## Miscellaneous Durable Medical Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	A8000		Helmet, protective, soft, prefabricated, includes all components and accessories	No		Purchase only. Limit of 1 per client, per year.
	A8001		Helmet, protective, hard, prefabricated, includes all components and accessories	No		Purchase only. Limit of 1 per client, per year.
	A8002		Helmet, protective, soft, custom fabricated, includes all components and accessories	Yes		Purchase only. Limit of 1 per client, per year.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	A8003		Helmet, protective, hard, custom fabricated, includes all components and	Yes		Purchase only. Limit of 1 per client, per year.
	A8004		Soft interface for helmet, replacement only			Not allowed in addition to A8000 – A8003.
	E0202	RR	Phototherapy (bilirubin) light with photometer.	No		Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.
	E0602		Breast pump, manual, any type.	No		Purchase only. Limit of 1 per client per lifetime. Not allowed in combination with E0603 or E0604RR.

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## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0603	NU	Breast pump, electric, AC and/or DC, any type.	YES		Purchase only. Limit of 1 per client per lifetime. Not allowed in combination with E0604RR or E0602.
	E0604	RR	Breast pump, <b>hospital grade</b> , electric (AC and/or DC), any type.	PA or EPA. See EPA Section G.		Rental only. If client received a kit during hospitalization, an additional kit will not be covered.
	E0650	NU RR	Pneumatic compressor, nonsegmental home model.	Rental requires PA or EPA. See EPA Section G.	Yes	Considered purchased after 1 year's rental. Limit of 1 per client every 5 years.
#	E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure.			
#	E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure.			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0655		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm.	No		Purchase only.
	E0660		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg.	No		Purchase only.
	E0665		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm.	No		Purchase only.
	E0666		Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg.	No		Purchase only.
#	E0667		Segmental pneumatic appliance for use with pneumatic compressor, full leg			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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P = Policy change

D = Discontinued  
N = New

## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0668		Segmental pneumatic appliance for use with pneumatic compressor, full arm			
#	E0669		Segmental pneumatic appliance for use with pneumatic compressor, half leg			
#	E0671		Segmental gradient pressure pneumatic appliance, full leg.			
#	E0672		Segmental gradient pressure pneumatic appliance, full arm.			
#	E0673		Segmental gradient pressure pneumatic appliance, half leg.			
#	E0675		Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).			
#	E0676		Intermittent limb compression device (includes all accessories), not otherwise specified			
#	E0691		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

**Wheelchairs, Durable Medical Equipment, and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Included in Nursing Facility Daily Rate</b>	<b>Policy/ Comments</b>
#	E0692		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.			
#	E0693		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.			
#	E0694		Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.			
#	E0710		Restraint, any type (body, chest, wrist or ankle).			
	E0935	RR	Continuous passive motion exercise device for use on knee only (complete). Includes continuous passive motion softgoods kit.	PA or EPA. See EPA Section G.		Rental allowed for maximum of 10 days. Limit = per knee.
	E0936	RR	Continuous passive motion exercise device for use other than knee	Yes		Rental allowed for maximum of 10 days. Limit = per knee.
#	E1300		Whirlpool, portable (overtub type).			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

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P = Policy change

D = Discontinued  
N = New



## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E1310		Whirlpool, nonportable (built-in type).			
P	E1399	NU	Durable medical equipment, miscellaneous. (Breast pump kit, electric).	Yes		Purchase only.
	E2000	RR	Gastric suction pump, home model, portable or stationary, electric.	Yes		Rental only.
#	K0606		Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.			
#	K0607		Replacement battery for automated external defibrillator, garment type only, each.			
#	K0608		Replacement garment for use with automated external defibrillator, each.			
#	K0609		Replacement electrodes for use with automated external defibrillator, garment type only, each.			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	K0739		Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items).	Yes		For client-owned equipment only.
	T5001	NU RR	Positioning seat for persons with special orthopedic needs, for use in vehicles (7 years and older).	Rental and clients younger than 7 years of age require PA.	Yes	Limit of 1 per client every 5 years.

## Other Charges for DME Services

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	A9273		Hot water bottle, ice cap or collar, heat and/or wrap, any type			
#	A9281		Reaching/grabbing device, any type, any length, each.			
#	A9282		Wig, any type, each.			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0200		Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.			
#	E0203		Therapeutic lightbox, minimum 10,000 lux, table top model.			
#	E0205		Heat lamp, with stand, includes bulb, or infrared element.			
#	E0210		Electric heat pad, standard.			
#	E0215		Electric heat pad, moist.			
#	E0217		Water circulating heat pad with pump.			
#	E0218		Water circulating cold pad with pump.			
#	E0220		Hot water bottle.			
#	E0221		Infrared heating pad system.			
#	E0225		Hydrocollator unit, includes pads.			
#	E0230		Ice cap or collar.			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0231		Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.			
#	E0232		Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.			
#	E0235		Paraffin bath unit, portable (see medical supply code A4265 for paraffin).			
#	E0236		Pump for water circulating pad.			
#	E0238		Nonelectric heat pad, moist.			
#	E0239		Hydrocollator unit, portable.			
#	E0249		Pad for water circulating heat unit.			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

## Wheelchairs, Durable Medical Equipment, and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
BR	E1399	NU RR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed).	Yes		Provide complete description including copy of manufacturer's product information and price catalog with request for authorization.
#	E1831		Static progressive stretch toe device, extension and/or flexion			

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

# = Not covered by the DME program  
P = Policy change

D = Discontinued  
N = New

# Coverage - Wheelchairs

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The Agency covers, with prior authorization (PA), manual and power-drive wheelchairs for clients who reside at home.

## Wheelchairs – General [Refer to WAC 182-543-4000]

- For manual or power-drive wheelchairs for clients who reside at home, requests for PA must include all of the following completed forms:
  - ✓ General Information for Authorization form, 13-835; (See WAC 182-543-7000 Authorization);
  - ✓ Medical Necessity for Wheelchair Purchase (for home clients only) form, 13-727 from the client’s physician or therapist; and
  - ✓ The Agency’s prescription form, 13-794.

The Agency does not pay for manual or power-drive wheelchairs that have been delivered to a client without PA from the Agency, as described in this section.

When the Agency determines that a wheelchair is medically necessary, according to the process found in WAC 182-501-0165, for six months or less, the Agency rents a wheelchair for clients who live at home.

**Note:** For clients, who reside in a skilled nursing facility, refer to Section H.

## Wheelchairs – Manual [Refer to WAC 182-543-4100]

The Agency covers the rental or purchase of a manual wheelchair for a home client who is nonambulatory or has limited mobility and requires a wheelchair to participate in normal daily activities.

**Note:** For clients who reside in a skilled nursing facility refer to Section H.

The Agency determines the type of manual wheelchair for a home client as follows:

- A standard wheelchair if the client's medical condition requires the client to have a wheelchair to participate in normal daily activities;

## Wheelchairs, Durable Medical Equipment, and Supplies

- A standard lightweight wheelchair if the client's medical condition does not allow the client to use standard weight wheelchair because:
  - ✓ The client cannot self propel a standard weight wheelchair; or
  - ✓ Custom modifications cannot be provided on a standard weight wheelchair.
- A high-strength lightweight wheelchair for a client:
  - ✓ Whose medical condition doesn't allow the client to self-propel a lightweight or standard weight wheelchair; or
  - ✓ Requires custom modifications that cannot be provided on a standard weight or lightweight wheelchair.
- A heavy duty wheelchair for a client who requires a specifically manufactured wheelchair designed to:
  - ✓ Support a person weighing three hundred pounds or over; or
  - ✓ Accommodate a seat width up to twenty-two inches wide (not to be confused with custom heavy duty wheelchairs).
- A custom heavy duty wheelchair for a client who requires a specifically manufactured wheelchair designed to:
  - ✓ Support a person weighing three hundred pounds or over; or
  - ✓ Accommodate a seat width over twenty-two inches wide.
- A rigid wheelchair for a client:
  - ✓ With a medical condition that involves severe upper extremity weakness;
  - ✓ Who has a high level of activity; and
  - ✓ Who is unable to self-propel any of the above types of wheelchairs.
- A custom manufactured wheelchair for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the categories of wheelchairs listed in this section.
- Pediatric wheelchairs/positioning strollers having a narrower seat and shorter depths more suited to pediatric patients, usually adaptable to modifications for a growing child.

## Power-Drive Wheelchairs [Refer to WAC 182-543-4200 (1)(2)]

The Agency covers power-drive wheelchairs when the prescribing physician certifies that the following clinical criteria are met:

- The client can independently and safely operate a power-drive wheelchair;
- The client's medical condition negates his or her ability to self-propel any of the wheelchairs listed in the manual wheelchair category; and
- A power-drive wheelchair will:
  - ✓ Provide the client the only means of independent mobility; or
  - ✓ Enable a child to achieve age-appropriate independence and developmental milestones.

