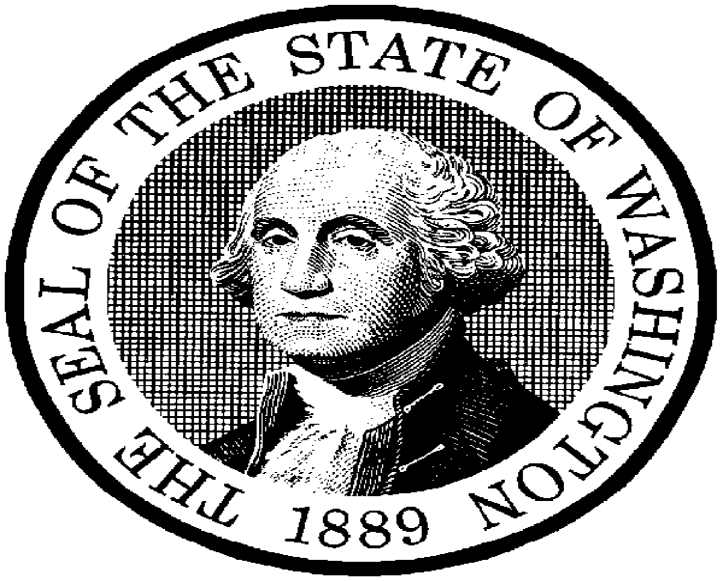
Washington State
DEPARTMENT OF
SOCIAL & HEALTH
SERVICES

Health and Recovery Services Administration



Wheelchairs, Durable Medical Equipment, and Supplies

Billing Instructions

ProviderOne Readiness Edition

[Chapter 388-543 WAC]

About This Publication

This publication supersedes all previous Department/HRSA *Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions* published by the Health and Recovery Services Administration, Washington State Department of Social and Health Services. The following programs have individual billing instructions:

- Nondurable Medical Supplies and Equipment (MSE)
- Medical Nutrition
- Infusion Therapy
- Prosthetic/Orthotic Devices and Supplies

Note: The Department 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.

Effective Date

The effective date of this publication is: **05/09/2010**.

2010 Revision History

This publication has been revised by:

Document	Subject	Issue Date	Affected Pages

How Can I Get Department/HRSA Provider Documents?

To download and print Department/HRSA provider numbered memos and billing instructions, go to the Department/HRSA website at http://hrsa.dshs.wa.gov (click the ***Billing Instructions and Numbered Memorandum*** link).

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Important Contacts

Note: This section contains important contact information relevant to wheelchairs, durable medical equipment, and supplies. For more contact information, see the Department/HRSA *Resources Available* web page at: http://hrsa.dshs.wa.gov/Download/Resources_Available.html

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

Definitions & Abbreviations

This section defines terms and abbreviations, including acronyms, used in these billing instructions. Please refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for a more complete list of definitions.

Augmentative Communication Device (ACD) – See "speech generating device (SGD)." [WAC 388-543-1000]

Base Year – The year of the data source used in calculating prices. [WAC 388-543-1000]

Benefit Service Package - A grouping of benefits or services applicable to a client or group of clients.

By Report (BR) – A method of reimbursement for covered items, procedures, and services for which the department has no set maximum allowable fees.
[WAC 388-543-1000]

Date of Delivery – The date the client actually took physical possession of an item or equipment. [WAC 388-543-1000]

Disposable Supplies – Supplies that may be used once, or more than once, but are time limited. [WAC 388-543-1000]

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.

[WAC 388-543-1000]

Expedited Prior Authorization – The process for obtaining authorization for selected durable medical equipment, and related supplies, prosthetics, orthotics, medical supplies and related services, in which providers use a set of numeric codes to indicate to the Department which acceptable indications/conditions/Department-defined criteria are applicable to a particular request for DME authorization. [WAC 388-543-1000]

Fee-for-Service – The general payment method the Department uses to reimburse for covered medical services provided to clients, except those services covered under the Department's prepaid managed care programs.
[WAC 388-543-1000]

Health Care Financing Administration Common Procedure Coding System (HCPCS) – A coding system established by the Health Care Financing Administration to define services and procedures.
[WAC 388-543-1000]

House Wheelchair – A nursing facility wheelchair that is included in the nursing facility's per-patient-day rate under chapter 74.46 RCW. [WAC 388-543-1000]

Limitation Extension – A process for requesting and approving covered services and reimbursement that exceeds a coverage limitation (quantity, frequency, or duration) set in WAC, billing instructions, or numbered memoranda. Limitation extensions require prior authorization. [WAC 388-543-1000)]

Manual Wheelchair – See "Wheelchair – Manual." [WAC 388-543-1000]

Maximum Allowable - The maximum dollar amount the Department will reimburse a provider for a specific service, supply, or piece of equipment.

Medical Identification card(s) – See *Services Card*.

Medical Supplies – Supplies that are:

- Primarily and customarily used to service a medical purpose; and
- Generally not useful to a person in the absence of illness or injury. [WAC 388-543-1000]

National Provider Identifier (NPI) – A federal system for uniquely identifying all providers of health care services, supplies, and equipment.

Nonreusable Supplies – Supplies that are used only once and then are disposed of. [WAC 388-543-1000]

Other DME – All durable medical equipment, excluding wheelchairs and related items.

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 388-543-1000]

Personal or Comfort Item – An item or service that primarily serves the comfort or convenience of the client. [WAC 388-543-1000]

Personal Computer – Any of a variety of electronic devices that are capable of accepting data and instructions, executing the instructions to process the data, and presenting the results. A PC has a central processing unit (CPU), internal and external memory storage, and various input/output devices such as a keyboard, display screen, and printer. A computer system consists of hardware (the physical components of the system) and software (the programs used by the computer to carry out its operations). [WAC 388-543-1000]

Plan of Care (POC) – (Also known as "plan of treatment" [POT]) A written plan of care that is established and periodically reviewed and signed by both a physician and a home health agency provider, that describes the home health care to be provided at the client's residence. [WAC 388-551-2010]

Power-Drive Wheelchair – See "Wheelchair – Power." [WAC 388-543-1000]

Prosthetic Device or Prosthetic – A replacement, corrective, or supportive device prescribed by a physician or other licensed practitioner of the healing arts, within the scope of his or her practice as defined by state law, to:

- Artificially replace a missing portion of the body;
- Prevent or correct physical deformity or malfunction; or
- Support a weak or deformed portion of the body. [WAC 388-543-1000]

ProviderOne – Department of Social and Health Services (the Department) primary provider payment processing system.

ProviderOne Client ID- A system-assigned number that uniquely identifies a single client within the ProviderOne system; the number consists of nine numeric characters followed by WA.
For example: 123456789WA.

