Washington State Health Care Authority

Washington Apple Health (Medicaid)

Complex Rehabilitation Technology (CRT) Products & Related Services Billing Guide

July 1, 2024

Washington State Health Care Authority

Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority (HCA) rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is in the most recent guide, please notify us at askmedicaid@hca.wa.gov.

About this guide*

This publication takes effect **July 1, 2024**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in chapter 182-543 WAC.

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

> Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by HCA.

Refer also to HCA's ProviderOne billing and resource guide for valuable information to help you conduct business with HCA.

How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's provider alerts webpage.

To access provider documents, go to HCA's provider billing guides and fee schedules webpage.

Confidentiality toolkit for providers

The Washington State Confidentiality Toolkit for Providers is a resource for providers required to comply with health care privacy laws.

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* This publication is a billing instruction.

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Where can I download HCA forms?

To download an HCA form, see HCA's Forms & Publications webpage. Type only the form number into the Search box (Example: 13-835).

Copyright disclosure

What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

Subject	Change	Reason for Change
Resources available	New section	To provide complex rehabilitation technology (CRT) resource information by topic

Definitions	• Updated definitions for:
	  • Authorized provider (formerly authorized practitioner)
	  • Qualified complex rehabilitation technology supplier
	• Added definitions for:
	  • Personal or comfort item
	  • Power mobility device
	  • Power-operated vehicle
	  • Proof of delivery
		Clarification

Subject	Change	Reason for Change
Managed care enrollment	• Added information on Apple Health Expansion • Updated other portions of Managed care enrollment section to remove outdated information and other housekeeping fixes	• HCA is expanding health care coverage for more people effective July 1, 2024 • Standard consistency throughout billing guides.
Who is eligible to provide complex rehabilitation technology (CRT) products and related services?	• Revised bullet regarding requirement to employ a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)-certified assistive technology professional (ATP)	• Clarification of the provider qualification
	• Added links to the Centers for Medicare & Medicaid Services (CMS) list of covered items and the final rule for face-to-face encounter	• New resource
Provider tax exemption for CRT mobility equipment	• New section regarding tax exempt equipment	• Fee schedule clarification. Revised to align with exemption allowed by Department of Revenue.

Subject	Change	Reason for Change
What are the CRT provider requirements?	Added bullets regarding: • ATP requirements for wheelchair and CRT selection • Medical necessity justification • Functional mobility assessment • Medical record documentation • Documenting delivery to client	To align with WAC 182-543-4400
What are HCA's requirements for proof of delivery?	Added language stating that HCA does not accept documentation with modified or tampered delivery dates.	Policy clarification
CRT Coverage Determination process	Added new section with clear criteria for medical necessity coverage	New policy
CRT Coverage Table	Added prior authorization requirement to HCPCS codes, where applicable	Billing clarification
What are the requirements for modifications, accessories, and repairs to complex rehabilitation technology (CRT) wheelchairs?	• Added bullet regarding functional mobility assessment requirement • Added note regarding transit option restraints	• Clarification • Policy change
When does the HCA cover CRT wheelchair repairs?	Added bullet regarding functional mobility assessment requirement	Clarification and policy change

Subject	Change	Reason for Change
Authorization	• Added language describing when authorization is needed • Added new sections explaining prior authorization (PA) and how to submit PA requests	Clarification regarding authorization process
What documentation is required to request PA?	Credible evidence as outlined in WAC 182-501-0165 and specific forms are required to request PA for complex rehabilitation technology	Clarification of required documentation

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Resources

Topic	Resource Information
Becoming a provider or submitting a change of address or ownership	See HCA's Billers and Providers webpage
Finding out about payments, denials, claims processing, or HCA-contracted managed care organizations	See HCA's Billers and Providers webpage
Electronic billing	See HCA's Billers and Providers webpage
Finding HCA documents (e.g., Washington Apple Health billing guides, provider notices, and fee schedules)	See HCA's Billers and Providers webpage
Private insurance or third-party liability, other than HCA-contracted managed care	See HCA's Billers and Providers webpage
Requesting that equipment/supplies be added to the "covered" list in this billing guide	Phone: (800) 562-3022 Fax: (866) 668-1214
Requesting prior authorization or a limitation extension	Providers may submit prior authorization requests online through direct data entry into ProviderOne. See HCA's prior authorization webpage for details. Providers may also fax requests to (866) 668-1214. The first page of the fax must be the completed General Information for Authorization (GIA) form, HCA 13-835. Please do not include a fax cover sheet.
Questions about the payment rate listed in the fee schedule	Cost Reimbursement Analyst Professional Reimbursement PO Box 45510 Olympia, WA 98504-5510 (360) 753-9152 (fax)

Topic	Resource Information
Medicare Learning Network PDAC-Medicare Contractor for Pricing, Data Analysis and Coding of HCPCS Level II DMEPOS Codes	See the Medical Learning Network webpage See the DME Coding System Information webpage

Definitions

This list defines terms and abbreviations, including acronyms, used in this guide. Refer to chapter 182-500 WAC and WAC 182-543-1000 for a complete list of definitions for Washington Apple Health.

Assignment – A process in which a doctor or supplier agrees to accept the Medicare program's payment as payment in full, except for specific deductible and coinsurance amounts required of the patient.

Authorized provider –

- A physician, nurse practitioner, clinical nurse specialist, or physician assistant who may order and conduct home health services, including face-to-face encounter services; or
- A certified nurse midwife under 42 C.F.R. 440.70 when furnished by a home health agency that meets the conditions of participation for Medicare who may conduct home health services, including face-to-face encounter services.

Complex needs patient – A person with a diagnostic or medical condition that results in significant physical or functional needs and capacities.

Complex rehabilitation technology (CRT) – Means wheelchairs and seating systems classified as medical equipment within the Medicare program that:

1. Are individually configured for people to meet their specific and unique medical, physical, and functional needs and capacities for basic activities as medically necessary to prevent hospitalization or institutionalization of a complex needs patient.
2. Are primarily used to serve a medical purpose and generally not useful to a person in the absence of an illness or injury.
3. Require certain services to allow for appropriate design, configuration, and use of such item, including patient evaluation and equipment fitting and configuration.