**Note:** The following additional information is required for a three or four-wheeled power-drive scooter/power-operated vehicle (POV):

- The prescribing physician certifies that the client's condition is stable; and
- The client is unlikely to require a standard power-drive wheelchair within the next two years.

## Clients With Multiple Wheelchairs [Refer to WAC 182-543-4200(3)-(6)]

When the Agency approves a power-drive wheelchair for a client who already has a manual wheelchair, the power-drive wheelchair becomes the client's primary chair, unless the client meets the criteria for dual wheelchairs.

The Agency pays to maintain only the client's primary wheelchair, unless the Agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client.

The Agency pays for one manual wheelchair and one power-drive wheelchair for noninstitutionalized clients only when one of the following circumstances applies:

- The architecture of the client's home is completely unsuitable for a power-drive wheelchair, such as narrow hallways, narrow doorways, steps at the entryway, and insufficient turning radius;
- The architecture of the client's home bathroom is such that power-drive wheelchair access is not possible, and the client needs a manual wheelchair to safely and successfully complete bathroom activities and maintain personal cleanliness; or



## Wheelchairs, Durable Medical Equipment, and Supplies

- The client has a power-drive wheelchair, but also requires a manual wheelchair because the power-drive wheelchair cannot be transported to meet the client's community, workplace, or educational activities. In this case, the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. The Agency requires the client's situation to meet the following conditions:
  - ✓ The client's activities that require the second wheelchair must be located farther than one-fourth of a mile from the client's home; and
  - ✓ Cabulance, public buses, or personal transit are not available, practical, or possible for financial or other reasons.

**Note:** When the Agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client who meets one of the criteria for dual wheelchairs, the Agency will pay to maintain both wheelchairs.

# Wheelchair Coverage Table

## Manual Wheelchairs (Covered HCPCS Codes)

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1031	NU	Rollabout chair, any and all types with casters five inches or greater.	Yes	
#	E1039		Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds.		
	E1060	RR	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.	Yes. See EPA Section G.	
	E1161	NU	Manual adult size wheelchair, includes tilt in space.	Yes	
	E1229	NU	Wheelchair, pediatric size, not otherwise specified.	Yes	
	E1231	NU	Wheelchair, pediatric size, tilt-in- space, rigid, adjustable, with seating system.	Yes	
	E1232	NU	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.	Yes	
	E1233	NU	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1234	NU	Wheelchair, pediatric size, tilt in space, folding, adjustable, without seating system.	Yes	
	E1235	NU	Wheelchair, pediatric size, rigid, adjustable, with seating system.	Yes	
	E1236	NU	Wheelchair, pediatric size, folding, adjustable, with seating system.	Yes	
	E1237	NU RR	Wheelchair, pediatric size, rigid, adjustable, without seating system.	Yes	
	E1238	NU	Wheelchair, pediatric size, folding, adjustable, without seating system.	Yes	
	K0001	NU RR	Standard wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G (for rental only).	
	K0002	NU RR	Standard hemi(low seat) for wheelchair	Yes	
	K0003	NU RR	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G (for rental only).	
	K0004	NU	High strength, lightweight wheelchair.	Yes	
	K0005	NU	Ultralightweight wheelchair.	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0006	NU RR	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests).	Yes. See EPA Section G.	
	K0007	NU	Extra heavy-duty wheelchair.	Yes	
BR	K0009	NU	Other manual wheelchair/base.	Yes	

### Manual Wheelchairs (Noncovered HCPCS Codes)

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1037		Transport chair, pediatric size.		
#	E1038		Transport chair, adult size, patient weight capacity up to and including 300 pounds.		
#	E1050		Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0003 and E1226.
#	E1070		Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See codes K0003 and E1226.
#	E1083		Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0002 or K0003.
#	E1084		Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0002 or K0003.

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1085		Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests.		See code K0002 or K0003.
#	E1086		Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0002 or K0003.
#	E1087		High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0004.
#	E1088		High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0004.
#	E1089		High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests.		See code K0004.

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1090		High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0004.
#	E1092		Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0007.
#	E1093		Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests.		See code K0007.
#	E1100		Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0003 and E1226.
#	E1110		Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrests.		See codes K0003 and E1226.
#	E1130		Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests.		See code K0001.
#	E1140		Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0001.
#	E1150		Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See K0001.

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1160		Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		
#	E1170		Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See codes K0001 - K0005.
#	E1171		Amputee wheelchair; fixed full-length arms, without footrests or legrests.		See codes K0001 - K0005.
#	E1172		Amputee wheelchair; detachable arms, desk or full-length, without footrests or legrests.		See codes K0001 - K0005.
#	E1180		Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See codes K0001 - K0005.
#	E1190		Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See codes K0001 - K0005.
#	E1195		Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests.		See code K0007.
#	E1200		Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests.		See codes K0001 - K0005.

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	E1240		Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests.		See code K0003 or K0004.
#	E1250		Lightweight wheelchair; fixed full-length arms, swing-away, detachable, footrests.		See code K0003 or K0004.
#	E1260		Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0003 or K0004.
#	E1270		Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating legrests.		See code K0003 or K0004.
#	E1280		Heavy-duty wheelchair; detachable arms, desk or full-length, elevating legrests.		See code K0007.
#	E1285		Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests.		See code K0007.
#	E1290		Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests.		See code K0007.
#	E1295		Heavy-duty wheelchair; fixed full-length arms, elevating legrests.		See code K0007.



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Power Wheelchairs (Covered HCPCS Codes)**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	E1239	NU	Power wheelchair, pediatric size, not otherwise specified.	Yes	
	K0800	NU	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733
	K0801	NU	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0802	NU	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733
	K0806	NU	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0807	NU	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733
	K0808	NU	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	K0812	NU	Power operated vehicle, not otherwise classified	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099, E2360 – E2372, E2381 – E2396 & K0733
	K0813	NU	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0814	NU	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0815	NU	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0816	NU	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0820	NU	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0821	NU	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0822	NU	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0823	NU	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0824	NU	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0825	NU	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0826	NU	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0827	NU	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0828	NU	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0829	NU	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0830	NU	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0831	NU	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0835	NU	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0836	NU	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0837	NU	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0838	NU	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0839	NU	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0840	NU	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0841	NU	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0842	NU	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0843	NU	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0848	NU	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0849	NU	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0850	NU	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0851	NU	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0852	NU	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0853	NU	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0854	NU	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0855	NU	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0856	NU	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0857	NU	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0858	NU	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0859	NU	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0860	NU	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0861	NU	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0862	NU	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0863	NU	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
#	K0864	NU	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0868	NU	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	K0869	NU	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0870	NU	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
#	K0871	NU	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
BR	K0877	NU	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	K0878	NU	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
BR	K0879	NU	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	K0880	NU	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
BR	K0884	NU	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	K0885	NU	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
BR	K0886	NU	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	K0890	NU	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
BR	K0891	NU	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	K0898	NU	Power wheelchair, not otherwise classified	Yes	Not allowed in combination with E1228, E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.



**Special Size Wheelchairs - Power or Manual (Noncovered HCPCS Codes)**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
#	E0988		Lever-activated wheel drive		<b>Effective Jan. 1, 2012</b>
#	E1220		Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification).		See code K0009 or K0014.
#	E1221		Wheelchair with fixed arm, footrests.		See codes K0001 - K0014.
#	E1222		Wheelchair with fixed arm, elevating legrests.		See codes K0001 - K0014.
#	E1223		Wheelchair with detachable arms, footrests.		See codes K0001 - K0014.
#	E1224		Wheelchair with detachable arms, elevating legrests.		See codes K0001 - K0014.
#	E2626		Seo mobile arm sup att to wc		<b>Effective Jan. 1, 2012</b>
#	E2627		Arm supp att to wc rancho ty		<b>Effective Jan. 1, 2012</b>
#	E2628		Mobile arm supports reclining		<b>Effective Jan. 1, 2012</b>
#	E2629		Friction dampening arm supp		<b>Effective Jan. 1, 2012</b>

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
#	E2630		Monosuspension arm/hand supp		<b>Effective Jan. 1, 2012</b>
#	E2631		Elevat proximal arm support		<b>Effective Jan. 1, 2012</b>
#	E2632		Offset/lat rocker arm w/ela		<b>Effective Jan. 1, 2012</b>
#	E2633		Mobile arm support supinator		<b>Effective Jan. 1, 2012</b>
#	K0899	NU	Power mobility device, not coded by dme pdac or does not meet criteria	Yes	

# Wheelchair Modifications, Accessories, and Repairs

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## Wheelchairs – Modifications, Accessories, and Repairs

[Refer to WAC 182-543-4300]

### Modifications and Accessories

The Agency covers, with prior authorization (PA), wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line item charges. To receive payment, providers must submit the following to the Agency:

- A completed General Information for Authorization form, 13-835. See WAC 182-543-7000 Authorization;
- A completed Prescription form, 13-794;
- A completed Medical Necessity for Wheelchair Purchase (for home clients only) form, 13-727.