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 388-543-1000]

Reusable Supplies – Supplies that are to be used more than once. [WAC 388-543-1000]

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 388-543-1000]

Services Card – A plastic "swipe" card that the Department issues to each client on a "one- time basis." Providers have the option to acquire and use swipe card technology as one method to access up-to-date client eligibility information.

- The Services Card replaces the paper Medical Assistance ID Card that was mailed to clients on a monthly basis.
- The Services Card will be issued when ProviderOne becomes operational.
- The Services Card displays only the client's name and ProviderOne Client ID number.
- The Services Card does not display the eligibility type, coverage dates, or managed care plans.
- The Services Card does not guarantee eligibility. Providers are responsible to verify client identification and complete an eligibility inquiry.

Specialty bed – A pressure reducing support surface, such as foam, air, water, or gel mattress or overlay. [WAC 388-543-1000]

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)."

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 388-543-1000]

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 388-543-1000]

Usual and Customary Charge – The amount the provider typically charges to 50% or more of his or her non-Medicaid clients, including clients with other third-party coverage. [WAC 388-543-1000]

Warranty-wheelchair – A warranty, according to manufacturers' guidelines, of not less than one year from the date of purchase. [WAC 388-543-1000]

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 388-543-1000]

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 388-543-1000]

About the Program

What Is the Purpose of the Wheelchairs, Durable Medical Equipment (DME), and Supplies Program?

[Refer to WAC 388-543-1100]

The Department of Social & Health Services' (the Department) Wheelchair Durable Medical Equipment (DME) program makes accessible to eligible Department clients the purchase and/or rental of medically necessary DME equipment and supplies when they are not included in other reimbursement methodologies (e.g., inpatient hospital DRG, nursing facility daily rate, HMO, or managed health care programs). The federal government considers 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.

The Department may reduce or eliminate coverage for optional services, consistent with legislative appropriations.

Client Eligibility

Who Is Eligible? [Refer to WAC 388-501-0060 and 0065]

Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at 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 still be obtained before providing any service requiring prior authorization.

Are Clients Enrolled in a Department Managed Care Plan Eligible? [Refer to WAC 388-538-060 and 095 or WAC 388-538-063 for GAU clients]

YES! When verifying eligibility using ProviderOne, if the client is enrolled in a Department 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 Department/HRSA *ProviderOne Billing and Resource Guide* at: 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 Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for instructions on how to verify a client's eligibility.

Coverage

What Is Covered? [Refer to WAC 388-543-1100]

The Department of Social & Health Services (the Department) covers the following subject to the provisions of this billing instruction:

- Wheelchairs and other DME;
- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Orthotic Devices;
- Equipment and supplies for the management of diabetes;
- Replacement batteries (for covered, purchased, medically necessary DME equipment); and
- Bilirubin lights (limited to rentals for at-home newborns with jaundice).

Note: For a complete listing of covered medical equipment and related supplies, refer to the Coverage Tables in these billing instructions.

Note: Those HCPCS codes with a "#" symbol in the maximum allowable column of the fee schedule are not covered by the Department.

What Are the General Conditions of Coverage?

The Department covers the services listed above when all of the following apply. They must be:

- Medically necessary. The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:

  - ✓ A physiological description of the client's disease, injury, impairment, or other ailment, and any changes in the client's condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or

  - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client's ability to use the requested equipment, when applicable.

- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);

- Within accepted medical or physical medicine community standards of practice;

- Prior authorized (see *Prior Authorization* section);

- Prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Department is being billed for co-pay and/or deductible only:

  The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form, DSHS 13-794, to write the prescription. The form is available for download at http://www1.dshs.wa.gov/msa/forms/eforms.html. The prescription (DSHS 13-794) must:

  - ✓ Be signed and dated by the prescriber;
  - ✓ 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: The Department implemented the requirement of the prescription form for all new prescriptions effective March 1, 2008.

- Billed to the Department as the payer of last resort only. The Department does not pay first and then collect from Medicare.

See the Coverage Tables in these billing instructions for a complete list of covered medical equipment and related supplies, repairs, and labor charges.

> **Note:** The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value on a case-by-case basis.

What If a Service Is Covered but Considered Experimental or Has Restrictions or Limitations? [WAC 388-543-1100 (3) and (4)]

- The Department 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 388-531-0050, under the provisions of WAC 388-501-0165 which relate to medical necessity.

- The Department evaluates a request for a covered service that is subject to limitations or other restrictions and approves such a service beyond those limitations or restrictions when medically necessary, under the standards for covered services in WAC 388-501-0165 (see Section G for limitation extensions).

How Can I Request that Equipment/Supplies Be Added to the "Covered" List in These Billing Instructions?
[WAC 388-543-1100 (7)]

An interested party may request the Department to include new equipment/supplies in these billing instructions by sending a written request to the Department (see *Important Contacts* section), plus all of the following:

- Manufacturer's literature;
- Manufacturer's pricing;
- Clinical research/case studies (including FDA approval, if required); and
- Any additional information the requestor feels is important.

What Is Not Covered? [Refer to WAC 388-543-1300]

The Department pays only for durable medical equipment (DME) and related supplies and services that are medically necessary, listed as covered, meet the definition of DME and medical supplies (see *Definitions* section), and prescribed per the provider requirements in this billing instruction (see *Provider Requirements* section).

The Department considers all requests for covered DME, related supplies and services, and noncovered equipment and related supplies, and services, under the provisions of WAC 388-501-0165 which relate to medical necessity. When the Department considers that a request does not meet the requirements for medical necessity, the definition(s) of covered item(s), or is not covered, the client may appeal that decision under the provisions of WAC 388-501-0165.

The Department specifically excludes services and equipment in this billing instruction from fee-for-service (FFS) scope of coverage when the services and equipment do not meet the definition for a covered item, or the services are not typically medically necessary. This exclusion does not apply if the services and equipment are:

- Requested for a child who is eligible for services under the EPSDT program;
- Included as part of a managed care plan service package;
- Included in a waivered program; or
- Part of one of the Medicare programs for qualified Medicare beneficiaries.