Date of delivery – The date the client actually took physical possession of an item or equipment. See ***Proof of delivery.***

Health care common procedure coding system (HCPCS) – A coding system established by the Centers for Medicare and Medicaid Services (CMS)

Individually configured – A device has a combination of features, adjustments, or modifications specific to complex needs patient that a qualified complex rehabilitation technology supplier provides by measuring, fitting, programming, adjusting, and adapting the device as appropriate so that the device is consistent with an assessment or evaluation of the complex needs patient by a health care professional and consistent with the complex needs patient's medical condition, physical and functional needs and capacities, body size, period of need, and intended use.

Manual wheelchair – See "Wheelchair – Manual."

Medically necessary – See WAC 182-500-0070.

Personal or comfort item - An item or service that primarily facilitates leisure or recreational activities or that primarily serves the comfort or convenience of the client or caregiver and is considered not medically necessary.

Power-drive wheelchair – See "Wheelchair – Power."

Power mobility device (PMD) - Base codes include both integral frame and modular construction type power wheelchairs (PWCs) and power operated vehicles (POVs), in accordance with CMS guidelines.

Power operated vehicle - Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four-wheel non-highway construction.

Prior authorization – See WAC 182-500-0085.

Proof of delivery - A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items and maintain proof of delivery and client instruction. *See **Date of delivery***.

Qualified complex rehabilitation technology supplier – A company or entity that:

- Is accredited by a recognized accrediting organization as a supplier of CRT.
- Meets the supplier and quality standards established for medical equipment suppliers under the Medicare program.
- For each site that it operates, employ a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)-certified assistive technology professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient. The term CRT includes rehab power mobility devices (PMD) and includes Group 2 power wheelchairs (PWCs) with power seating options, all Group 3, 4, and 5 PWCs, and push-rim power assist devices.
- Has an ATP who must have direct, in-person involvement with the wheelchair selection process. An ATP cannot simply "review" and "sign off" on non-credentialed staff work to meet the requirement.
- Has an ATP who must be physically present for the evaluation and determination of the appropriate individually configured complex rehabilitation technologies for the client with complex needs.
- Provides service and repairs by qualified technicians for all CRT products it sells.
- Provides written information to the client at the time of delivery about how the person may receive service and repair.

Usual and customary charge – See WAC 182-500-0100.

Warranty-period – A guarantee or assurance, according to manufacturers' or providers' guidelines, of set duration from the date of purchase.

Wheelchair – Manual – A federally-approved, non-motorized 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 250 pounds
  - Has a warranty period of at least one year
- **Lightweight**:
  - Composed of lightweight materials
  - Capable of being modified
  - Accommodates a person weighing up to 250 pounds
  - 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 250 pounds
  - Has an extended warranty period of over three years
  - Accommodates the very active person
- **Hemi**:
  - Has a seat-to-floor height lower than 18" to enable an adult to propel the wheelchair with one or both feet
  - 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, which allows both the seat and back to tilt to a specified angle to reduce shear or allow for unassisted pressure releases.
- **Heavy duty** meets one of the following:
  - Is specifically manufactured to support a person weighing up to 300 pounds
  - Accommodates a seat width of up to 22" wide (not to be confused with custom manufactured wheelchairs)
- **Rigid**: Is an ultra-lightweight material with a rigid (nonfolding) frame.

- **Custom heavy duty:** meets either of the following:
  - Is specifically manufactured to support a person weighing over 300 pounds
  - Accommodates a seat width of over 22" wide (not to be confused with custom manufactured wheelchairs).
- **Custom manufactured specially built**:
  - Ordered for a specific client form custom measurements
  - Is assembled primarily at the manufacturer's facility

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
  - Power recline and tilt-in-space systems
- **Non-custom 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.

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Complex Rehabilitation Technology (CRT) Coverage

What is the purpose of the CRT) billing guide?

The purpose of this billing guide is to provide billing information for individually configured, complex rehabilitation technology (CRT) products and related services provided to eligible clients with complex needs.

> **Note**: For clients who require a wheelchair but who do not meet HCA's requirements in this billing guide for an individually configured CRT product, see the Medical Equipment (ME)/Non-CRT Wheelchairs Billing Guide.

When does HCA pay for CRT products and related services?

HCA covers CRT products and related services according to Health Care Authority rules and subject to the limitations and requirements within this guide.

HCA pays for CRT products and related services including modifications, accessories, and repairs when they are all the following:

- Covered
- Within the client's medical program scope (see WAC 182-501-0060 and 182-501-0065)
- Medically necessary, as defined in WAC 182-500-0070
- Prescribed by an authorized provider, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer and HCA is billed for a co pay and/or deductible only
- Authorized, as required in this billing guide, and per the following:
  - Chapter 182-501 WAC
  - Chapter 182-502 WAC
  - Chapter 182-543 WAC
- Provided and used within accepted medical or physical medicine community standards of practice

HCA requires prior authorization (PA) for all individually configured CRT products and related services. HCA evaluates requests requiring PA on a case-by-case basis to determine medical necessity, as defined in WAC 182-500-0070, according to the process found in WAC 182-501-0165.

> **Note**: See Authorization for specific details regarding authorization for CRT.

HCA evaluates a request for any CRT product or related service under the provisions of WAC 182-501-0160. When EPSDT applies, HCA evaluates a noncovered product or service according to the process in WAC 182-501-0165 to determine if it is all of the following:

- Medically necessary
- Safe
- Effective
- Not experimental (refer to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Billing Guide for more information)

HCA 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 that relate to medical necessity.

Does HCA follow the National Correct Coding Initiative (NCCI) policy?

Yes. HCA follows the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HCA to control improper coding that may lead to inappropriate payment.

HCA bases coding policies on the following:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual
- National and local policies and edits
- Coding guidelines developed by national professional societies
- The analysis and review of standard medical and surgical practices
- Review of current coding practices

Medically Unlikely Edits (MUEs) - Part of the NCCI policy are MUEs. MUEs are the maximum unit of service per HCPC or CPT code that can be reported by a provider under most circumstances for the same patient on the same date of service. Items billed above the established number of units are automatically denied as a "Medically Unlikely Edit." Not all HCPCS or CPT codes are assigned an MUE. HCA adheres to the CMS MUEs for all codes.