**Note:** The date on the Medical Necessity for Wheelchair Purchase (for home clients only) form, 13-727, must not be dated prior to the date on the Prescription form, 13-794.

- The make, model, and serial number of the wheelchair to be modified;
- The modification requested; and
- Any specific information regarding the client's medical condition that necessitates the modification.

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

### Transit Option Restraints

The Agency pays for transit option restraints only when used for client-owned vehicles.

### Wheelchair Repairs

The Agency covers, with prior authorization (PA), wheelchair repairs. To receive payment, providers must submit the following to the Agency:

- General Information for Authorization form, 13-835 (See Section J for more information);
- A completed Medical Necessity for Wheelchair Purchase (for home clients only) form, 13-727;
- The make, model, and serial number of the wheelchair to be repaired; and
- The repair requested.

**Note:** PA is required for the repair and modification of client-owned equipment.

# Wheelchair Modifications, Accessories, and Repairs Coverage Table

## Cushions

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2601		General use wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2602		General use wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2603		Skin protection wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2604		Skin protection wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2605		Positioning wheelchair seat cushion, width less than 22 inches, any depth.	Yes	
	E2606		Positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2607		Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2608		Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
BR	E2609		Custom fabricated wheelchair seat cushion, any size.	Yes	
#	E2610		Wheelchair seat cushion, powered.	Yes	
	K0739		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor	Yes	
	E2622		Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	
	E2623		Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes	
	E2624		Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	
	E2625		Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Custom Frame Up-Charges**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E1014		Reclining back, addition to pediatric wheelchair.	Yes	
	E1225		Manual wheelchair accessory, semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each.	Yes	
	E1226		Manual wheelchair accessory, fully reclining back, each.	Yes	
	E1227		Special height arms for wheelchair (up-charge by construction).	Yes	
	E1228		Special back height for wheelchair.	Yes	
#	E1296		Special wheelchair seat height from floor.		See code K0056.
	E1297		Special wheelchair seat depth, by upholstery.	Yes	
	E1298		Special wheelchair seat depth and/or width, by construction.	Yes	
	E2201		Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches.	Yes	
	E2202		Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches.	Yes	
	E2203		Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2204		Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches.	Yes	
	E2340		Power wheelchair accessory, nonstandard seat frame width, 20-23 inches.	Yes	
	E2341		Power wheelchair accessory, nonstandard seat frame width, 24-27 inches.	Yes	
	E2342		Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches.	Yes	
	E2343		Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches.	Yes	
	K0056		Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.	Yes	



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Armrests and Parts**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E0973		Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each.	Yes	
	E0994		Armrest, each (replacement only).	Yes	
	E2209		Wheelchair Accessory, Arm Trough, Each (includes attaching hardware).	Yes	
	K0015		Detachable, nonadjustable height armrest, each.	Yes	
	K0017		Detachable, adjustable height armrest, base, each (replacement only).	Yes	
	K0018		Detachable, adjustable height armrest, upper portion, each (replacement only).	Yes	
	K0019		Arm pad, each (replacement only).	Yes	
	K0020		Fixed, adjustable height armrest, pair.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Lower Extremity Positioning (legrests, etc.)**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E0951		Heel loop/holder, with or without ankle strap, each.	Yes	
	E0952		Toe loop/holder each.	Yes	
	E0990		Wheelchair accessory, elevating leg rest, complete assembly, each.	Yes	
	E0995		Wheelchair accessory, calf rest/pad, each.	Yes	
	K0037		High mount flip-up footrest, each.	Yes	
	K0038		Leg strap, each.	Yes	
	K0039		Leg strap, H style, each.	Yes	
	K0040		Adjustable angle footplate, each.	Yes	
	K0041		Large size footplate, each.	Yes	
	K0042		Standard size footplate, each	Yes	
	K0043		Footrest, lower extension tube, each.	Yes	
	K0044		Footrest, upper hanger bracket, each (replacement).	Yes	
	K0045		Footrest, complete assembly.	Yes	
	K0046		Elevating legrest, lower extension tube, each.	Yes	
	K0047		Elevating legrest, upper hanger bracket, each (replacement).	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	K0050		Ratchet assembly (replacement).	Yes	
	K0051		Cam release assembly, footrest or legrest, each (replacement).	Yes	
	K0052		Swingaway, detachable footrests, each.	Yes	
	K0053		Elevating footrests, articulating (telescoping), each.	Yes	

## Seating and Positioning

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0950		Wheelchair accessory, tray, each (includes all attaching hardware).	Yes	
	E0955		Wheelchair accessory, headrest, cushioned, prefabricated, including (all standard) mounting hardware, each.	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0956		Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each.	Yes	
	E0957		Wheelchair accessory, medial-thigh support, prefabricated, including fixed mounting hardware, each.	Yes	
	E0960		Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.	Yes	
	E0978		Wheelchair accessory, safety belt/pelvic strap, each.	Yes	
	E0980		Safety vest, wheelchair.	Yes	
	E0981		Wheelchair accessory, seat upholstery, replacement only, each.	Yes	
	E0982		Wheelchair accessory, back upholstery, replacement only, each.	Yes	
	E0992		Manual wheelchair accessory, solid seat insert.	Yes	
#	E2230		Manual wheelchair accessory, manual standing system.		
	E2231		Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware.	Yes	
BR	E2291		Back, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	E2292		Seat, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
BR	E2293		Back, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
BR	E2294		Seat, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
#	E2295		Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features.		
	E2611		General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2612		General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
	E2613		Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2614		Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2615		Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2616		Positioning wheelchair back, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
BR	E2617		Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes	
	E2620		Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware.	Yes	
	E2621		Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware.	Yes	
#	K0669		Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC..	Yes	

## Hand Rims, Wheels, and Tires (includes parts)

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0967		Manual wheelchair accessory, hand rim with projections, each.	Yes	
	E2211		Manual wheelchair accessory, pneumatic propulsion tire, any size, each.	Yes	
	E2212		Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each.	Yes	
	E2213		Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each.	Yes	
	E2214		Manual wheelchair accessory, pneumatic caster tire, any size, each.	Yes	
	E2215		Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Yes	
	E2216		Manual wheelchair accessory, foam filled propulsion tire, any size, each.	Yes	
	E2217		Manual wheelchair accessory, foam filled caster tire, any size, each.	Yes	
	E2218		Manual wheelchair accessory, foam propulsion tire, any size, each.	Yes	
	E2219		Manual wheelchair accessory, foam caster tire, any size, each. Code Added.	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2220		Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each.	Yes	
	E2221		Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each.	Yes	
	E2222		Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each.	Yes	
	E2224		Manual wheelchair accessory, propulsion wheel excludes tire, any size, each.	Yes	
	E2225		Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each.	Yes	
	E2226		Manual wheelchair accessory, caster fork, any size, replacement only, each.	Yes	
	E2227		Manual wheelchair accessory, gear reduction drive wheel, each.	Yes	
#	E2228		Manual wheelchair accessory, wheel braking system and lock.	Yes	
	E2381		Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Yes	
	E2382		Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Yes	



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2383		Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Yes	
	E2384		Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Yes	
	E2385		Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Yes	
	E2386		Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Yes	
	E2387		Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Yes	
	E2388		Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Yes	
	E2389		Power wheelchair accessory, foam caster tire, any size, replacement only, each	Yes	
	E2390		Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Yes	
	E2391		Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2392		Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Yes	
	E2394		Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Yes	
	E2395		Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes	
	E2396		Power wheelchair accessory, caster fork, any size, replacement only, each	Yes	
	K0065		Spoke protectors, each.	Yes	
	K0069		Rear wheel assembly, complete, with solid tire, spokes or molded, each.	Yes	
	K0070		Rear wheel assembly, complete with pneumatic tire, spokes or molded, each.	Yes	
	K0071		Front caster assembly, complete, with pneumatic tire, each.	Yes	
	K0072		Front caster assembly, complete, with semipneumatic tire, each.	Yes	
	K0073		Caster pin lock, each.	Yes	
	K0077		Front caster assembly, complete, with solid tire, each.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Other Accessories (manual and power)**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E0958		Manual wheelchair accessory, one-arm drive attachment, each.	Yes	
	E0959		Manual wheelchair accessory, adapter for amputee, each.	Yes	
	E0961		Manual wheelchair accessory, wheel lock brake extension (handle), each.	Yes	Changed from pair to each with new description .
	E0971		Manual wheelchair accessory, anti-tipping device, each.	Yes	
	E0974		Manual wheelchair accessory, anti-rollback device, each.	Yes	Changed from pair to each with new description .
	E1015		Shock absorber for manual wheelchair, each.	Yes	
	E1017		Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each.	Yes	
	E1020		Residual limb support system for wheelchair.	Yes	
	E1029		Wheelchair accessory, ventilator tray, fixed.	Yes	
	E1030		Wheelchair accessory, ventilator tray, gimbaled.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2206		Manual wheelchair accessory, wheel lock assembly, complete, each.	Yes	
	E2207		Wheelchair accessory, crutch and cane holder, each.	Yes	
	E2208		Wheelchair accessory, cylinder tank carrier, each.	Yes	
	K0105		IV hanger, each.	Yes	
BR	K0108		Other accessories.	Yes	