Services and equipment that are not covered include, but are not limited to:

- Services, procedures, devices, or the application of associated services that the department of the Food and Drug Administration (FDA) and/or the Centers for Medicare and Medicaid (CMS) (formerly known as HCFA) consider investigative or experimental on the date the services are provided;

- Any service specifically excluded by statute;

- More costly services or equipment when the Department determines that less costly, equally effective services or equipment are available;

- A client's utility bills, even if the operation or maintenance of medical equipment purchased or rented by the Department for the client contributes to an increased utility bill (refer to the Aging and Disabilities Services Administration (ADSA) COPES program for potential coverage);

- Hairpieces or wigs;

- Material or services covered under manufacturer's warranties;

- Procedures, prosthetics, or supplies related to gender dysphoria surgery;

- 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;
- Prosthetic devices dispensed for cosmetic reasons;
- 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;
  - ✓ Lifts or ramps for the home;
  - ✓ Saunas;
  - ✓ Security systems, burglar alarms, call buttons, lights, light dimmers, motion detectors, and similar devices;
  - ✓ Swimming pools; and
  - ✓ Whirlpool systems, such as Jacuzzis, hot tubs, or spas.
- Non-medical equipment, supplies, and related services, including but not limited to, the following:
  - ✓ Back-packs, pouches, bags, baskets, or other carrying containers;
  - ✓ Bedboards/conversion kits, and blanket lifters (e.g., for feet);
  - ✓ Car seats for children under five, except for positioning car seats that are prior authorized. Refer to "*Rented DME and Supplies*" for car seats;
  - ✓ Cleaning brushes and supplies, except for ostomy-related cleaners/supplies;
  - ✓ Diathermy machines used to produce heat by high frequency current, ultrasonic waves, or microwave radiation;

- ✓ Electronic communication equipment, installation services, or service rates including, but not limited to, the following:
  - ➢ Devices intended for amplifying voices (e.g., microphones);
  - ➢ Interactive communications computer programs used between patients and healthcare providers (e.g., hospitals, physicians), for self care home monitoring, or emergency response systems and services (refer to ADSA COPES or outpatient hospital programs for emergency response systems and services);
  - ➢ Two-way radios; and
  - ➢ Rental of related equipment or services;
- ✓ Environmental control devices, such as air conditioners, air cleaners/purifiers, dehumidifiers, portable room heaters or fans (including ceiling fans), heating or cooling pads;
- ✓ Ergonomic equipment;
- ✓ Exercise classes or equipment such as exercise mats, bicycles, tricycles, stair steppers, weights, or trampolines;
- ✓ Generators;
- ✓ Computer software other than speech generating, printers, and computer accessories (such as anti-glare shields, backup memory cards, etc.);
- ✓ Computer utility bills, telephone bills, Internet service, or technical support for computers or electronic notebooks;
- ✓ Any communication device that is useful to someone without severe speech impairment (e.g., cellular telephone, walkie-talkie, pager, or electronic notebook);
- ✓ Racing stroller/wheelchairs and purely recreational equipment;
- ✓ Room fresheners/deodorizers;
- ✓ Bidet or hygiene systems, paraffin bath units, and shampoo rings;
- ✓ Timers or electronic devices to turn things on or off, which are not an integral part of the equipment;
- ✓ Vacuum cleaners, carpet cleaners/deodorizers, and/or pesticides/insecticides; or
- ✓ Wheeled reclining chairs, lounge and/or lift chairs (e.g., geri-chair, posture guard, or lazy boy).

- 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 bed pads, blankets, mattress covers/bags, pillows, pillow cases/covers; and sheets;
  - ✓ 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, and socks;
  - ✓ Clothing protectors 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;
  - ✓ Insect repellants;
  - ✓ Massage equipment;
  - ✓ Medication dispensers, such as med-collators and count-a-dose, except as obtained under the compliance packaging program. See Chapter 388-530 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 Department 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.

- Medical equipment, supplies, and related services, including but not limited to, the following:
  - ✓ Electrical neural stimulation devices and supplies for in-home use, including battery chargers.
  - ✓ Blood monitoring:
    - ➢ Sphygmomanometer/blood pressure apparatus with cuff and stethoscope;
    - ➢ Blood pressure cuff only; and
    - ➢ Automatic blood pressure monitor.

- ✓ Bathroom equipment:
  - Bath stools;
  - Bathtub wall rail (grab bars);
  - Bed pans;
  - Control unit for electronic bowel irrigation/evacuation system;
  - Disposable pack for use with electronic bowel system;
  - Potty chairs;
  - Raised toilet seat;
  - Safety equipment (e.g. belt, harness or vest);
  - Shower/commode chairs;
  - Sitz type bath or equipment;
  - Standard and heavy duty bath chairs;
  - Toilet rail;
  - Transfer bench tub or toilet; and
  - Urinal male/female.

Note: The Department evaluates a request for any equipment or devices that are listed as noncovered in this billing instruction under the provisions of WAC 388-501-0165. [Refer to WAC 388-543-1100(2)]

"Other" DME

Clients Residing in a Nursing Facility

- The Department covers the following for a client in a nursing facility:
  - ✓ The purchase and repair of:
    - ➢ A speech generating device (SGD) and one of the following:
    - ➢ A powered or manual wheelchair for the exclusive full-time use of a permanently disabled nursing facility resident when the wheelchair is not included in the nursing facility's per diem rate; or
    - ➢ A specialty bed or the rental of a specialty bed outside of the skilled nursing facility per-diem when:
      - ➢ The specialty bed is intended to help the client heal; and
      - ➢ The client's nutrition and laboratory values are within normal limits.
    - ➢ A heavy duty bariatric bed is not considered a specialty bed.
  - ✓ All other DME and supplies identified in this billing instruction are the responsibility of the nursing facility, in accordance with chapters 388-96 and 388-97 WAC.

Speech Generating Devices (SGD) [WAC 388-543-2200]

- The Department considers all requests for SGDs on a case-by-case basis.

- The SGD requested must be for a severe expressive speech impairment, and the medical condition must warrant the use of a device to replace verbal communication (e.g., to communicate medical information).

- In order for the Department to cover an SGD, the SGD must be a speech device intended for use by the individual who has a severe expressive speech impairment and have one of the following characteristics. For the purposes of these billing instructions, the Department uses the Medicare definitions for "digitized speech" and "synthesized speech" that were in effect as of April 1, 2002. The SGD must 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

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

- The Department requires a provider to submit a prior authorization request for SGDs. The request must be in writing and must include form #1530 containing all of the following information:

  - ✓ A detailed description of the client's therapeutic history; including, at a minimum:

    - ➢ The medical diagnosis;
    - ➢ A physiological description of the underlying disorder;
    - ➢ A description of the functional limitations; and
    - ➢ The prognosis for improvement or degeneration.