> HCA may have units of service edits that are more restrictive than MUEs.

HCA may perform a post-pay review on any claim to ensure compliance with NCCI. NCCI rules are enforced by the ProviderOne payment system.

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Client Eligibility

Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See HCA's Apple Health managed care page for further details.

It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.

How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

Verifying eligibility is a two-step process:

Step 1. **Verify the patient's eligibility for Apple Health**. For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's ProviderOne Billing and Resource Guide.

If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.

Step 2. **Verify service coverage under the Apple Health client's benefit package**. To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's Program Benefit Packages and Scope of Services webpage.

Note: Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online**: Go to **Washington Healthplanfinder** - select the "Apply Now" button. For patients age 65 and older, or on Medicare, go to **Washington Connections** – select the "Apply Now" button.
- **Mobile app:** Download the **WAPlanfinder app** – select "sign in" or "create an account".
- **Phone**: Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 855-627-9604 (TTY).
- **Paper**: By completing an *Application for Health Care Coverage (HCA 18-001P)* form. To download an HCA form, see HCA's Free or Low Cost Health Care, **Forms & Publications** webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older, or on Medicare, complete the *Washington Apple Health Application for Age, Blind, Disabled/Long-Term Services and Supports (HCA 18-005)* form.
- **In-person**: Local resources who, at no additional cost, can help you apply for health coverage. See the **Health Benefit Exchange Navigator**.

Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

Yes. Most Apple Health clients are enrolled in one of HCA's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained by the client through the MCO's contracted network. The MCO is responsible for:

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

Note: A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.

Send claims to the client's MCO for payment. Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in **WAC 182-502-0160**.

Managed care enrollment

Most Apple Health clients are enrolled in an HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. Some clients may still start their first month of eligibility in the FFS program because their qualification for MC enrollment is not established until the month following their Apple Health eligibility determination. **Exception:** Apple Health Expansion clients are enrolled in MC and will not start their first month of eligibility in the FFS program. For more information, visit Apple Health Expansion. Providers must check eligibility to determine enrollment for the month of service.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

Checking eligibility

Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to HCA's Apply for or renew coverage webpage.

Clients' options to change plans

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account**:

  Go to Washington Healthplanfinder website.

- **Available to all Apple Health clients:**
  - Visit the ProviderOne Client Portal website:
  - Request a change online at ProviderOne Contact Us (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."
  - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.

For online information, direct clients to HCA's Apple Health Managed Care webpage.

Clients who are not enrolled in an HCA-contracted managed care plan for physical health services

Some Apple Health clients do not meet the qualifications for managed care enrollment. These clients are eligible for physical health services under the FFS program.

In this situation, each managed care organization (MCO) will have a Behavioral Health Services Only (BHSO) benefit available for Apple Health clients who are not in integrated managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an integrated

HCA-contracted managed care plan are automatically enrolled in a BHSO except for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the FFS program will reimburse providers for the covered services. Examples of populations that may be exempt from enrolling into an integrated managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption Support, and Foster Care Alumni.

Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care (CC) Apple Health Core Connections Foster Care program receive both medical and behavioral health services from CC.

Clients under this program are:

- Under the age of 18 who are in foster care (out of home placement)
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care**."

The Apple Health Customer Services team can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care and Adoption Support (FCAS) team at 1-800-562-3022, Ext. 15480.

Apple Health Expansion

Individuals age 19 and older who do not meet the citizenship or immigration requirements to receive benefits under federally funded programs and who receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contract health plan. For more information, visit **Apple Health Expansion**.

Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see HCA's **Mental Health Services Billing Guide**, under *How do providers identify the correct payer*?

American Indian/Alaska Native (AI/AN) Clients

American Indian/Alaska Native (AI/AN) clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) **American Indian/Alaska Native webpage**.

What if a client has third-party liability (TPL)?

If the client has third-party liability (TPL) coverage (excluding Medicare), prior authorization must be obtained before providing any service requiring prior authorization. For more information on TPL, refer to HCA's **ProviderOne Billing and Resource Guide**.

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Provider/Manufacturer Information

Who is eligible to provide complex rehabilitation technology (CRT) products and related services?

To be eligible to provide CRT and related services on a fee-for-service basis to clients, a provider must:

- Meet the definition of a qualified CRT supplier.
- For each site that it operates, employ a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)-certified assistive technology professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient. The term CRT includes rehab power mobility devices (PMD) and includes Group 2 power wheelchairs (PWCs) with power seating options, all Group 3, 4, and 5 PWCs, and push-rim power assist devices.
- Be enrolled with Medicaid and Medicare.
- Be registered with the appropriate taxonomy number (**332BC3200X**) to bill for CRT and related services.

The client must be evaluated by a licensed health care provider who performs specialty evaluations within that provider's scope of practice (occupational or physical therapists) and who does not have a financial relationship with the supplier.

For more information about medical equipment that requires a face-to-face encounter, see the list of covered items published by the Centers for Medicare and Medicaid Services (CMS) and the rule adopted by CMS, CFR 410.38(c)(8), as amended on May 13, 2024

Provider tax exemption for CRT mobility equipment

- **Effective August 1, 2023**, the Department of Revenue (DOR) began allowing the purchase of complex rehabilitation technology (CRT) mobility enhancing equipment to be tax exempt.
- HCA is working to update ProviderOne to reflect the new tax-exempt status and modify provider payments. HCA anticipates the updates to ProviderOne will be completed by October 1, 2024.
- At that time, HCA will begin recouping the overpayments of the tax for dates of service on and after August 1, 2023. Until October 1, 2024, providers will continue to receive overpayments for the tax until ProviderOne edits are made.