## Manual Wheelchair Conversions

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E0983		Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control.	Yes	
	E0984		Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control.	Yes	
	E0985		Wheelchair accessory, seat lift mechanism.	Yes	
	E0986		Manual wheelchair accessory, push-rim activated power assist, each.	Yes	
	E1065		Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo).	Yes	

## Power Wheelchair Add-on Functions and Controls

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1002		Wheelchair accessory, power seating system, tilt only.	Yes	
	E1003		Wheelchair accessory, power seating system, recline only, without shear reduction.	Yes	
	E1004		Wheelchair accessory, power seating system, recline only, with mechanical shear reduction.	Yes	
	E1005		Wheelchair accessory, power seating system, recline only, with power shear reduction.	Yes	
	E1006		Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction.	Yes	
	E1007		Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction.	Yes	
	E1008		Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
#	E1009		Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each.	Yes	
	E1010		Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair.	Yes	
	E1016		Shock absorber for power wheelchair, each.	Yes	
BR	E1018		Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each.	Yes	
	E1028		Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory.	Yes	
BR	E2300		Power wheelchair accessory, power seat elevation system.	Yes	
BR	E2301		Power wheelchair accessory, power standing system.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2310		Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
	E2311		Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware.	Yes	
	E2312		Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware.	Yes	
	E2313		Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Yes	
	E2321		Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	



**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	E2322		Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.	Yes	
	E2323		Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated.	Yes	
	E2324		Power wheelchair accessory, chin cup for chin control interface.	Yes	
	E2325		Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.	Yes	
	E2326		Power wheelchair accessory, breath tube kit for sip and puff interface.	Yes	
	E2327		Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware.	Yes	
	E2328		Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	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.	Yes	
	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.	Yes	
BR	E2331		Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware.	Yes	
	E2351		Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface.	Yes	
	E2373		Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick or touchpad, proportional, including all related electronics and fixed mounting hardware	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
	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	Yes	
	E2375		Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Yes	
	E2376		Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Yes	
	E2377		Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Yes	

## Batteries and Chargers

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
N	E2358		Power wheelchair accessory, GR 34 nonsealed leadacid battery	Yes	<b>Effective Jan. 1, 2012</b>
N	E2359		Power wheelchair accessory, GR sealed leadacid battery	Yes	<b>Effective Jan. 1, 2012</b>
	E2360		Power wheelchair accessory, 22 NF non-sealed lead acid battery, each.	Yes	
	E2361		Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).	Yes	

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2363		Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat).	Yes	
	E2365		Power wheelchair accessory, U-1sealed lead acid battery, each (e.g. gell cell, absorbed glassmat).	Yes	
	E2366		Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each.	Yes	
	E2367		Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each.	Yes	
	E2371		Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gell cell, absorbed glassmat), each.	Yes	
	E2372		Power wheelchair accessory, group 27 non-sealed lead acid battery, each.	Yes	
#	E2397		Power wheelchair accessory, lithium-based battery, each.		
	K0733		Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Miscellaneous Repair Only**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
BR	E1011		Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair).	Yes	
	E2205		Manual wheelchair accessory, hand rim without projections, any type, replacement only, each.	Yes	
	E2210		Wheelchair accessory, bearings, any type, replacement only, each.	Yes	
	E2368		Power wheelchair component, motor, replacement only.	Yes	
	E2369		Power wheelchair component, gear box, replacement only.	Yes	
	E2370		Power wheelchair component, motor and gear box combination, replacement only.	Yes	
	E2619		Replacement cover for wheelchair seat cushion or back cushion, each.	Yes	
	K0098		Drive belt for power wheelchair.	Yes	

**Wheelchairs, Durable Medical Equipment (DME), and Supplies**

**Accessories (Noncovered HCPCS Codes)**

<b>Code Status Indicator</b>	<b>HCPCS Code</b>	<b>Modifier</b>	<b>Description</b>	<b>PA?</b>	<b>Policy/ Comments</b>
#	E0966		Manual wheelchair accessory, headrest extension, each.		
#	E0968		Commode seat, wheelchair.		
#	E0969		Narrowing device, wheelchair.		
#	E0970		No. 2 footplates, except for elevating legrest.		See codes K0037 and K0042.
#	E2362		Power wheelchair accessory, group 24 non-sealed lead acid battery, each.		
#	E2364		Power wheelchair accessory, U-1 non-sealed lead acid battery, each.		
#	K0195		Elevating leg rest, pair (for use with capped rental wheelchair base).		

# Clients Residing in Skilled Nursing Facility

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[WAC 182-543-5700]

The Agency's skilled nursing facility per diem rate, established in chapter 74.46 RCW, chapter 182-96 WAC, and chapter 182-97 WAC, includes any reusable and disposable medical supplies that may be required for a skilled nursing facility client, unless otherwise specified within these Billing instructions.

The Agency pays for the following covered DME and related supplies outside of the skilled nursing facility per diem rate, subject to the limitations in this section:

- Manual or power-drive wheelchairs;
- Speech generating devices (SGD); and
- Specialty beds.

The Agency pays for one manual or one power-drive wheelchair for clients who reside in a skilled nursing facility, with prior authorization (PA), according to the requirements in WAC 182-543-4100, WAC 182-543-4200, and WAC 182-543-4300.

Requests for PA must:

- Be for the exclusive full-time use of a skilled nursing facility resident;
- Not be included in the skilled nursing facility's per diem rate;
- Include a completed General Information for Authorization form, 13-835;
- Include a copy of the telephone order, signed by the physician, for the wheelchair assessment;
- Include a completed Medical Necessity for Wheelchair Purchase for Nursing Facility Clients form, 13-729.



## **Wheelchairs, Durable Medical Equipment (DME), and Supplies**

The Agency pays for wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line item charges, with prior authorization (PA). To receive payment, providers must submit the following to the Agency:

- A completed Prescription form, 13-794;
- A completed Medical Necessity for Wheelchair Purchase for Nursing Facility Clients form, 13-729. The date on form 13-729 must not be prior to the date on the Prescription form, 13-794. (See Section J for more information);
- The make, model, and serial number of the wheelchair to be modified;
- The modification requested; and
- Specific information regarding the client's medical condition that necessitates modification to the wheelchair.

The Agency pays for wheelchair repairs, with PA. To receive payment, providers must submit the following to the Agency:

- A completed Medical Necessity for Wheelchair Purchase For Nursing Facility (NF) Clients form, 13-729. The Agency's electronic forms are available online; see WAC 182-543-7000 Authorization;
- The make, model, and serial number of the wheelchair to be repaired; and
- The repair requested.

PA is required for the repair and modification of client-owned equipment.

The skilled nursing facility must provide a house wheelchair as part of the per diem rate, when the client resides in a skilled nursing facility.

When the client is eligible for both Medicare and Medicaid and is residing in a skilled nursing facility in lieu of hospitalization, the Agency does not reimburse for DME and related supplies, prosthetics, orthotics, medical supplies, related services, and related repairs and labor charges under fee-for-service (FFS).

The Agency pays for the purchase and repair of a speech generating device (SGD), with PA. The Agency pays for replacement batteries for SGDs in accordance with WAC 182-543-5500(3).

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

The Agency pays for the purchase or rental of a specialty bed (a heavy duty bariatric bed is not a specialty bed), with prior authorization (PA), when:

- The specialty bed is intended to help the client heal; and
- The client's nutrition and laboratory values are within normal limits.

The Agency considers decubitus care products to be included in the skilled nursing facility per diem rate and does not reimburse for these separately. (See Section M for more information).

The Agency pays for the following medical supplies for a client in a skilled nursing facility outside the skilled nursing facility per diem rate:

- Medical supplies or services that replace all or parts of the function of a permanently impaired or malfunctioning internal body organ.

This includes, but is not limited to the following:

- ✓ Colostomy and other ostomy bags and necessary supplies; and (see WAC 182-97-1060(3), nursing homes/quality of care)
- ✓ Urinary retention catheters, tubes, and bags, excluding irrigation supplies.
- Supplies for intermittent catheterization programs, for the following purposes:
  - ✓ Long term treatment of atonic bladder with a large capacity; and
  - ✓ Short term management for temporary bladder atony.
- Surgical dressings required as a result of a surgical procedure, for up to six weeks post-surgery.

# Noncovered

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## What Is Not Covered? [Refer to WAC 182-543-6000]

The Agency pays only for durable medical equipment (DME), related supplies, and related services listed as covered within these billing instructions. The Agency evaluates a request for any DME, related supplies, and related services listed as noncovered within these billing instructions under the provisions of WAC 182-501-0160, in addition to the noncovered services found in WAC 182-501-0070.