  - ✓ A written assessment by a licensed speech language pathologist (SLP) that includes all of the following:

    - ➢ If the client has a physical disability, condition, or impairment that requires equipment, such as a wheelchair, or a device to be specially adapted to accommodate an SGD, and an assessment by the prescribing physician, licensed occupational therapist, or physical therapist;

    - ➢ Documented evaluations and/or trials of each SGD that the client has tried. This includes less costly types/models, and the effectiveness of each device in promoting the client's ability to communicate with health care providers, caregivers, and others;

- ➢ The current communication impairment, including the type, severity, language skills, cognitive ability, and anticipated course of the impairment;
- ➢ An assessment of whether the client's daily communication needs could be met using other natural modes of communication;
- ➢ A description of the functional communication goals expected to be achieved, and treatment options;
- ➢ Documentation that the client's speaking needs cannot be met using natural communication methods; and
- ➢ Documentation that other forms of treatment have been ruled out.

✓ The provider has shown or has demonstrated 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; and
- ➢ The client's treatment plan includes a training schedule for the selected device.

✓ A prescription for the SGD from the client's treating physician.

- The Department may require trial-use rental. All rental costs for the trial-use will be applied to the purchase price.
- **The Department covers SGDs only once every two years for a client who meets the above listed criteria.** The Department does not approve a new or updated component, modification, or replacement model for a client whose SGD can be repaired or modified. The Department may make exceptions to the above criteria based strictly on a finding of unforeseeable and significant changes to the client's medical condition. The prescribing physician is responsible for justifying why the changes in the client's medical condition were unforeseeable.

Hospital Beds [WAC 388-543-2400]

- Beds covered by the Department are limited to hospital beds for rental or purchase. The Department bases the decision to rent or purchase a manual or semi-electric hospital bed on the length of time the client needs the bed, as follows:

  - ✓ The Department initially authorizes a maximum of two months rental for a short-term need. Upon request, the Department may allow limitation extensions as medically necessary (see EPA criteria for hospital beds, section G);

  - ✓ The Department determines rental on a month-to-month basis if a client's prognosis is poor;

  - ✓ The Department considers a purchase if the need is for more than six months;

  - ✓ If the client continues to have a medical need for a hospital bed after six months, the Department may approve rental for up to an additional six months. The Department considers the equipment to be purchased after a total of twelve months' rental.

- The Department considers a manual hospital bed the primary option when the client has full-time caregivers.

- The Department considers a semi-electric hospital bed only if the client meets all of the following criteria:

  - ✓ The client's medical need requires the client to be positioned in a way that is not possible in a regular bed;
  - ✓ 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; or
  - ✓ The client needs to be in the Trendelenburg position.

- The Department considers a heavy duty bariatic hospital bed only if the client meets the criteria for either manual or semi-electric hospital bed, and:

  - ✓ Weighs 420lbs or more; or
  - ✓ Has a girth width greater than 36"

- All other circumstances for hospital beds will be considered on a case-by-case basis, based on medical necessity. (See also EPA criteria in Section G.)

"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.**
	E0181	NU RR	Pressure pad, alternating with pump; heavy duty. For clients over 250 lbs.	Rental requires PA.	Yes	Deemed purchased after 1 year's rental. **Limit of 1 per client every 5 years.**

= Not covered by the DME program D = Discontinued. P = Policy change Ø = Not covered by the Department N = New

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.**
	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).			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.**
	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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	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.

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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0274		Over-bed table.			
	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.**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.**
	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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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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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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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 degreee 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.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E2402	RR	Negative pressure wound therapy electrical pump, stationary or portable.	Yes		Rental only.

Other Patient Room Equipment

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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		

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.)
	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			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
			classified.			
#	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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	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.**
	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**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
						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.**
	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.**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.**
	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.**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E0705		Transfer board or device, any type, each.	No	Yes	Purchase only. **Limit of 1 per client every 5 years.**

Positioning Devices

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	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.)			
	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.
	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, 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, adult size (adult up to 75"		Yes	**Limit of 1 per client every 5 years.** Purchase

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
			tall). Includes padding, chest and foot straps).			only.

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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		Purchase only. **Limit of 1 per client every 5 years.**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
				G.		
	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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0762		Transcutaneous electrical joint stimulation device system, includes all accessories.			
#	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.			

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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.
	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	Yes		Purchase only.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
			the device.			
	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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Ambulatory Aids

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.**
	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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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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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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**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
						years.
	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, replacement, each.	No	Yes	Purchase only.

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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).			
#	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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
	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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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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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
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
						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
	E0350		Control unit for electronic bowel irrigation/evacuation system.	Yes	Yes	Purchase only. Not covered for clients 21 years of age and older

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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
	E0240	NU	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps).	*EPA #870000776 must be used when billing this item.* See EPA Section G.	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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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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Blood Monitoring

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	E2100		Blood glucose monitor with integrated voice synthesizer.	Yes		Purchase only. Limit of 1 per client, per 3 years.
#	E2101		Blood glucose monitor with integrated lancing/blood sample.			

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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.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
						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.
	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, **hospital grade**, 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. If client did not receive a kit – can bill with EPA.
	E0650	NU RR	Pneumatic compressor, nonsegmental home model.	Rental requires PA or EPA. See EPA Section	Yes	Deemed purchased after 1 year's rental. **Limit of 1 per client every 5**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
				G.		**years.**
#	E0651		Pneumatic compressor, segmental home model without calibrated gradient pressure.			
#	E0652		Pneumatic compressor, segmental home model with calibrated gradient pressure.			
	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.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0667		Segmental pneumatic appliance for use with pneumatic compressor, full leg			
#	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			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0691		Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less			
#	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.**

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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).			
#	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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	K0609		Replacement electrodes for use with automated external defibrillator, garment type only, each.			
	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 (5 years and older).	Rental and clients younger than 5 years of age require PA.	Yes	**Limit of 1 per client every 5 years.**

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Other Charges for DME Services

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	A9281		Reaching/grabbing device, any type, any length, each.			
#	A9282		Wig, any type, each.			
#	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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
#	E0221		Infrared heating pad system.			
#	E0225		Hydrocollator unit, includes pads.			
#	E0230		Ice cap or collar.			
#	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.			

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Included in Nursing Facility Daily Rate	Policy/ Comments
	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.

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Wheelchairs

Wheelchair Coverage [Refer to WAC 388-543-2000]

- The Department of Social & Health Services (the Department) bases its decisions regarding requests for wheelchairs on medical necessity and on a case-by-case basis. The following apply when the Department determines that a wheelchair is medically necessary for six months or less:

  - ✓ If the client lives at home, the Department rents a wheelchair for the client; or

  - ✓ If the client lives in a nursing facility, the nursing facility must provide a house wheelchair as part of the per diem rate paid by the Aging and Disability Services Administration (ADSA).

- For the purchase of a wheelchair or for wheelchair accessories or modifications for nursing facility clients, the Department requires the provider to complete the Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility Clients (an electronic version can be obtained at http://www1.dshs.wa.gov/dshsforms/forms/eforms.html).