What are HCA's CRT provider requirements

CRT providers must:

- Have an ATP physically present for direct, in-person involvement with the wheelchair selection process. An ATP cannot simply "review" and "sign off" on non-credentialed staff work to meet the requirement.
- Ensure the ATP assists in the selection of the appropriate individually configured complex rehabilitation technologies for the client with complex needs and provide training in the use of the selected items.
- Provide written information to the client at the time of delivery as to how the client may receive services and repairs.
- Provide service and repairs by a qualified technician for all CRT products it sells.
- Meet the general provider requirements in **chapter 182-502 WAC**.
- Obtain prior authorization before delivering the CRT product to the client.
- Furnish to clients only new CRT products that include full manufacturer and dealer warranties.
- Furnish, upon HCA request, documentation of proof of delivery.
- (See **What are HCA's requirements for proof of delivery**?)
- Have a valid written order/prescription from the treating provider as a condition for payment. The written order/prescription must:
    - Use HCA's *Prescription* form (13-794).
    - Include provider credentials.
    - Be signed by an authorized provider (see **Definitions**). Electronic signatures are acceptable. Stamped signatures are not acceptable.
    - Be dated by the provider on or before the date of delivery of the supply, equipment, or device. Prescriptions must not be backdated.
    - Be no older than one year from the date the provider signs the prescription.
    - Include the client diagnosis.
    - State the item or service requested, diagnosis, quantity, and estimated length of need.
- Provide a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.

- Provide a functional mobility assessment for mobility equipment, completed by either a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission for prior authorization, along with medical record documentation to support medical necessity.
- Submit medical record documentation, sourced from the client's electronic health record (EHR), that provides credible evidence, as outlined in WAC 182-501-0165, to substantiate criteria for medical necessity.
    - The client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify frequency of use or replacement if applicable. Submission alone of an agency form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information.

Note: The above does not apply to dual eligible Medicare/Medicaid clients when Medicare is the primary payer and HCA is being billed for the copay and/or deductible only.

- Deliver the CRT product to the client before the provider bills HCA.
- Submit the date of delivery to the client and the serial number prior to payment.
- Bill HCA using only the allowed procedure codes listed within this billing guide.

When does HCA not pay for CRT products or related services?

HCA does not pay for CRT products or related services furnished to eligible clients when:

- The medical professional who provides medical justification to HCA 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.
- 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 CRT.
- The CRT products or related services have been delivered to a client without PA from HCA.

What are HCA's requirements for proof of delivery?

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 HCA requests that information. All the following apply:

- The proof of delivery 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.
  - For CRT products that may require future repairs, include the serial number.
  - When the provider or supplier submits a claim for payment to HCA, the date of service on the claim must be the date the item was received by the client or authorized representative.

  HCA does **not** accept delivery receipts or attestations with modified or tampered delivery dates.

> **Note:** When billing HCA, use the actual date of delivery as the date of service on the claim if the provider/supplier does the delivery.
>
> A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

What are habilitative services under this program?

Habilitative services are those medically necessary services provided to help a client partially or fully attain or maintain developmental age-appropriate skills that were not fully acquired due to a congenital, genetic, or early-acquired health condition. Such services are required to maximize the client's ability to function in his or her environment.

Applicable to those clients in the expanded population and covered by the Alternative Benefit Plan (ABP) only, HCA will cover CRT used to treat one of the qualifying conditions listed in HCA's **Habilitative Services Billing Guide**, under *Client Eligibility*.

All other program requirements are applicable to a habilitative service and should be followed unless otherwise directed (e.g., prior authorization).

Billing for habilitative services

Habilitative services must be billed using one of the qualifying diagnosis codes listed in HCA's *Habilitative Services Billing Guide* in the primary diagnosis field on the claim.

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CRT Coverage Determination Process

HCA requires adherence to the criteria outlined in the Washington Administrative Code (WAC) and provider billing guides for establishing medical necessity.

For an item to be covered, it must:

- Meet the definition of complex rehabilitation technology.
- Be classified as durable medical equipment within the Medicare program.
- Be primarily used for a medical purpose and not useful to a person without illness or injury, as outlined in WAC 182-543-1000.

Additionally, some items or accessories provided by a CRT equipment supplier may be beneficial to a client. However, this does not mean these items qualify as medical equipment or are considered medically necessary, even if they have some medical use.

Health Care Common Procedure Coding System (HCPCS) codes not listed in this billing guide are considered noncovered.

Items or upgrades that primarily support comfort, convenience, leisure, or recreational activities are considered not medically necessary.

Providers must furnish a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.

Under WAC 182-500-0070, medical necessity means that there is *no other equally effective, more conservative, or significantly less costly course of treatment available or suitable for the client requesting the service*.

Medical record documentation, sourced from the client's electronic health record (EHR), must provide credible evidence, as outlined in WAC 182-501-0165, to substantiate criteria for medical necessity as specified in this billing guide.

In accordance with CMS guidelines on Medicaid documentation, the client's medical record must sufficiently demonstrate their condition, justify prescribed items and quantities, and specify the frequency of use or replacement if applicable. Submission alone of an agency form, supplier statement, or provider attestation, even if endorsed, is insufficient without supporting medical record information. For more details, see the **CMS Documentation Matters Toolkit.**

CRT Coverage Table

HCA covers, **with prior authorization (PA)**, all individually configured complex rehabilitation technology (CRT) products and related services listed in the coverage table below when provided to eligible clients with complex needs, when medically necessary as defined in WAC 182-500-0070.

Reminder: see CRT Fee Schedule for payment requirements.

Legend:

Code Status Indicator	Modifier
BR = By report	**NU** = Purchase

Note: Billing provision limited to a one-month supply. One month equals 30 days.

Wheelchairs - Manual

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0004	NU	High strength ltwt whlchr	PA required
	K0005	NU	Ultralightweight wheelchair	PA required
	K0006	NU	Heavy duty wheelchair	PA required
	K0007	NU	Extra heavy duty wheelchair	PA required
	K0009	NU	Other manual wheelchair/base	PA required
	K0195	NU	Elevating leg rests, pair	PA required
	E1161	NU	Manual adult wc w tiltinspac	PA required
	E1225	NU	Manual semi-reclining back	PA required
	E1226	NU	Manual fully reclining back	PA required
	E1227	NU	Wheelchair spec sz spec ht a	PA required
	E1228	NU	Wheelchair spec sz spec ht b	PA required
BR	E1229	NU	Pediatric wheelchair nos	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
BR	E1231	NU	Rigid ped w/c tilt-in-space	PA required
	E1232	NU	Folding ped wc tilt-in-space	PA required
	E1233	NU	Rig ped wc tltnspc w/o seat	PA required
	E1234	NU	Fld ped wc tltnspc w/o seat	PA required
	E1235	NU	Rigid ped wc adjustable	PA required
	E1236	NU	Folding ped wc adjustable	PA required
	E1237	NU	Rgd ped wc adjstabl w/o seat	PA required
	E1238	NU	Fld ped wc adjstabl w/o seat	PA required
BR	E1239	NU	Ped power wheelchair nos	PA required