The Agency does not cover:

- A client's utility bills, even if the operation or maintenance of medical equipment purchased or rented by the Agency for the client contributes to an increased utility bill;
- Instructional materials such as pamphlets and video tapes;
- Hairpieces or wigs;
- Material or services covered under manufacturer's warranties;
- Shoe lifts less than one inch, arch supports, and nonorthopedic shoes;
- Supplies and equipment used during a physician office visit, such as tongue depressors and surgical gloves;
- Home improvements and structural modifications, including, but not limited to, the following:
  - ✓ Automatic door openers for the house or garage;
  - ✓ Electrical rewiring for any reason;
  - ✓ Elevator systems, elevators;
  - ✓ Installation of, or customization of existing bathtubs or shower stalls; and
  - ✓ Installation of, or customization of existing, bathtubs or shower stalls;
  - ✓ Lifts or ramps for the home;
  - ✓ Overhead ceiling track lifts;
  - ✓ Racing stroller/wheelchairs and purely recreational equipment;
  - ✓ Saunas;
  - ✓ Security systems, burglar alarms, call buttons, lights, light dimmers, motion detectors, and similar devices;
  - ✓ Swimming pools;

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

- ✓ Timers or electronic devices to turn things on or off, which are not an integral part of the equipment;
- ✓ Wheeled reclining chairs, lounge and/or lift chairs (e.g., geri-chair, posture guard, or lazy boy); and
- ✓ Whirlpool systems, such as Jacuzzis, hot tubs, or spas
  
- Functional electrical stimulation (FES) bike;
  
- Wearable Defibrillators;
  
- Personal and comfort items that do not meet the DME definition, including, but not limited to, the following:
  - ✓ Bathroom items, such as antiperspirant, astringent, bath gel, conditioner, deodorant, moisturizers, mouthwash, powder, shampoo, shaving cream, shower cap, shower curtains, soap (including antibacterial soap), toothpaste, towels, and weight scales;
  - ✓ Bedding items, such as mattress pads, blankets, mattress covers/bags, pillows, pillow cases/covers, sheets, and bumper pads;
  - ✓ Bedside items, such as bed trays, carafes, and over-the-bed tables;
  - ✓ Clothing and accessories, such as coats, gloves (including wheelchair gloves), hats, scarves, slippers, socks, custom vascular supports (CVS), surgical stockings, gradient compression stockings, and gradient compression stockings (pantyhose style) and lumbar supports for pregnancy;
  - ✓ Clothing protectors, surgical masks, and other protective cloth furniture covering;
  - ✓ Cosmetics, including corrective formulations, hair depilatories, and products for skin bleaching, commercial sun screens, and tanning;
  - ✓ Diverter valves for bathtub and hand held showers;
  - ✓ Eating/feeding utensils;
  - ✓ Emesis basins, enema bags, and diaper wipes;
  - ✓ Health club memberships;
  - ✓ Hot or cold temperature food and drink containers/holders;
  - ✓ Hot water bottles and cold/hot packs or pads not otherwise covered by specialized therapy programs;
  - ✓ Impotence devices;

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

- ✓ Insect repellants;
  - ✓ Massage equipment;
  - ✓ Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See Chapter 182-530 WAC;
  - ✓ Medicine cabinet and first aid items, such as adhesive bandages (e.g., Band-Aids, Curads), cotton balls, cotton-tipped swabs, medicine cups, thermometers, and tongue depressors;
  - ✓ Sharps containers;
  - ✓ Page turners;
  - ✓ Radios and televisions;
  - ✓ Telephones, telephone arms, cellular phones, electronic beepers, and other telephone messaging services; and
  - ✓ Toothettes and toothbrushes, waterpics, and peridontal devices whether manual, battery-operated, or electric.
- Certain wheelchair features and options are not considered by the Agency to be medically necessary or essential for wheelchair use. This includes, but is not limited to, the following:
    - ✓ Attendant controls (remote control devices);
    - ✓ Canopies, including those for stroller and other equipment;
    - ✓ Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flap for cars);
    - ✓ Identification devices (such as labels, license plates, name plates);
    - ✓ Lighting systems;
    - ✓ Speed conversion kits;
    - ✓ Tie-down restraints, except where medically necessary for client owned vehicles; and
    - ✓ Warning devices, such as horns and backup signals
    - ✓ Hub Lock brake;

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

- ✓ Decals;
  - ✓ Replacement key or extra key; and
  - ✓ Trays for clients in a skilled nursing facility.
- New durable medical equipment, supplies, or related technology that the Agency has not evaluated for coverage. (See “What If a Service Is Covered but Considered Experimental or Has Restrictions or Limitations?” within these Billing instructions for more information)

**Note:** The Agency evaluates a request for any equipment or devices that are listed as noncovered in this billing instruction under the provisions of WAC 182-501-0165. [Refer to WAC 182-543-0500(2)]

# Authorization

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## What Is Authorization? [Refer to WAC 182-543-7000]

Authorization is the Agency's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Prior Authorization (PA), Expedited prior authorization (EPA) and limitation extensions (LE) are forms of prior authorization.**

The Agency requires providers to obtain authorization for covered durable medical equipment (DME) and related supplies as required in:

- These billing instructions
- Any applicable # memoranda;
- Chapter 182-501 WAC, chapter 182-502 WAC, and chapter 182-543 WAC;
- When the clinical criteria required within this section are not met.

For prior authorization (PA), a provider must submit a written request to the Agency as specified. (See "What is PA")

All requests for PA must be accompanied by a completed General Information for Authorization form, 13-835 in addition to any program specific Agency forms as required within this section.

Note: The Agency's electronic forms are available online at:  
<http://hrsa.dshs.wa.gov/mpforms.shtml>.

For expedited prior authorization (EPA), a provider must meet the clinically appropriate EPA criteria outlined within these billing instructions. The appropriate EPA number must be used when the provider bills the Agency. (See "What is EPA")

When a service requires authorization, the provider must properly request authorization in accordance with the Agency's rules, billing instructions, and numbered memoranda.

Note: The Agency's authorization of service(s) does not necessarily guarantee payment.

When authorization is not properly requested, the Agency rejects and returns the request to the provider for further action. The Agency does not consider the rejection of the request to be a denial of service.

Authorization requirements in this section are not a denial of service to the client. The Agency may

## Wheelchairs, Durable Medical Equipment (DME), and Supplies

recoup any payment made to a provider if the Agency later determines that the service was not properly authorized or did not meet the EPA criteria. Refer to WAC 182-502-0100(1)(c).

### **What Is Prior Authorization (PA)? [Refer to WAC 182-543-7100]**

The Agency requires providers to obtain PA for certain items and services before delivering that item or service to the client, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer. The item or service must also be delivered to the client before the provider bills the Agency.

All PA requests must be accompanied by a completed General Information for Authorization form, 13-835, in addition to any program specific Agency forms as required within this chapter.

**Note:** Agency forms are available online at  
<http://www.dshs.wa.gov/msa/forms/eforms.html>.

When the Agency receives the initial request for PA, the prescription(s) for those items or services must not be older than three months from the date the Agency receives the request.

The Agency requires certain information from providers in order to prior authorize the purchase or rental of equipment. This information includes, but is not limited to, the following:

- The manufacturer's name;
- The equipment model and serial number;
- A detailed description of the item; and
- Any modifications required, including the product or accessory number as shown in the manufacturer's catalog.

For PA requests, the Agency requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. The Agency does not accept general standards of care or industry standards for generalized equipment as justification.

The Agency considers requests for new durable medical equipment (DME) and related supplies that do not have assigned healthcare common procedure coding system (HCPCS) codes, and are not listed in these billing instructions and applicable # memoranda. These items require PA.

The provider must furnish all of the following information to the Agency to establish medical necessity:

- A detailed description of the item(s) or service(s) to be provided;
- The cost or charge for the item(s);



## Wheelchairs, Durable Medical Equipment (DME), and Supplies

- A copy of the manufacturer's invoice, price-list or catalog with the product description for the item(s) being provided; and
- A detailed explanation of how the requested item(s) differs from an already existing code description.

The Agency does not pay for the purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request PA and submit the following to the Agency:

- Why the existing equipment no longer meets the client's medical needs; or
- Why the existing equipment could not be repaired or modified to meet those medical needs.
- Upon request, documentation showing how the client's condition met the criteria for PA or EPA.

A provider may resubmit a request for PA for an item or service that the Agency has denied. The Agency requires the provider to include new documentation that is relevant to the request.

### Submitting Photos and X-Rays for Medical and DME Requests

For submitting photos and x-rays for medical and DME requests, use the FastLook™ and FastAttach™ services provided by Medical Electronic Attachment, Inc. (MEA).

You may register with MEA by:

- Going to [www.mea-fast.com/](http://www.mea-fast.com/).
- Selecting Provider Registration (on the menu bar below the banner).
- Entering "FastWDSHS" in the [promotion code box](#).

