

MEDICAL NECESSITY CHECKLIST- MANUAL WHEELCHAIR BILLABLE ACCESSORIES

Options and accessories for wheelchairs are covered if the beneficiary has a wheelchair that meets coverage criteria, and the option itself is medically necessary otherwise related accessories will be denied as not reasonable and necessary.

- Base equipment is medically necessary and billable to the insurance.
- Documentation from the clinician and/or LCMP specifically addressing the client's specific medical need for each accessory.
- Verify the client has the required diagnosis for the requested seating and positioning items
- Verify that the requested accessory is not included per NCCI methodology. *Scrubber tool available.*
- Medical Record Information (including continued need/use if applicable).
- If applicable HCPCS under the ACA 6407 progress notes (Face to Face Encounter) are also required. **See Medicare Resource workbook.** Progress Notes/ Face to Face exam must occur within six-months prior to the RX-DWO.

- Verify coding of each accessory specifically E1399/K0108s. **K0108?** WAIT...
 - What exactly is this item?
 - Are you sure this doesn't have a *specific* HCPC?
 - Is this an included (INCL) component of another item? Can this *really* be charged separately?
 - Take the time and steps to get it right. There's a small chance if it is a custom part or specialty feature on a new chair it *could* be K0108. Don't default to K0108 – **WAIT!**
 - E1399 is in-line! This applies to E1399s also.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

Arm of Chair

- Adjustable Height Armrest (**E0973, K0017, K0018, K0020**) Requires an arm height that is different from that available using nonadjustable arm **and** spends at least 2 hours per day in the wheelchair.
- Arm trough (**E2209**, INCL hand support) Has quadriplegia, hemiplegia or uncontrolled arm movements.

Footrest/Legrests

- Elevating legrests (**E0990, K0046, K0047, K0053, K0195**) are covered if:
 - The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee; **or**
 - The beneficiary has significant edema of the lower extremities that requires an elevating legrest; **or**
 - The beneficiary meets the criteria for and has a reclining back on the wheelchair.

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- Footbox (**E0954**) Covered if client requires specific positioning of one or both feet as the result of periods of high tone **or** is high risk of developing pressure ulcers on feet or lower extremities.

Nonstandard Seat Frame (Manual Wheelchairs Only)

- Seat Width (**E2201**) Client requires a seat width greater than or equal to 20 inches and less than 24 inches
- Seat Width (**E2202**) Client requires a seat width greater than or equal to 24 inches and less than 27 inches
- Seat Depth (**E2203**) Client requires a seat depth greater than or equal to 20 inches and less than 22 inches
- Seat Depth (**E2204**) Client requires a seat depth greater than or equal to 22 inches and less than 25 inches
- Seat Height (**K0056**) Client requires a seat height on a K0003 – K0005 wheelchair that is less than or equal to 17 inches **or** greater than 21 inches

Wheels/Tires for Manual Wheelchairs

- Gear Reduction Drive Wheel (**E2227**) Covered if all the following are met:
 - Client has been self-propelling in a manual wheelchair for at least one year
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT **and** documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with the wheelchair selection.

Positioning Accessories

- Safety Belt/Pelvic Strap (**E0978**) covered if client has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning. (n
- Shoulder Harness (**E0960**) covered if client has significant postural asymmetries due to a diagnosis that requires positioning
- Headrest Pad (**E0955**) covered if client has significant postural asymmetries due to a diagnosis that requires positioning **or** covered when the beneficiary has a covered manual tilt-in-space or a manual semi or fully reclining back on a manual wheelchair.
- Positioning accessory (**E0953** Lateral Thigh/Knee support, **E0956** Lateral Trunk or Hip support, **E0957** Medial Thigh support) are covered for a beneficiary who meets both of the following criteria:

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

The beneficiary has any significant postural asymmetries that are due to one of the qualifying Dx Codes for Positioning Seats, Backs Positioning Devices. **See Medicare Resource workbook for list of DX.**