Manual Wheelchairs

The Department considers 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. The Department determines the type of manual wheelchair based on the following:

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

- A **standard lightweight** wheelchair if the client's medical condition is such that the client:

  - ✓ Cannot self-propel a standard weight wheelchair; or

  - ✓ Requires custom modifications that cannot be provided on a standard weight wheelchair.

- **A high-strength lightweight wheelchair** for a client:
  - ✓ Whose medical condition is such that the client cannot 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 ***up to*** 300 pounds; or
  - ✓ Accommodate a seat width ***up to*** 22 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 ***over*** 300 pounds; or
  - ✓ Accommodate a seat width ***over*** 22 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 categories of wheelchair.
- A **custom manufactured wheelchair** for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the above categories of wheelchairs.

Power-Drive Wheelchairs

- The Department considers a power-drive wheelchair when the client's medical needs cannot be met by a less costly means of mobility. The prescribing physician must certify that the client can safely and effectively operate a power-drive wheelchair and that the client meets all of the following conditions:

  - ✓ The client's medical condition negates his or her ability to self-propel any of the wheelchairs listed in the manual wheelchair category;

  - ✓ A power-drive wheelchair will provide the client the only means of independent mobility; and

  - ✓ If a child, a power-drive wheelchair will enable a child to achieve age-appropriate independence and developmental milestones.

- All other circumstances will be considered based on medical necessity and on a case-by-case basis. The following additional information is required for a three- or four-wheeled power-drive scooter-cart:

  - ✓ 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.

- For the purchase of a wheelchair or for wheelchair accessories or modifications for home clients, the Department has developed a form that may be used called the "Wheelchair Purchase Evaluation Form (for home clients only)" (an electronic version can be obtained at: http://www1.dshs.wa.gov/dshsforms/forms/eforms.html).

Coverage of Multiple Wheelchairs

- The Department may cover two wheelchairs, a manual wheelchair and a power-drive wheelchair, for a noninstitutionalized client in certain situations. One of the following must apply:

  - ✓ 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 radii;

  - ✓ 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

    - ➢ 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; the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. In these cases, the Department 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 neither available, practical, nor possible for financial or other reasons.

  All other circumstances are considered on a case-by-case basis, based on medical necessity.

- The Department considers the power-drive wheelchair to be the client's primary chair when the client has both a power-drive wheelchair and a manual wheelchair.

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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E1233	NU	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.	Yes	
	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	
	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	
	K0009	NU	Other manual wheelchair/base.	Yes	

Manual Wheelchairs (Noncovered HCPCS Codes)

#	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.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	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.
#	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		See code K0004.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			footrests.		
#	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-		See K0001.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			away, detachable, elevating legrests.		
#	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,		See codes K0001 -

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			detachable footrests.		K0005.
#	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.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Power Wheelchairs (Covered HCPCS Codes)

	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
	K0802	NU	Power operated vehicle, group	Yes	Not allowed in

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			1 very heavy duty, patient weight capacity 451 to 600 pounds		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
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					– 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
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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.
	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	Yes	Not allowed in combination with E1228,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			up to and including 300 pounds		E1297, E1298, E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	K0816	NU	Power wheelchair, group 1 standard, captains chair, patient weight capactiy 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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					– E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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 –

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					& E0982.
	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.
	K0829	NU	Power wheelchair, group 2	Yes	Not allowed in

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			extra heavy duty, captains chair, patient weight capacity 601 pounds or more		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.
	K0831	NU	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity	Yes	Not allowed in combination with E1228, E1297, E1298,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			up to and including 300 pounds		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.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					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.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					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.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					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.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					& 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.
	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	Yes	Not allowed in

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			standard, captains chair, patient weight capacity up to and including 300 pounds		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.
	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	Yes	Not allowed in combination with E1228, E1297, E1298,

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N = New

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			450 pounds		E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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

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# = Not covered by the DME program
D = Discontinued
P = Policy change
N = New

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					K0015, K0019, K0020, E0981 & E0982.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					& E0982.
	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.
	K0862	NU	Power wheelchair, group 3	Yes	Not allowed in

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		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.
#	K0864	NU	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight	Yes	Not allowed in combination with E1228, E1297, E1298,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			capacity 601 pounds or more		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.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					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.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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.
	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,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					K0015, K0019, K0020, E0981 & E0982.
	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.
	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

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
					& E0982.
	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.
	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.
	K0886	NU	Power wheelchair, group 4	Yes	Not allowed in

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N = New

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds		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.
	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.
	K0891	NU	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to	Yes	Not allowed in combination with E1228, E1297, E1298,

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			and including 125 pounds		E2340 – E2343, E2381 – E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0040 – K0045, K0052, K0015, K0019, K0020, E0981 & E0982.
	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.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

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

#	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.
	K0899	NU	Power mobility device, not coded by dme pdac or does not meet criteria	Yes	#

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Wheelchair Modifications, Accessories, and Repairs

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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	E2608		Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth.	Yes	
	E2609		Custom fabricated wheelchair seat cushion, any size.	Yes	
	E2610		Wheelchair seat cushion, powered.	Yes	
	K0734		Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	
	K0735		Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes	
	K0736		Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes	
	K0737		Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes	
	K0739		Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Custom Frame Up-Charges

	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	
	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Armrests and Parts

	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Lower Extremity Positioning (legrests, etc.)

	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	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			extension tube, each.		
	K0047		Elevating legrest, upper hanger bracket, each (replacement).	Yes	
	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

	E0950		Wheelchair accessory, tray, each (includes all attaching hardware).	Yes	
	E0955		Wheelchair accessory, headrest, cushioned, prefabricated, including (all standard) mounting hardware, each.	Yes	

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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),	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			includes any type mounting hardware.		
	E2291		Back, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2292		Seat, planar, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	E2293		Back, contoured, for pediatric size wheelchair including fixed attaching hardware.	Yes	
	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	
	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	
	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	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			lateral supports, width 22 inches or greater, any height, including any type mounting hardware.		
#	K0669		Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC..	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Hand rims, Wheels, and Tires (includes parts)

	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,	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

= Not covered by the DME program. D = Discontinued. P = Policy change
Ø = Not covered by the Department. N = New

Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			each.		
	E2219		Manual wheelchair accessory, foam caster tire, any size, each. Code Added.	Yes	
	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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
#	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	
	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	
	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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Other Accessories (manual and power)

	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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	
	K0108		Other accessories.	Yes	

Manual Wheelchair Conversions

	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	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			wheelchair, e.g., Solo).		