Contact MEA at 1-888-329-9988, ext. 2, with any questions.

When this option is chosen, you can fax your request to the Agency and indicate the MEA# in the NEA field (box 18) on the PA Request Form.

*There is an associated cost, which will be explained by the MEA services.*

**Note:** Please see the Agency *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) and review the Prior Authorization (PA) chapter for more information on requesting authorization

## What Is a Limitation Extension (LE)?

[Refer to WAC 182-543-7200]

The Agency limits the amount, frequency, or duration of certain covered DME, and related supplies, and reimburses up to the stated limit without requiring prior authorization (PA).

Certain covered items have limitations on quantity and frequency. These limits are designed to avoid the need for PA for items normally considered medically necessary and for quantities sufficient for a thirty-day supply for one client.

The Agency requires a provider to request PA for a limitation extension (LE) in order to exceed the stated limits for nondurable medical equipment and medical supplies.

All requests for PA must be accompanied by a completed General Information for Authorization form, 13-835 in addition to any program specific Agency forms as required within these billing instructions.

**Note:** Agency forms are available online at:  
<http://www.dshs.wa.gov/msa/forms/eforms.html>.

The Agency evaluates requests for LE under the provisions of WAC 182-501-0169.

## What Is Expedited Prior Authorization (EPA)?

[Refer to WAC 182-543-7300]

The expedited prior authorization (EPA) process is designed to eliminate the need for written and telephonic requests for prior authorization for selected DME procedure codes.

The Agency requires a provider to create an authorization number for EPA for selected DME procedure codes. The process and criteria used to create the authorization number is explained in the Agency published *Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions* starting on page J.5. The authorization number must be used when the provider bills the Agency.

Upon request, a provider must provide documentation to the Agency showing how the client's condition met the criteria for EPA.

A written or telephone request for prior authorization is required when a situation does not meet the EPA criteria for selected durable medical equipment (DME) procedure codes.

The Agency may recoup any payment made to a provider under this section if the provider did not follow the required expedited authorization process and criteria.

## Washington State Expedited Prior Authorization Criteria Coding List

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### Wheelchair Rentals & Other DME

**Note: The following pertains to Expedited Prior Authorization (EPA) numbers 700 - 820:**

1. If the medical condition does not meet **all** of the specified criteria, prior authorization (PA) must be obtained by submitting a request in writing to the Agency (see the *Important Contacts* section) or by calling the authorization toll-free number at 1-800-562-3022 ext. 15466.
2. It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the allowed or if the client has already established EPA through another vendor during the specified time period.
3. For extension of authorization beyond the EPA amount allowed, the normal PA process is required.
4. Must have a valid physician prescription as described in WAC 182-543-2000(2)(c))
5. Length of need/life expectancy, as determined by the prescribing physician and medical justification (including **all** of the specified criteria) must be documented in the client's file.

Code	Criteria	Code	Criteria
<b>RENTAL MANUAL WHEELCHAIRS</b>			
	<b>Procedure Code: K0001 RR</b>		
<b>700</b>	<p><b>Standard manual wheelchair with all styles of arms, footrest, and/or legrests</b></p> <p>Up to 2 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Weighs 250 lbs. or less;</li> <li>2) Requires a wheelchair to participate in normal daily activities;</li> <li>3) Has a medical condition that renders him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file);</li> <li>4) Does <b>not</b> have a rental hospital bed; and</li> <li>5) Has a length of need, as determined by the prescribing physician, that is less than 6 months.</li> </ol>	<b>705</b>	<p><b>Lightweight Manual Wheelchair with all styles of arms, footrests, and/or legrests</b></p> <p>Up to 2 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Weighs 250 lbs. or less;</li> <li>2) Can self-propel the lightweight wheelchair and is unable to propel a standard weight wheelchair;</li> <li>3) Has a medical condition that renders him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file);</li> <li>4) Does <b>not</b> have a rental hospital bed; and</li> <li>5) Has a length of need, as determined by the prescribing physician, that is less than 6 months.</li> </ol>
	<b>Procedure Code: K0003 RR</b>		

## Wheelchairs, Durable Medical Equipment, and Supplies

### Procedure Code: K0006 RR

#### 710 Heavy-duty Manual Wheelchair with all styles of arms, footrests, and/or legrests

Up to 2 months continuous rental in a 12-month period if *all* of the following criteria are met. The client:

- 1) Weighs over 250 lbs.;
- 2) Requires a wheelchair to participate in normal daily activities;
- 3) Has a medical condition that renders him/her totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file);
- 4) Does *not* have a rental hospital bed; and
- 5) Has a length of need, as determined by the prescribing physician, that is less than 6 months.

### Procedure Code: E1060 RR

#### 715 Fully Reclining Manual Wheelchair with detachable arms, desk or full-length and swing-away or elevating legrests

Up to 2 months continuous rental in a 12-month period if *all* of the following criteria are met. The client:

- 1) Requires a wheelchair to participate in normal daily activities and is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file);
- 2) Has a medical condition that does not allow them to sit upright in a standard or lightweight wheelchair (must be documented);
- 3) Does *not* have a rental hospital bed; and
- 4) Has a length of need, as determined by the prescribing physician, that is less than 6 months.

#### Note (For Rental Manual Wheelchairs):

- 1) The EPA rental is allowed only one time, per client, per 12-month period.

- 2) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate, and in the hospital they are included in the Diagnoses Related Group (DRG) payment.
- 3) The Agency does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 4) You may bill for only one procedure code, per client, per month.
- 5) All accessories are included in the reimbursement of the wheelchair rental code. They may not be billed separately.

### RENTAL/PURCHASE HOSPITAL BEDS

#### Procedure Code: E0292 RR & E0310 RR OR E0305 RR

#### 720 Manual Hospital Bed with mattress with or without bed rails

Up to 11 months continuous rental in a 12-month period if *all* of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or less;
- 2) Has a medical condition that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file);
- 3) Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file);  
**(continued on next page)**
- 4) Has a medical condition that necessitates upper body positioning at no less than a 30-degree angle the majority of time he/she is in the bed;
- 5) Does not have full-time caregivers; and
- 6) Does *not* also have a rental wheelchair.

#### Procedure Code: E0294 RR & E0310 RR OR

## Wheelchairs, Durable Medical Equipment, and Supplies

### E0305 RR

#### 725 Semi-Electric Hospital Bed with mattress with or without Bed Rails

Up to 11 months continuous rental in a 12-month period if *all* of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or less;
- 2) Has tried pillows, bolsters, and/or rolled up blankets/towels in own bed, and determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file);
- 3) Has a chronic or terminal condition such as COPD, CHF, lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation;
- 4) Must be able to independently and safely operate the bed controls; and
- 5) Does **not** have a rental wheelchair.
- 6) Has a completed Hospital Bed Form.

#### Note:

- 1) The EPA rental is allowed only one time, per client, per 12-month period.
- 2) Authorization must be requested for the 12th month of rental at which time the equipment will be considered purchased. The authorization number will be pended for the serial number of the equipment. In such cases, the equipment the client has been using must have been new on or after the start of the rental contract or is documented to be in good working condition. A 1-year warranty will take effect as of the date the equipment is considered purchased if equipment is not new. Otherwise, normal manufacturer warranty will be applied.
- 3) If length of need is greater than 12 months, as stated by the prescribing physician, a PA for purchase must be requested either in writing or via the toll-free line.
- 4) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate, and in the hospital they are included in the DRG payment.
- 5) The Agency does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order, or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 6) Hospital beds **will not** be provided:
  - a. As furniture;
  - b. To replace a client-owned waterbed;
  - c. For a client who does not own a standard bed with mattress, box spring, and frame; or
  - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.
- 9) Only one type of bed rail is allowed with each rental.
- 10) Mattress may **not** be billed separately.

## Wheelchairs, Durable Medical Equipment, and Supplies

### Procedure Code: E0294 NU

#### 726 Semi-Electric Hospital Bed with mattress with or without bed rails

Initial purchase if **all** of the following criteria are met. The client:

- 1) Has a length of need/life expectancy that is 12 months or more;
- 2) Has tried positioning devices such as: pillows, bolsters, foam wedges, and/or rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file);
- 3) Has one of the following diagnosis:
  - a. Quadriplegia;
  - b. Tetraplegia;
  - c. Duchenne's M.D.;
  - d. ALS;
  - e. Ventilator Dependant; or
  - f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees.
- 4) Must be able to independently and safely operate the bed controls.

#### Documentation Required:

- 1) Life expectancy, in months and/or years.
- 2) Client diagnosis including ICD-9-CM code.
- 3) Date of delivery and serial #.
- 4) Written documentation indicating client has not been previously provided a hospital bed, purchase or rental (i.e. written statement from client or caregiver).
- 5) A completed Hospital Bed Form.