Wheelchairs – Power

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0813	NU	Pwc gp 1 std port seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0814	NU	Pwc gp 1 std port cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0815	NU	Pwc gp 1 std seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0816	NU	Pwc gp 1 std cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0820	NU	Pwc gp 2 std port seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0821	NU	Pwc gp 2 std port cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0822	NU	Pwc gp 2 std seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0823	NU	Pwc gp 2 std cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0824	NU	Pwc gp 2 hd seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0825	NU	Pwc gp 2 hd cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0826	NU	Pwc gp 2 vhd seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0827	NU	Pwc gp vhd cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0828	NU	Pwc gp 2 xtra hd seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0829	NU	Pwc gp 2 xtra hd cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0830	NU	Pwc gp2 std seat elevate s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0831	NU	Pwc gp2 std seat elevate cap	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0835	NU	Pwc gp2 std sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0836	NU	Pwc gp2 std sing pow opt cap	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0837	NU	Pwc gp 2 hd sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0838	NU	Pwc gp 2 hd sing pow opt cap	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0839	NU	Pwc gp2 vhd sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0840	NU	Pwc gp2 xhd sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0841	NU	Pwc gp2 std mult pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0842	NU	Pwc gp2 std mult pow opt cap	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0843	NU	Pwc gp2 hd mult pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0848	NU	Pwc gp 3 std seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0849	NU	Pwc gp 3 std cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0850	NU	Pwc gp 3 hd seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0851	NU	Pwc gp 3 hd cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0852	NU	Pwc gp 3 vhd seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0853	NU	Pwc gp 3 vhd cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0854	NU	Pwc gp 3 xhd seat/back	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0855	NU	Pwc gp 3 xhd cap chair	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0856	NU	Pwc gp3 std sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0857	NU	Pwc gp3 std sing pow opt cap	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0858	NU	Pwc gp3 hd sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0859	NU	Pwc gp3 hd sing pow opt cap	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0860	NU	Pwc gp3 vhd sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0861	NU	Pwc gp3 vhd sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0862	NU	Pwc gp3 hd mult pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	K0863	NU	Pwc gp3 vhd mult pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
BR	K0890	NU	Pwc gp5 ped sing pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
BR	K0891	NU	Pwc gp5 ped mult pow opt s/b	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
BR	K0898	NU	Power wheelchair noc	PA required Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041-K0045, K0052, K0015, K0019, K0020, E0981 & E0982
	E0950	NU	Tray	PA required
	E0951	NU	Loop heel	PA required
	E0952	NU	Toe loop/holder, each	PA required
	E0953	NU	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E0954	NU	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	PA required
	E0955	NU	Cushioned headrest	PA required
	E0956	NU	W/c lateral trunk/hip support	PA required
	E0957	NU	W/c medial thigh support	PA required
	E0958	NU	Whlchr att- conv 1 arm drive	PA required
	E0960	NU	W/c shoulder harness/straps	PA required
	E0961	NU	Wheelchair brake extension	PA required
	E0966	NU	Wheelchair head rest extensi	PA required
	E0967	NU	Manual wc hand rim w project	PA required
	E0971	NU	Wheelchair anti-tipping devi	PA required
	E0973	NU	W/ch access det adj armrest	PA required
	E0974	NU	W/ch access anti-rollback	PA required
	E0978	NU	W/c acc,saf belt pelv strap	PA required
	E0980	NU	Wheelchair safety vest	PA required
	E0981	NU	Seat upholstery, replacement	PA required
	E0982	NU	Back upholstery, replacement	PA required
	E0983	NU	Add pwr joystick	PA required
	E0984	NU	Add pwr tiller	PA required
	E0985	NU	W/c seat lift mechanism	PA required
	E0986	NU	Man w/c push-rim pow assist	PA required
	E0990	NU	Wheelchair elevating leg res	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E0992	NU	Wheelchair solid seat insert	PA required
	E0994	NU	Wheelchair arm rest	PA required
	E0995	NU	Wheelchair calf rest	PA required
	E1002	NU	Pwr seat tilt	PA required
	E1003	NU	Pwr seat recline	PA required
	E1004	NU	Pwr seat recline mech	PA required
	E1005	NU	Pwr seat recline pwr	PA required
	E1006	NU	Pwr seat combo w/o shear	PA required
	E1007	NU	Pwr seat combo w/shear	PA required
	E1008	NU	Pwr seat combo pwr shear	PA required
	E1010	NU	Add pwr leg elevation	PA required Pair
BR	E1011	NU	Ped wc modify width adjust	PA required
	E1012	NU	Ctr mount pwr elev leg rest	PA required
	E1014	NU	Reclining back add ped w/c	PA required
	E1015	NU	Shock absorber for man w/c	PA required
	E1016	NU	Shock absorber for power w/c	PA required
BR	E1017	NU	Hd shck absrbr for hd man wc	PA required
BR	E1018	NU	Hd shck absrbr for hd pwr w/c	PA required
	E1020	NU	Residual limb support system, for wheelchair, any type	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E1028	NU	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory.	PA required
	E1030	NU	W/c vent tray gimbaled	