- Swing Away Hardware (**E1028**) covered if the component is needed to be moved out of the way so client can perform a slide transfer to a chair or bed. (**Not** covered if the primary indication for its use is to allow client to move close to desks or other surfaces.)
- Lap Tray (**E0950**, INCL all hardware) Covered when used to provide trunk support.
- A manual fully reclining back option (**E1226**) is covered if the beneficiary has one or more of the following conditions:
 - The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
 - The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.
- Anti-Rollback Device (**E0974**) Covered if client self-propels and needs the device because of ramps.
- Dynamic Positioning Hardware for Back (**E2398**) wheelchair component attached to a wheelchair frame that allows for dynamic movement of the seat back or pelvis component in response to increased musculoskeletal tone or spasticity. This code is separately reimbursed with initial wheelchair claim.

For information concerning a push-rim activated power assist device (**E0986**) for a manual wheelchair, refer to the Power Mobility Devices medical policy.

Power Seating Systems

- A **power tilt (E1002) only system** is covered with an **E1161** Tilt & Space base and a LCMP Eval if:
 - Documented High risk for development of a pressure ulcer **and** unable to perform a functional weight shift (most common) **or**
 - Utilizes intermittent catheterization for bladder management **and** is unable to independently transfer from the wheelchair to bed **or**
 - Management of increased tone or spasticity
 - ❖ E1002 & E1161 must be billed as capped rental items up to 13 months.

Backs and Seat Cushions

- General Use Back (**E2611, E2612**) /Seat Cushion (**E2601, E2602**) covered for client who has covered manual wheelchair with a sling/solid seat/back.

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For any cushion below Medicare and many payers that follow CMS guidelines have specific diagnosis requirements that must be documented for coverage – see Medicare Resource workbook for list of DX.

- Skin Protection Cushion (**E2603, E2604, E2622, E2623**) covered if client has a current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface **or** client has absent or impaired sensation in the area of contact with the seating surface **or** inability to carry out a functional weight shift due to their diagnosis.
- Positioning Back (**E2613, E2614, E2615, E2616, E2620, E2621**)/Seat Cushion (**E2605, E2606**) covered if client has significant postural asymmetries due to a diagnosis that requires positioning.
- Combination Skin Protection and Positioning Seat Cushion (**E2607, E2608, E2624, E2625**) covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion
- Custom Fabricated Back (**E2617**)/Seat Cushion(**E2609**)- covered for client who meets the criteria for both a skin protection seat cushion and a positioning back/seat cushion **and** Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and why prefabricated seating will not meet the client’s needs.

ALL Components for Custom Back (E2617) and Custom Seat (E2609) are BNDL'd into the code of the custom cushion as they are components that create the custom seating.

- ❖ A seat or back cushion that is provided for use with a transport chair (E1037, E1038) will be denied as not reasonable and necessary.

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

| Column I - HCPC | Column II – Items included and not separately payable |
|---|--|
| Rollabout Chair (E1031) | All options and accessories |
| Transport Chair (E1037, E1038, E1039) | All options and accessories except E0990, K0195 |
| Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009) | E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077 |
| E0973 | K0017, K0018, K0019 |
| E0950, E0954 | E1028 |
| E0990 | E0995, K0042, K0043, K0044, K0045, K0046, K0047 |
| E1020 | E1028 |
| K0039 | K0038 |
| K0045 | K0043, K0044 |
| K0046 | K0043 |
| K0047 | K0044 |

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| K0053 | E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047 |
| K0069 | E2220, E2224 |
| K0070 | E2211, E2212, E2224 |
| K0071 | E2214, E2215, E2225, E2226 |
| K0072 | E2219, E2225, E2226 |
| K0077 | E2221, E2222, E2225, E2226 |
| K0195 | E0995, K0042, K0043, K0044, K0045, K0046, K0047 |