#### Note:

- 1) The EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.
- 2) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 3) Hospital beds **will not** be covered:
  - a. As furniture;
  - b. To replace a client-owned waterbed;
  - c. For a client who does not own a standard bed with mattress, box spring and frame; or
  - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.

### LOW AIR LOSS THERAPY SYSTEMS

#### Procedure Code: E0371 & E0372 RR

#### 730 Low Air Loss Mattress Overlay

Initial 30-day rental followed by one additional 30-day rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has at least one stage 3 decubitus ulcer on trunk of body;
- 3) Has acceptable turning and repositioning schedule;
- 4) Has timely labs (every 30 days); and
- 5) Has appropriate nutritional program to heal ulcers.

## Wheelchairs, Durable Medical Equipment, and Supplies

### Procedure Code: E0277 & E0373 RR

#### 735 Low Air Loss Mattress without bed frame

Initial 30-day rental followed by an additional 30 days rental in a 12-month period if *all* of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body;
- 3) Has ulcers on more than one turning side;
- 4) Has acceptable turning and repositioning schedule;
- 5) Has timely labs (every 30 days); and
- 6) Has appropriate nutritional program to heal ulcers.

#### 740 Low Air Loss Mattress without bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

### Procedure Code: E0194 RR

#### 750 Air Fluidized Flotation System including bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

### For All Low Air Loss Therapy Systems

#### Documentation Required:

- 1) A "Low Air Loss Therapy Systems" form must be completed for each rental segment and signed and dated by nursing staff in facility or client's home (an electronic version can be obtained at <http://hrsa.dshs.wa.gov/mpforms.shtml>).
- 2) A new form must be completed for each rental segment.
- 3) A re-dated prior form will not be accepted.
- 4) A dated picture must accompany each form.

**Note:** The EPA rental is allowed only one time, per client, per 12-month period.

### NONINVASIVE BONE GROWTH/NERVE STIMULATORS

### Procedure Code: E0747 NU & E0760 NU

#### 765 Non-Spinal Bone Growth Stimulator

Allowed **only** for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery.

### Procedure Code: E0748 NU

#### 770 Spinal Bone Growth Stimulator

Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.

**Note:** The EPA rental is allowed only one time, per client, per 12-month period.

## Wheelchairs, Durable Medical Equipment, and Supplies

### MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

#### Procedure Code: E0604 RR

#### 800 Breast pump, electric

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets **all** of the following:
  - a. Has a hospitalized premature newborn;
  - b. Has been discharged from the hospital; and
  - c. Is taking breast milk to hospital to feed newborn.

#### Procedure Code: E0935 RR

#### 810 Continuous Passive Motion System (CPM)

Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:

- 1) Frozen joints;
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

#### Procedure Code: E0650 RR

#### 820 Extremity pump

Up to 2 months rental during a 12-month period for treatment of severe edema.

Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be:

- 1) Medically effective;
- 2) Medically necessary; and
- 1) A long-term, permanent need.



## **Discontinued EPA Number to National Code Crosswalk**

The following table contains a crosswalk of EPA numbers that have been discontinued and the national codes that have taken their place:

<b>Discontinued EPA#</b>	<b>Description</b>	<b>National Code</b>
870000755	Child Prone Stander	E0638
870000756	Adult/Youth Prone Stander	E0638
870000757	Infant Prone Stander	E0638
870000758	Adult Prone Stander	E0638
870000766	Bath seat w/o back	E0247
870000771	Caster Shower/commode chair	E0240
870000772	Adj Bath Seat with back	E0247
870000773	Adj Bath/Shower Chair w/back	E0247
870000774	Pediatric Bath Chair	E0240
870000776	Youth Bath Chair	E0240
870000777	Adult Bath Chair	E1399 (with PA)
870000778	Small Potty Chair	E1399 (with PA)
870000779	Large Potty Chair	E1399 (with PA)
870000767	Heavy Duty Bath Chair	E0248
870000764	Kit for Electric Breast Pump	E1399 (with PA)

# Billing and Claim Forms

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## What Are the General Billing Requirements?

Providers must follow the Agency's *ProviderOne Billing and Resource Guide* at [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html). These billing requirements include:

- What time limits exist for submitting and resubmitting claims and adjustments.
- When providers may bill a client.
- How to bill for services provided to primary care case management (PCCM) clients.
- How to bill for clients eligible for both Medicare and Medicaid.
- How to handle third-party liability claims.
- What standards to use for record keeping.

## What Billing Requirements Are Specific to DME?

A provider must not bill the Agency for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.

The Agency does not pay a DME provider for medical supplies used in conjunction with a physician office visit. The Agency pays for these supplies when it is appropriate. Refer to the Agency's *Physician-Related Services Billing Instructions*.

## How Do I Bill for a Managed Care Client?

[Refer to 182-543-8100]

If a fee-for-service (FFS) client enrolls in an Agency-contracted managed care organization (MCO), the following apply:

- The Agency stops paying for any rented equipment on the last day of the month preceding the month in which the client becomes enrolled in the MCO;
- The MCO plan determines the client's continuing need for the equipment and is responsible for paying the provider.
- A client may become an MCO enrollee before the Agency completes the purchase of prescribed medical equipment. The Agency considers the purchase complete when the product is delivered and the Agency is notified of the serial number. If the client becomes

## Wheelchairs, Durable Medical Equipment, and Supplies

an MCO enrollee before the Agency completes the purchase:

- ✓ The Agency rescinds the Agency's authorization with the vendor until the MCO's primary care provider (PCP) evaluates the client; then
  - ✓ The Agency requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary as defined in WAC 182-500-0005; then
  - ✓ The MCO's applicable reimbursement policies apply to the purchase or rental of the equipment.
- A client may be disenrolled from an MCO and placed into fee-for-service before the MCO completes the purchase of prescribed medical equipment.
    - ✓ The Agency rescinds the MCO's authorization with the vendor until the client's primary care provider (PCP) evaluates the client; then
    - ✓ The Agency requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary as defined in WAC 182-500-0005; then
    - ✓ The Agency's applicable reimbursement policies apply to the purchase or rental of the equipment.

## How Do I Bill for Clients Eligible for Medicare and Medicaid? [Refer to 182-543-8200]

If a client is eligible for both Medicare and Medicaid, the following apply:

- The Agency requires a provider to accept Medicare assignment before any Medicaid reimbursement;
- In accordance with WAC 182-502-0110(3):
  - ✓ If the service provided is covered by Medicare and Medicaid, the Agency pays the deductible and coinsurance up to Medicare's allowed amount or the Agency's allowed amount, whichever is less;
  - ✓ If the service provided is covered by Medicare but is not covered by the Agency, the Agency pays only the deductible and/or coinsurance up to Medicare's allowed amount.

## Required Forms

The following forms can be downloaded from the Agency's Electronic Forms Website at:

<http://hrsa.dshs.wa.gov/mpforms.shtml>

- Negative Pressure Wound Therapy form, 13-726;
- Medical Necessity for Wheelchair Purchase (for home client only) form, 13-727;
- Low Air-Loss Therapy Systems form, 13-728;
- Medical Necessity for Wheelchair Purchase for Nursing Facilities (NF) Clients form, 13-729;
- Hospital Bed Evaluation form, 13-747;
- MPA Exception to Rule: Bathroom Equipment form, 13-872; and
- The Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices form, 15-310.

## Completing the CMS-1500 Claim Form

**Note:** Refer to the Agency *ProviderOne Billing and Resource Guide* at: [http://hrsa.dshs.wa.gov/download/ProviderOne\\_Billing\\_and\\_Resource\\_Guide.html](http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html) for general instructions on completing the CMS-1500 Claim Form.

The following CMS-1500 Claim Form instructions relate to DME providers:

Field No.	Name	Entry												
24B	Place of Service	<p>These are the only appropriate code(s) for this billing instruction:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>Code</u></th> <th style="text-align: center;"><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">12</td> <td>Client's residence</td> </tr> <tr> <td style="text-align: center;">13</td> <td>Assisted living facility</td> </tr> <tr> <td style="text-align: center;">32</td> <td>Nursing facility</td> </tr> <tr> <td style="text-align: center;">31</td> <td>Skilled nursing facility</td> </tr> <tr> <td style="text-align: center;">99</td> <td>Other</td> </tr> </tbody> </table>	<u>Code</u>	<u>To Be Used For</u>	12	Client's residence	13	Assisted living facility	32	Nursing facility	31	Skilled nursing facility	99	Other
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12	Client's residence													
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32	Nursing facility													
31	Skilled nursing facility													
99	Other													

# Reimbursement

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## General Reimbursement for DME and Related Supplies and Services [Refer to WAC 182-543-9000(1)]

The Agency pays qualified providers who meet all of the conditions in WAC 182-502-0100, for durable medical equipment (DME), supplies, repairs, and related services provided on a fee-for-service (FFS) basis as follows:

- To Agency-enrolled DME providers, pharmacies, and home health agencies under their national provider identifier (NPI) numbers, subject to the limitations found within these billing instructions; and
- In accordance with the healthcare common procedure coding system (HCPCS) guidelines for product classification and code assignment.