Power Wheelchair Add-on Functions and Controls

	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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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, each.	Yes	
	E1016		Shock absorber for power wheelchair, each.	Yes	
	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	
	E2300		Power wheelchair accessory, power seat elevation system.	Yes	
	E2301		Power wheelchair accessory, power standing system.	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			electronics, mechanical stop switch, and fixed mounting hardware.		
	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	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
	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	
	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	
	E2331		Power wheelchair accessory, attendant control, proportional, including all related	Yes	

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			electronics and fixed mounting hardware.		
	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	
	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	Yes	

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

Batteries and Chargers

	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	
	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,	Yes	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments
			each.		
	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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Miscellaneous Repair Only

	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	

Note: All modifications, accessories, and repairs require prior authorization.

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Code Status Indicator	HCPCS Code	Modifier	Description	PA?	Policy/ Comments

Accessories (Noncovered HCPCS Codes)

#	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).		

Note: All modifications, accessories, and repairs require prior authorization.

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Provider Requirements

Who Is Eligible for Reimbursement by the Department for Providing Wheelchairs, DME, and Related Supplies and Services? (Refer to WAC 388-543-1200)

- The Department requires a provider who supplies DME and related supplies and services to a Department client to meet all of the following.

  The provider must:

  - ✓ Have a core provider agreement with the Department;
  - ✓ Have the proper business license;
  - ✓ Have appropriately trained qualified staff; and
  - ✓ Be certified, licensed and/or bonded if required, to perform the services billed to the Department.

- The Department may reimburse qualified providers for DME and related supplies, repairs, and related services on a fee-for-service (FFS) basis as follows:

  - ✓ DME providers for DME and related repair services;
  - ✓ Medical equipment dealers, pharmacies, and home health agencies under their medical vendor NPI for medical supplies, subject to the limitations in this billing instruction; and
  - ✓ Physicians who provide medical equipment and supplies in the physician's office. The Department may pay separately for medical supplies, subject to the provisions in the Department's resource based relative value scale (RBRVS) fee schedule.

- The Department terminates from Medicaid participation any provider who violates program regulations and policies, as described in WAC 388-502-0020.

Authorization

What Is Prior Authoriation?

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

Which Items and Services Require Prior Authorization?

[Refer to WAC 388-543-1600]

The Department bases its determination about which durable medical equipment (DME) and related supplies and services require PA or EPA on utilization criteria. The Department considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

The Department requires providers to obtain PA for the following:

- Augmentative communication devices (ACDs);
- Certain By Report (BR) DME and supplies as specified in this billing instruction;
- Blood glucose monitors requiring special features;
- Certain equipment rentals as specified in this billing instruction;
- Decubitus care products and supplies;
- Equipment parts and labor charges for repairs or modifications and related services;
- Orthopedic shoes and selected orthotics;
- Positioning car seats for children under five years of age;
- Wheelchairs, wheelchair accessories, wheelchair modifications, air, foam, and gel cushions, and repairs;
- Wheelchair-style shower/commode chairs;
- Other DME not specifically listed in this billing instruction and submitted as a miscellaneous procedure code; and
- Limitation extensions.

The Department requires providers to obtain PA for the following items and services **if the provider fails to meet the expedited prior authorization criteria in this billing instruction** (see "*What Is Expedited Prior Authorization for Wheelchairs and DME?*" in this section). This includes, but is not limited to, the following:

- Decubitus care mattresses, including flotation or gel mattress;
- Hospital beds;
- Low air loss flotation system; and
- Osteogenic stimulator, noninvasive.

General Policies for Prior Authorization [WAC 388-543-1800]

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

- When the Department receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date the Department receives the request.

- All written requests must be submitted on the new Provider One request form: 13-835. This form is available for download at http://www1.dshs.wa.gov/msa/forms/eforms.html.

- All written authorization requests must include a valid prescription prescribed by a physician, advanced registered nurse practitioner (ARNP), or physician assistant certified (PAC). Except for dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Department is being billed for co-pay and/or deductible only:

  The prescriber must use the Health and Recovery Services Administration (HRSA) Prescription Form (DSHS 13-794) to write the prescription. The form is available for download at http://www1.dshs.wa.gov/msa/forms/eforms.html. The prescription (DSHS 13-794) must:

  - ✓ Be signed and dated by the prescriber;
  - ✓ 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: The Department implemented the requirement of the prescription form for all new prescriptions effective March 1, 2008.

Also note for prescriptions:

- ✓ Prescriber's signature must have credentials and currently we do not accept stamped or electronic signatures.
- ✓ Should be legible.
- ✓ The signature date is the valid date of the prescription.
- ✓ For a new request prescriptions can be no older than 90 days.
- ✓ For extensions – prescription must be less than 1 year old.

- The Department requires certain forms to be completed by the prescriber and therapist (if applicable) for specific equipment. These include:

  - ✓ #13–729 Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility
  - ✓ #13-727 Wheelchair Purchase Evaluation Form (for home clients only)
  - ✓ #13 -726 Negative Pressure Wound Therapy
  - ✓ #13-728 Low Air-Loss Therapy Systems
  - ✓ #13-747 Hospital Bed Evaluation
  - ✓ #13-872 HRSA Exception to Rule: Bathroom Equipment
  - ✓ #15-310 Speech Language Pathologist (SLP) Evaluation For speech Generating Devices

- Nonrequired Forms (can be submitted to provide the medical evidence necessary to make a decision):

  - ✓ Other DME use: DSHS 13-831

- All forms must be complete (no blanks) and must be signed by the clinician to include their credentials.

Note: These forms can be downloaded from the Department's Electronic Forms Website at: http://www1.dshs.wa.gov/msa/forms/eforms.html.

- If a letter of medical necessity is obtained for the services provided please remember:

  - ✓ The letter must be signed and dated by the clinician (to include credentials).
  - ✓ If using chart notes, they must be signed and dated by the clinician (to include credentials).

- ✓ The letter should include client specific justification for the service and all related accessories/items.

- ✓ The RX must be dated prior to LMN and/or chart notes used as a LMN.

- ✓ Should be documentation of tried and failed less costly alternatives.

- The Department 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.

- The Department authorizes BR items that require PA and are listed in the fee schedule (see Sections I and J) only if medical necessity is established and the provider furnishes all of the following information to the Department:

  - ✓ A detailed description of the item or service to be provided;
  - ✓ The cost or charge for the item;
  - ✓ A copy of the manufacturer's invoice, price-list or catalog with the product description for the item being provided; and
  - ✓ A detailed explanation of how the requested item differs from an already existing code description.

- The Department does not reimburse for purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the requesting provider makes such a request, the Department requires the provider to submit for PA and explain the following:

  - ✓ 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.