Wheelchairs – Accessories

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2201	NU	Man w/ch acc seat w>=20"<24"	PA required
	E2202	NU	Seat width 24-27 in	PA required
	E2203	NU	Frame depth 20 to less than 22 in	PA required
	E2204	NU	Frame depth 22 to 25 in	PA required
	E2205	NU	Manual wc accessory, handrim	PA required
	E2206	NU	Complete wheel lock assembly	PA required
	E2207	NU	Crutch and cane holder	PA required
	E2208	NU	Cylinder tank carrier	PA required
	E2209	NU	Arm trough each	PA required
	E2210	NU	Wheelchair bearings	PA required
	E2211	NU	Pneumatic propulsion tire	PA required
	E2212	NU	Pneumatic prop tire tube	PA required
	E2213	NU	Pneumatic prop tire insert	PA required
	E2214	NU	Pneumatic caster tire each	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2215	NU	Pneumatic caster tire tube	PA required
BR	E2216	NU	Foam filled propulsion tire	PA required
BR	E2217	NU	Foam filled caster tire each	PA required
BR	E2218	NU	Foam propulsion tire each	PA required
	E2219	NU	Foam caster tire any size ea	PA required
	E2220	NU	Solid propulsion tire each	PA required
	E2221	NU	Solid caster tire each	PA required
	E2222	NU	Solid caster integrated whl	PA required
	E2224	NU	Propulsion whl excludes tire	PA required
	E2225	NU	Caster wheel excludes tire	PA required
	E2226	NU	Caster fork replacement only	PA required
	E2227	NU	Gear reduction drive wheel	PA required
	E2231	NU	Solid seat support base	PA required
BR	E2291	NU	Planar back for ped size wc	PA required
BR	E2292	NU	Planar seat for ped size wc	PA required
BR	E2293	NU	Contour back for ped size wc	PA required
BR	E2294	NU	Contour seat for ped size wc	PA required
BR	E2298	NU	Pwr seat elev sys for crt	PA required
BR	E2301	NU	Pwr standing	PA required
	E2310	NU	Electro connect btw control	PA required
	E2311	NU	Electro connect btw 2 sys	PA required
	E2312	NU	Mini-prop remote joystick	PA required
	E2313	NU	Pwc harness, expand control	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2321	NU	Hand interface joystick	PA required
	E2322	NU	Mult mech switches	PA required
	E2323	NU	Special joystick handle	PA required
	E2324	NU	Chin cup interface	PA required
	E2325	NU	Sip and puff interface	PA required
	E2326	NU	Breath tube kit	PA required
	E2327	NU	Head control interface mech	PA required
	E2328	NU	Head/extremity control inter	PA required
	E2329	NU	Head control nonproportional	PA required
	E2330	NU	Head control proximity switc	PA required
	E2340	NU	W/c wdth 20-23 in seat frame	PA required
	E2341	NU	W/c wdth 24-27 in seat frame	PA required
	E2342	NU	W/c dpth 20-21 in seat frame	PA required
	E2343	NU	W/c dpth 22-25 in seat frame	PA required
	E2351	NU	Electronic sgd interface	PA required
BR	E2358	NU	Gr 34 nonsealed leadacid	PA required
	E2359	NU	Gr34 sealed leadacid battery	PA required
	E2360	NU	22nf nonsealed leadacid	PA required
	E2361	NU	22nf sealed leadacid battery	PA required
	E2363	NU	Gr24 sealed leadacid battery	PA required
	E2365	NU	U1 sealed leadacid battery	PA required
	E2366	NU	Battery charger, single mode	PA required
	E2367	NU	Battery charger, dual mode	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2368	NU	Pwr wc drivewheel motor repl	PA required
	E2369	NU	Pwr wc drivewheel gear repl	PA required
	E2370	NU	Pwr wc dr wh motor/gear comb	PA required
	E2371	NU	Gr27 sealed leadacid battery	PA required
BR	E2372	NU	Gr27 non-sealed leadacid	PA required
	E2373	NU	Hand/chin ctrl spec joystick	PA required
	E2374	NU	Hand/chin ctrl std joystick	PA required
	E2375	NU	Non-expandable controller	PA required
	E2376	NU	Expandable controller, repl	PA required
	E2377	NU	Expandable controller, initl	PA required
	E2378	NU	Pw actuator replacement	PA required
	E2381	NU	Pneum drive wheel tire	PA required
	E2382	NU	Tube, pneum wheel drive tire	PA required
	E2383	NU	Insert, pneum wheel drive	PA required
	E2384	NU	Pneumatic caster tire	PA required
	E2385	NU	Tube, pneumatic caster tire	PA required
	E2386	NU	Foam filled drive wheel tire	PA required
	E2387	NU	Foam filled caster tire	PA required
	E2388	NU	Foam drive wheel tire	PA required
	E2389	NU	Foam caster tire	PA required
	E2390	NU	Solid drive wheel tire	PA required
	E2391	NU	Solid caster tire	PA required
	E2392	NU	Solid caster tire, integrate	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2394	NU	Drive wheel excludes tire	PA required
	E2395	NU	Caster wheel excludes tire	PA required
	E2396	NU	Caster fork	PA required
	E2398	NU	Dynamic positioning hardware for back	PA required Limit 1 every 3 years. PA required.
	K0015	NU	Detach non-adjus hght armrest	PA required
	K0017	NU	Detach adjust armrest base	PA required
	K0018	NU	Detach adjust armrst upper	PA required
	K0019	NU	Arm pad each	PA required
	K0020	NU	Fixed adjust armrest pair	PA required
	K0037	NU	High mount flip-up footrest	PA required
	K0038	NU	Leg strap each	PA required
	K0039	NU	Leg strap h style each	PA required
	K0040	NU	Adjustable angle footplate	PA required
	K0041	NU	Large size footplate each	PA required
	K0042	NU	Standard size footplate each	PA required
	K0043	NU	Ftrst lower extension tube	PA required
	K0044	NU	Ftrst upper hanger bracket	PA required
	K0045	NU	Footrest complete assembly	PA required
	K0046	NU	Elevat legrst low extension	PA required
	K0047	NU	Elevat legrst up hangr brack	PA required
	K0050	NU	Ratchet assembly	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0051	NU	Cam relese assem ftrst/lgrst	PA required
	K0052	NU	Swingaway detach footrest	PA required
	K0053	NU	Elevate footrest articulate	PA required
	K0056	NU	Seat ht <17 or >=21 ltwt wc	PA required
	K0065	NU	Spoke protectors	PA required
	K0069	NU	Rear whl complete solid tire	PA required
	K0070	NU	Rear whl compl pneum tire	PA required
	K0071	NU	Front castr compl pneum tire	PA required
	K0072	NU	Frnt cstr cmpl sem-pneum tir	PA required
	K0073	NU	Caster pin lock each	PA required
	K0077	NU	Front caster assem complete	PA required
	K0098	NU	Drive belt power wheelchair	PA required
	K0105	NU	Iv hanger	PA required
BR	K0108	NU	W/c component-accessory nos	PA required
	K0733	NU	12-24hr sealed lead acid	PA required