**Note:** The Agency is the payor of last resort for clients with Medicare or third party insurance.

## Rate Setting [Refer to WAC 182-543-9000(2)]

The Agency sets, evaluates, and updates the maximum allowable fees for DME and related supplies at least once yearly using available published information, including but not limited to:

- Commercial databases;
- Manufacturers' catalogs;
- Medicare fee schedules; and
- Wholesale prices.

The Agency may adopt policies, procedure codes, and/or rates that are inconsistent with those set by Medicare if the Agency determines that such actions are necessary.

## How Often Does the Agency Update Rates?

[Refer to WAC 182-543-9000(4)-(6)]

The Agency updates the maximum allowable fees for DME related supplies, and related services at least once per year, unless otherwise directed by the legislature or considered necessary by the Agency.

The Agency is the payor of last resort for clients with Medicare or third party insurance.

The Agency does not pay for medical equipment and/or services provided to a client who is enrolled in an Agency-contracted managed care plan, but who did not use one of the plan's participating providers.

## What Is Included in the Rate? [Refer to WAC 182-543-9000(7)]

The Agency's payment rate for purchased or rented covered DME related supplies, and related services include all of the following:

- Any adjustments or modifications to the equipment required within three months of the date of delivery, or are covered under the manufacturer's warranty. This does not apply to adjustments required because of changes in the client's medical condition;
- Any pick-up and/or delivery fees or associated costs (e.g., mileage, travel time, gas, etc.);
- Telephone calls;
- Shipping, handling, and/or postage;
- Routine maintenance of DME including:
  - ✓ Testing;
  - ✓ Cleaning;
  - ✓ Regulating; and
  - ✓ Assessing the client's equipment;
- Fitting and/or set-up; and
- Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies.

## Payment of DME Under Other Programs

[Refer to WAC 182-543-9000(8)]

DME, supplies, repairs, and related services supplied to eligible clients under the following payment methodologies are included in those methodologies and are not paid under fee-for-service:

- Hospice providers' per diem payment;
- Hospitals' diagnosis-related group (DRG) payment methodology;
- Managed care plans' capitation rate;
- Skilled nursing facilities' per diem rate; and
- Professional services' resource-based relative value system reimbursement (RBRVS) rate.

**Note:** The Agency does not pay for medical equipment and/or services provided to a client who is enrolled in an Agency-contracted managed care plan, but who did not use one of the plan's participating providers.

## Payment Methodology for Other DME

[Refer to WAC 182-543-9100(1)-(3)]

The Agency sets, evaluates and updates the maximum allowable fees for purchased other DME at least once yearly using one or more of the following:

- The current Medicare rate, as established by the federal centers for Medicare and Medicaid services (CMS), for a new purchase if a Medicare rate is available;
- A pricing cluster; or
- On a by-report basis.

Establishing payment rates for purchased other DME based on pricing clusters.

- A pricing cluster is based on a specific HCPCS code.
- The Agency's pricing cluster is made up of all the brands/models for which the Agency obtains pricing information. However, the Agency may limit the number of brands/models included in the pricing cluster. The Agency considers all of the following when establishing the pricing cluster:



## Wheelchairs, Durable Medical Equipment, and Supplies

- ✓ A client's medical needs;
  - ✓ Product quality;
  - ✓ Introduction, substitution or discontinuation of certain brands/models; and/or
  - ✓ Cost.
- When establishing the fee for other DME items in a pricing cluster, the maximum allowable fee is the median amount of available manufacturers' list prices for all brands/models as noted in the pricing cluster.

The Agency evaluates a by report (BR) item, procedure, or service for its medical necessity, appropriateness and payment value on a case-by-case basis. The Agency calculates the payment rate for these items at 85% of the manufacturer's list price.

### Monthly Rental Reimbursement Rates for Other DME

[Refer to WAC 182-543-9100(4)]

The Agency's maximum allowable fee for monthly rental is established using one of the following:

- For items with a monthly rental rate on the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the Agency equates its maximum allowable fee for monthly rental to the current Medicare monthly rental rate;
- For items that have a new purchase rate but no monthly rental rate on the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the Agency sets the maximum allowable fee for monthly rental at one-tenth of the new purchase price of the current Medicare rate;
- For items not included in the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the Agency considers the maximum allowable monthly payment rate as by-report. The Agency calculates the monthly payment rate for these items at one-tenth of 85% of the manufacturer's list price.

### Daily Rental Payment Rates for Other DME

[Refer to WAC 182-543-9100(5)-(7)]

The Agency's maximum allowable fee for daily rental is established using one of the following:

- For items with a daily rental rate on the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the Agency equates its maximum allowable fee for daily rental to the current Medicare daily rental rate;
- For items that have a new purchase rate but no daily rental rate on the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS),

## Wheelchairs, Durable Medical Equipment, and Supplies

the Agency sets the maximum allowable fee for daily rental at one-three-hundredth of the new purchase price of the current Medicare rate;

- For items not included in the current Medicare fee schedule, as established by the federal centers for Medicare and Medicaid services (CMS), the Agency considers the maximum allowable daily payment rate as by-report. The Agency calculates the daily payment rate at one-three-hundredth of 85% of the manufacturer's list price.

The Agency does not pay for DME and related supplies, related services, and related repairs and labor charges under fee-for-service (FFS) when the client is any of the following:

- An inpatient hospital client;
- Eligible for both Medicare and Medicaid, and is staying in a skilled nursing facility in lieu of hospitalization;
- Terminally ill and receiving hospice care; or
- Enrolled in a risk-based managed care plan that includes coverage for such items and/or services.

The Agency rescinds any purchase order for a prescribed item if the equipment was not delivered to the client before the client:

- Dies;
- Loses medical eligibility;
- Becomes covered by a hospice agency; or
- Becomes covered by a managed care organization.

A provider may incur extra costs for customized equipment that may not be easily resold. In these cases, for purchase orders rescinded, the Agency may pay the provider an amount it considers appropriate to help defray these extra costs. The Agency requires the provider to submit justification sufficient to support such a claim.

## Payment Methodology for Wheelchairs

[Refer to WAC 182-543-9200]

The Agency pays a DME provider for purchased wheelchairs based on the specific brand and model of wheelchair dispensed. The Agency decides which brands and/or models of wheelchairs are eligible for payment based on all of the following:

- A client's medical needs;
- Product quality;
- Cost; and
- Available alternatives.

The Agency sets, evaluates and updates the maximum allowable fees at least once yearly for wheelchair purchases, wheelchair rentals, and wheelchair accessories (e.g., cushions and backs) using the lesser of the following:

- The current Medicare fees;
- The actual invoice for the specific item; or
- A percentage of the manufacturer's list price; The Agency uses the following percentages for:

<b>Equipment</b>	<b>Percentage of Manufacturer List Price</b>
Basic standard wheelchairs	65 %
Add-on accessories and parts	84%
Upcharge modifications and cushions	80%
All other manual wheelchairs	80%
All other power-drive wheelchairs	85%

# Warranty

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## **When Do I Need to Make Warranty Information Available?**

[Refer to 182-543-9000(9)]

The provider must make the following warranty information available to the Agency upon request:

- Date of purchase;
- Applicable serial number;
- Model number or other unique identifier of the equipment; and
- Warranty period, available to the Agency upon request.

## **When Is the Dispensing Provider Responsible for Costs**

[Refer to 182-543-9000(10)]

The dispensing provider who furnishes the equipment, supply or device to a client is responsible for any costs incurred to have a different provider repair the equipment when the following apply:

- Any equipment that the Agency considers purchased requires repair during the applicable warranty period;
- The provider refuses or is unable to fulfill the warranty; and
- The equipment, supply or device continues to be medically necessary.

If the rental equipment, supply or device must be replaced during the warranty period, the Agency recoups 50 % of the total amount previously paid toward rental and eventual purchase of the equipment, supply or device delivered to the client if:

- The provider is unwilling or unable to fulfill the warranty; and
- The equipment, supply or device continues to be medically necessary.

**Wheelchairs, Durable Medical Equipment, and Supplies**

<b>MINIMUM WARRANTY PERIODS</b>	
<b>Wheelchair Frames (Purchased New) and Wheelchair Parts</b>	<b>Warranty</b>
Powerdrive <i>(depending on model)</i>	1 year - lifetime
Ultralight	Lifetime
Active Duty Lightweight <i>(depending on model)</i>	5 years - lifetime
All Others	1 year
<b>Electrical Components</b>	<b>Warranty</b>
All electrical components whether new or replacement parts including batteries	6 months - 1 year
<b>Other DME</b>	<b>Warranty</b>
All other DME not specified above (excludes disposable/non-reusable supplies)	1 year