- All equipment repairs require prior authorization and must have a serial #. If the equipment did not come with a serial number or the number is no longer legible or on the equipment the provider must assign a new one, attach it to the equipment and inform the department on their company letterhead.

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

- The Department authorizes rental equipment for a specific period of time. The provider must request authorization from the Department for any extension of the rental period.

- If a provider does not obtain prior authorization, the Department will deny the billing, and the client must not be held financially responsible for the service.

Note: Please see the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html for more information on requesting authorization.

- For equipment for which prior authorization has been provided, you must provide the Department with a date of delivery and serial# of the equipment before the authorization number will be released for billing. This may be done by contacting the DME toll-free line or by faxing or mailing the information to the Department.

- Authorizations are valid:

  - ✓ For written requests = 3 months from the date of approval, then an extension must be requested.

  - ✓ For telephonic requests = 1 month from the date of approval, unless otherwise specified.

What Is Expedited Prior Authorization for Wheelchairs & DME?

Vendors are reminded that EPA numbers are only for those products listed *on the following pages.* EPA numbers are not valid for:

- Other Wheelchairs & DME requiring prior authorization through the Durable Medical Equipment program;

- Products for which the documented medical condition does not meet ***all*** of the specified criteria; or

- Over-limitation requests.

The written or telephonic request for prior authorization process must be used when a situation does not meet the criteria for a selected Wheelchairs & DME codes. Providers must submit the request to the Department for authorization.

Washington State Expedited Prior Authorization Criteria Coding List

Wheelchair Rentals & Other DME

Note: The following pertains to EPA numbers 700 - 820:

1. If the medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request in writing to the Department (see the *Important Contacts* section) or by calling the authorization toll-free number at 1-800-292-8064.
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 prior authorization process is required.
4. Must have a valid physician prescription as described in WAC 388-543-1100(d))
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
RENTAL MANUAL WHEELCHAIRS	
Procedure Code: K0001 RR	
700	**Standard manual wheelchair with all styles of arms, footrest, 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 250 lbs. or less; 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: K0003 RR	
705	**Lightweight 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 250 lbs. or less; 2) Can self-propel the lightweight wheelchair and is unable to propel a standard weight wheelchair; 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: 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 Department 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 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.

Note: (cont.)

3) If length of need is greater than 12 months, as stated by the prescribing physician, a prior authorization 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 Department 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.

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) This 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.
3) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
4) 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.

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://www1.dshs.wa.gov/dshsforms/forms/eforms.html).
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.

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.

The following is a crosswalk of EPA numbers that are discontinued and the codes that have taken their place:

Discontinued EPA#	Description	National Code Used as of P-One Implementation
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 Batch 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)

Reimbursement

General Reimbursement for DME and Related Supplies and Services [Refer to WAC 388-543-1400(1-5)]

- The Department reimburses a qualified provider who serves a client who is not enrolled in a department-contracted managed care plan only when all of the following apply:

  - ✓ The provider meets all of the conditions in WAC 388-502-0100; and

  - ✓ The Department does not include the item/service for which the provider is requesting reimbursement in other reimbursement rate methodologies. Other methodologies include, but are not limited to, the following:

    - ➢ Hospice providers' per diem reimbursement;
    - ➢ Hospital's diagnosis related group (DRG) reimbursement;
    - ➢ Managed care plans' capitation rate; and
    - ➢ Nursing facilities' per diem rate.

- The Department sets maximum allowable fees for DME and related supplies using available published information, such as:

  - ✓ Commercial databases for price comparisons;
  - ✓ Manufacturers' catalogs;
  - ✓ Medicare fee schedules; and
  - ✓ Wholesale prices.

- The Department may adopt policies and/or rates that are inconsistent with those set by Medicare if the Department determines that such actions are in the best interest of its clients.

- The Department updates the maximum allowable fees for DME and supplies no more than once per year, unless otherwise directed by the legislature. The Department may update the rates for different categories of medical equipment at different times during the year.

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

What Criteria Does the Department Use to Determine Whether to Purchase or Rent DME for Clients?

[Refer to WAC 388-543-1100(8)]

The Department bases the decision to purchase or rent DME for a client, or to pay for repairs to client-owned equipment on ***medical necessity***.

The Department purchases or rents medically necessary equipment and supplies only when the item requested is not included in other reimbursement methodologies. Other reimbursement methodologies include, but are not limited to:

- Hospitals' diagnosis-related group (DRG) reimbursement;
- Inpatient hospital ratio of cost to charges (RCC) reimbursement;
- Nursing facilities' per diem rate;
- Hospice providers' per diem reimbursement; or
- Managed care plans' capitation rate.

The amount the Department pays for medically necessary services is the lower of the usual and customary charges or rates established by the Department and:

- The services are within the scope of care in this billing instructions (see *Coverage* section);
- The services are properly authorized;
- The services are properly billed;
- The services are billed in a timely manner as described under WAC 388-502-0150;
- The client is certified as eligible; and
- Third-party payment procedures are followed.

Purchased DME and Related Supplies

[WAC 388-543-1500]

- DME and related supplies purchased by the Department for a client is the client's property. The Department reimbursement for covered DME and related supplies includes all of the following:

  - ✓ Any adjustments or modifications to the equipment that are required within three months of the date of delivery. This does not apply to adjustments required because of changes in the client's medical condition;

  - ✓ Fitting and set-up; and

  - ✓ Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies.

- The Department charges the dispensing provider for any costs it incurs to have another provider repair equipment if all of the following apply:

  - ✓ Any DME that the Department considers purchased according to these billing instructions (see "*Rented DME and Supplies"* in this section) requires repair during the applicable warranty period;

  - ✓ The dispensing provider is unwilling or unable to fulfill the warranty; and

  - ✓ The client still needs the equipment.

- The Department rescinds purchase orders for the following reasons:

  - ✓ 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 Department managed care plan.

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

  - ✓ A client may become a managed care plan client before the Department completes the purchase of prescribed medical equipment. If this occurs:

    - ➢ The Department rescinds the purchase order until the managed care primary care provider (PCP) evaluates the client; then

    - ➢ The Department requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary; then

    - ➢ The managed care plan's applicable reimbursement policies apply to the purchase or rental of the equipment.

Rented DME and Related Supplies [WAC 388-543-1700]

- The Department'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 Department requires a dispensing provider to ensure the DME rented to a Department 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 Department considers rented equipment to be purchased after 12 months' rental unless one of the following apply:

  - ✓ The equipment is restricted as rental only; or
  - ✓ Other Department published issuances state otherwise.