Equipment, Replacement, Repair

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	K0739	NU	Repair/svc dme non-oxygen eq	PA required
	E0776	NU, RR	IV Pole	PA required

Wheelchairs – Cushion

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2601	NU	Gen w/c cushion wdth < 22 in	PA required
	E2602	NU	Gen w/c cushion wdth >=22 in	PA required
	E2603	NU	Skin protect wc cus wd <22in	PA required
	E2604	NU	Skin protect wc cus wd>=22in	PA required
	E2605	NU	Position wc cush wdth <22 in	PA required
	E2606	NU	Position wc cush wdth>=22 in	PA required
	E2607	NU	Skin pro/pos wc cus wd <22in	PA required
	E2608	NU	Skin pro/pos wc cus wd>=22in	PA required
BR	E2609	NU	Custom fabricate w/c cushion	PA required
	E2611	NU	Gen use back cush wdth <22in	No PA required
	E2612	NU	Gen use back cush wdth>=22in	No PA required
	E2613	NU	Position back cush wd <22in	PA required
	E2614	NU	Position back cush wd>=22in	PA required
	E2615	NU	Pos back post/lat wdth <22in	PA required
	E2616	NU	Pos back post/lat wdth>=22in	PA required
BR	E2617	NU	Custom fab w/c back cushion	PA required Includes hardware
	E2619	NU	Replace cover w/c seat cush	PA required
	E2620	NU	Wc planar back cush wd <22in	PA required
	E2621	NU	Wc planar back cush wd>=22in	PA required
	E2622	NU	Adj skin pro w/c cus wd<22in	PA required
	E2623	NU	Adj skin pro wc cus wd>=22in	PA required

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E2624	NU	Adj skin pro/pos cus<22in	PA required
	E2625	NU	Adj skin pro/pos wc cus>=22	PA required

Wheelchairs – Modifications

Code Status Indicator	HCPCS Code	Modifier	Short Description	Policy/Comments
	E1297	NU	Wheelchair special seat depth	PA required
	E1298	NU	Wheelchair spec seat depth/w	PA required

Washington State Health Care Authority

Modifications, Accessories, and Repairs for CRT Wheelchairs

What are the requirements for modifications, accessories, and repairs to CRT wheelchairs?

HCA 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 all the following to HCA:

A completed *General Information for Authorization* form, HCA 13-835. (See **Where can I download HCA forms**? and **WAC 182-543-7000.**)

- A completed HCA *Prescription* form, HCA 13-794
- For new modifications, a functional mobility assessment:
  - Completed by a licensed physical therapist or licensed occupational therapist
  - Dated within 60 days of the submission for prior authorization
  - Submitted with justification to support medical necessity. (*Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008.
- The make, model, and serial number of the wheelchair to be modified
- The modification requested
- Any specific information regarding the client's medical condition that necessitates the modification

Note: The date on the *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008, must not be dated prior to the date on the *Prescription* form, HCA 13-794.

HCA pays for transit option restraints for private and public transportation.

When does HCA cover CRT wheelchair repairs?

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

- *General Information for Authorization* form, HCA 13-835, see **Where can I download HCA forms**? (See **Authorization** for more information)
- For new modifications, a functional mobility assessment completed by a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission for prior authorization, along with medical record documentation to support medical necessity. (A completed *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008.)
- The make, model, and serial number of the wheelchair to be repaired
- The repair requested

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

Washington State Health Care Authority

Authorization

What is authorization?

Authorization is HCA'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) is a form of authorization**.

HCA requires providers to obtain authorization for covered medical equipment and related supplies:

- As described in this billing guide.
- As described in Chapters 182-501, 182-502, and 182-543 WAC.
- When the clinical criteria required in this billing guide are not met.

When a service requires authorization, the provider must properly request authorization in accordance with HCA's rules, this billing guide, and any related provider notices.

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

> **Note**: HCA's authorization of service(s) does not guarantee payment.

HCA may recoup any payment made to a provider if HCA later determines that the service was not properly authorized. See WAC 182 502 0100.

Is authorization required for CRT?

Yes. HCA requires CRT providers to obtain prior authorization (PA) for CRT products and related services and deliver the CRT product or related service to the client before billing HCA.

What is prior authorization (PA)?

HCA 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 HCA.

The agency approves PA requests when the service is medically necessary as defined in WAC 182-500-0070.

Providers must submit requests for PA to the agency using the online submission option or via fax, and all prior authorization requests must be accompanied by any agency required forms as outlined in this billing guide.

How do I request prior authorization (PA)?

When equipment or a procedure requires PA, providers must request prior authorization from HCA. Procedures that require PA are listed in the fee schedule. HCA does not retrospectively authorize any health care equipment or services that require PA after they have been provided, except when a client has delayed certification of eligibility.

Online direct data entry into ProviderOne

Providers may submit a prior authorization request online through direct data entry into ProviderOne (see HCA's prior authorization webpage for details). Fax requests to (866) 668-1214.

When faxing a PA request, a completed *General Information for Authorization (GIA)* form, HCA 13-835 is required. (See Where can I download HCA forms?) This form must be page one of the faxed request, typed, and sent without a fax cover sheet.

What documentation is required to request PA?

Effective immediately, HCA's fee-for-service medical equipment and supplies and prosthetics and orthotics programs require that all PA requests for medical equipment, supplies, complex rehabilitation technology (CRT), and prosthetics and orthotics (P&O) are submitted with credible evidence, as outlined in WAC 182-501-0165.

Requests for PA must include all the following completed forms:

- *General Information for Authorization* form, HCA 13-835 (see WAC 182-543-7000 Authorization).
- HCA's *Prescription* form, HCA 13-794. For nursing facility clients, a copy of the telephone order, signed by the authorized practitioner, for the wheelchair assessment is required in place of the prescription form.
- Any agency required forms as specified in this billing guide.
- Provide a medical necessity justification for each item requested, specifying why the client's medical condition necessitates the equipment, rather than what the equipment does for the client.
- For mobility equipment, provide a functional mobility assessment completed by a licensed physical therapist or licensed occupational therapist, dated within 60 days of the submission, along with medical record documentation to support medical necessity.
- Submit medical record documentation, sourced from the client's electronic health record (EHR), that provides credible evidence, as outlined in WAC 182-501-0165, to substantiate criteria for medical necessity.