- The Department rents, but does not purchase, certain medically necessary equipment for clients. This includes, but is not limited to, the following:

  - ✓ Bilirubin lights for newborns at home with jaundice; and
  - ✓ Electric breast pumps.

- The Department's minimum rental period for covered DME is one day.

- The Department requires that both the begin date and the end date of a rental segment be indicated on the CMS-1500 claim form in the "dates of service," "from," and "to" areas for all rental billings.

- If a fee-for-service (FFS) client becomes a managed care plan client, both of the following apply:

  - ✓ The Department stops paying for any rented equipment on the last day of the month preceding the month in which the client becomes enrolled in the managed care plan; and

  - ✓ The plan determines the client's continuing need for the equipment and is responsible for reimbursing the provider.

- The Department stops paying for any rented equipment effective the date of a client's death. The Department prorates monthly rental as appropriate.
- For a client who is eligible for both Medicaid and Medicare, the Department pays only the 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 Department does not obtain or pay for insurance coverage against liability, loss and/or damage to rental equipment that a provider supplies to a Department client.

When Does the Department Not Reimburse Under Fee-for-Service? [WAC 388-543-1100 (5)]

The Department does not reimburse for DME and related supplies and 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 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.

DME and Supplies Provided in Physician's Office

The Department does not pay a DME provider for medical supplies used in conjunction with a physician office visit. The Department pays the office physician for these supplies, as stated in the Resource Based Relative Value Scale (RBRVS), when it is appropriate.

Warranty

- The Department requires providers to:
  - ✓ Furnish to Department clients only new equipment that includes full manufacturer and dealer warranties; and
  - ✓ Include a warranty on equipment for one year after the date the Department considers rented equipment to be purchased as provided in this billing instruction (see "*Rented DME and Supplies"* in this section). (Refer to WAC 388-543-1500[3][4])
- The Department charges the dispensing provider 50% of the total amount the Department paid toward rental and eventual purchase of the first equipment if the rental equipment must be replaced during the warranty period. All of the following must apply:
  - ✓ Any medical equipment that the Department considers purchased according to this billing instruction (see "*Rented DME and Supplies"* in this section) requires replacement during the applicable warranty period;
  - ✓ The dispensing provider is unwilling or unable to fulfill the warranty; and
  - ✓ The client still needs the equipment.

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

Billing and Claim Forms

What Are the General Billing Requirements?

Providers must follow the Department/HRSA *ProviderOne Billing and Resource Guide* at: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html. These billing requirements include, but are not limited to:

- Time limits for submitting and resubmitting claims and adjustments;
- What fee to bill the Department for eligible clients;
- When providers may bill a client;
- How to bill for services provided to primary care case management (PCCM) clients;
- Billing for clients eligible for both Medicare and Medicaid;
- Third-party liability; and
- Record keeping requirements.

Required Forms

The following forms can be downloaded from the Department's Electronic Forms Website at: http://www1.dshs.wa.gov/msa/forms/eforms.html

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

Completing the CMS-1500 Claim Form

Note: Refer to the Department/HRSA *ProviderOne Billing and Resource Guide* at: 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	These are the only appropriate code(s) for this billing instruction: **Code** — **To Be Used For** 12 — Client's residence 13 — Assisted living facility 32 — Nursing facility 31 — Skilled nursing facility 99 — Other

Appendix A [Refer to WAC 388-543-2100]

Reimbursement Methodology for Wheelchairs

1. The Department of Social & Health Services (the Department) reimburses a Durable Medical Equipment (DME) provider for purchased wheelchairs for a home or nursing facility client based on the specific brand and model of wheelchair dispensed. The Department decides which brands and/or models of wheelchairs are eligible for reimbursement based on all of the following:

   a) The client's medical needs;
   b) Product quality;
   c) Cost; and
   d) Available alternatives.

2. For wheelchair rentals and wheelchair accessories (e.g., cushions and backs), the Department uses either:

   a) The Medicare fees that are current on April 1 of each year; or

   b) The Department's maximum allowable reimbursement is based on a percentage of the manufacturer's list price in effect on January 31 of the base year, or the invoice for the specific item. The Department uses the following percentages:

      i) For basic standard wheelchairs, sixty-five percent;
      ii) For add-on accessories and parts, eighty-four percent;
      iii) For upcharge modifications and cushions, eighty percent;
      iv) For all other manual wheelchairs, eighty percent; and
      v) For all other power-drive wheelchairs, eighty-five percent.

4. The Department determines rental reimbursement for categories of manual and power-driven wheelchairs based on average market rental rates or Medicare rates.

5. The Department evaluates and updates the wheelchair fee schedule once per year.

6. The Department implements wheelchair rate changes on April 1 of the base year, and the rates are effective until the next rate change.

Appendix B [Refer to WAC 388-543-2500]

Reimbursement Methodology for Other DME

1. The Department establishes reimbursement rates for purchased other DME.

   a) For other durable medical equipment that have a Medicare rate established for a new purchase, the Department uses the rate that is in effect on January first of the year in which the Department sets the reimbursement.

   b) For other durable medical equipment that do not have a Medicare rate established for a new purchase, the Department uses a pricing cluster to establish the rate.

2. Establishing a pricing cluster and reimbursement rates.

   a) In order to make up a pricing cluster for a procedure code, the Department determines which brands/models of other DME its clients most frequently use. The Department obtains prices for these brands/models from manufacturer catalogs or commercial databases. The Department may change or otherwise limit the number of brands/models included in the pricing cluster, based on the following:

      i. Client medical needs;
      ii. Product quality;
      iii. Introduction of new brands/models;
      iv. A manufacturer discontinuing or substituting a brand/model; and/or
      v. Cost.

   b) If a manufacturer list price is not available for any of the brands/models used in the pricing cluster, the Department calculates the reimbursement rate at the manufacturer's published cost to providers plus a 35 percent mark-up.

c) For each brand used in the pricing cluster, the Department discounts the manufacturer's list price by 20 percent.

i. If six or more brands/models are used in the pricing cluster, the Department calculates the reimbursement rate at the 17th percentile of the pricing cluster.

ii. If five brands/models are used in the pricing cluster, the Department establishes the reimbursement rate at the fourth highest discounted list price, as described in 2b on page 2.

iii. If four brands/models are used in the pricing cluster, the Department establishes the reimbursement rate at the third highest discounted list price, as described in 2b on page 2.

iv. If three brands/models are used in the pricing cluster, the Department establishes the reimbursement rate at the third highest discounted list price, as described in 2b on page 2.

v. If two or fewer brands/models are used in the pricing cluster, the Department establishes the reimbursement rate at the highest discounted list price, as described in 2b on page 2.