- Submit *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008 or *Medical Necessity for Wheelchair Purchase for Nursing Facility Clients* form, HCA 19-006 from the client's authorized practitioner or therapist.

See **Where can I download HCA forms**?

For PA or limitation extension (LE), providers may submit prior authorization requests online through direct data entry into ProviderOne. See HCA's **prior authorization webpage** for details. Providers may also fax requests to 866-668-1214.

Facility or therapist letterhead must be used for any documentation that does not appear on an HCA form.

> **Note**: For more information on requesting authorization, see the Prior Authorization chapter of HCA's **ProviderOne Billing and Resource Guide**.

When HCA receives the initial request for PA, the prescription(s) (or telephone order) for those CRT products or related services must not be older than three months from the date HCA receives the request.

HCA requires certain information from providers to prior authorize the purchase of CRT. 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
- Any modifications required, including the CRT product or accessory number as shown in the manufacturer's catalog

For PA requests, HCA 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. HCA does not accept general standards of care or industry standards for generalized equipment as justification.

HCA considers requests for new CRT products or services that do not have assigned healthcare common procedure coding system (HCPCS) codes and are not listed in this billing guide. These items require PA.

The provider must furnish all the following information to HCA 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)
- A copy of the manufacturer's invoice, pricelist, or catalog with the product description for the item(s) being provided. (See **WAC 182-543-9000(4).**)
- A detailed explanation of how the requested item(s) differs from an already existing code description

HCA does not pay for the purchase or repair of CRT that duplicates equipment the client already owns. If the provider believes the purchase or repair of CRT is not duplicative, the provider must request PA and submit the following to HCA, as appropriate:

- Why the existing equipment no longer meets the client's medical needs
- 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

A provider may resubmit a request for PA for a CRT product or service that HCA has denied. HCA requires the provider to include new documentation that is relevant to the request.

Submitting photos and x-rays for CRT requests

For submitting photos and X-rays for medical and medical equipment PA requests, use the FastLook™ and FastAttach™ services provided by Vyne Medical.

Register with Vyne Medical through their website.

Contact Vyne Medical at 865-293-4111 with any questions.

When this option is chosen, fax the request to HCA and indicate the MEA# in box 18 on the *General Information for Authorization* (HCA 13-835) form. **There is an associated cost, which will be explained by the MEA services**.

> **Note**: See the ProviderOne Billing and Resource Guide and review the Prior Authorization (PA) chapter for more information on requesting authorization.

Warranty

What warranty information should I keep?

CRT providers must make the following warranty information available to HCA upon request:

- Date of purchase
- Applicable serial number
- Model number or other unique identifier of the equipment
- Warranty period

When is the dispensing provider responsible for costs?

The dispensing provider who furnishes the CRT product to a client is responsible for any costs incurred to have a different provider repair the CRT product when the following apply:

- Any CRT product that HCA considers purchased requires repair during the applicable warranty period
- The provider refuses or is unable to fulfill the warranty
- The CRT product continues to be medically necessary

Minimum Warranty Periods

Wheelchair Frames (Purchased New) and Wheelchair Parts	Warranty
Powerdrive (depending on model)	One (1) year - lifetime
Ultralight	Lifetime
Active Duty Lightweight (depending on model)	Five (5) years - lifetime
All Others	One (1) year

Electrical Components	Warranty
All electrical components whether new or replacement parts including batteries	Six (6) months - 1 year

Washington State Health Care Authority

Billing

All claims must be submitted electronically to HCA, except under limited circumstances.

For more information about this policy change, see Paperless Billing at HCA.

For providers approved to bill paper claims, see Paper Claim Billing Resource.

What are the general billing requirements?

Providers must follow HCA's ProviderOne Billing and Resource Guide. These billing requirements include all the following:

- 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

Note: For payment, claim must match the authorization.

What billing requirements are specific to CRT?

A provider must not bill HCA for the purchase of CRT products supplied to the provider at no cost by suppliers or manufacturers.

Note: HCPCS code E1028 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware) must be submitted on one line for correct payment.

How do I bill for a managed care client?

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

- The HCA-contracted MCO determines the client's continuing need for the CRT products and related services and is responsible for paying the provider.
- A client may become an MCO enrollee before HCA completes the purchase of prescribed CRT. HCA considers the purchase complete when the product is delivered, and HCA is notified of the serial number. If the client becomes an MCO enrollee before HCA completes the purchase:
  - HCA rescinds the HCA authorization with the vendor until the MCO's primary care provider (PCP) evaluates the client.
  - Then HCA requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary as defined in **WAC 182-500-0070**.
  - Then the MCO's applicable reimbursement policies apply to the purchase of the equipment.
- A client may be disenrolled from an MCO and placed into FFS before the MCO completes the purchase of prescribed CRT products and related services.
  - HCA rescinds the MCO's authorization with the vendor until the client's PCP evaluates the client.
  - Then HCA requires the PCP to write a new prescription if the PCP determines the CRT product is still medically necessary as defined in **WAC 182-500-0070**.
  - HCA's applicable reimbursement policies apply to the purchase of the CRT product.

How do I bill for clients eligible for Medicare and Medicaid?

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

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

How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on HCA's **Billers and Providers** webpage, under **Webinars**.

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the **HIPAA Electronic Data Interchange** (EDI) webpage.

The following claim instructions relate to CRT providers and are applicable to the place of service field. These are the only appropriate place of service codes for this billing guide:

Code	Place of Service
12	Client's residence
13	Assisted living facility
32	Nursing facility
31	Skilled nursing facility
99	Other

What is included in the rate for CRT?

HCA's payment rate for covered CRT products and related services includes all 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 CRT products including:
  - Testing
  - Cleaning
  - Regulating
  - Assessing the client's equipment
- Fitting and/or set-up
- Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies

Where can I find the CRT fee schedule?

Maximum allowable fees may be found in HCA's **CRT Fee Schedule**.

> **Note**: Bill the HCA your usual and customary charge.