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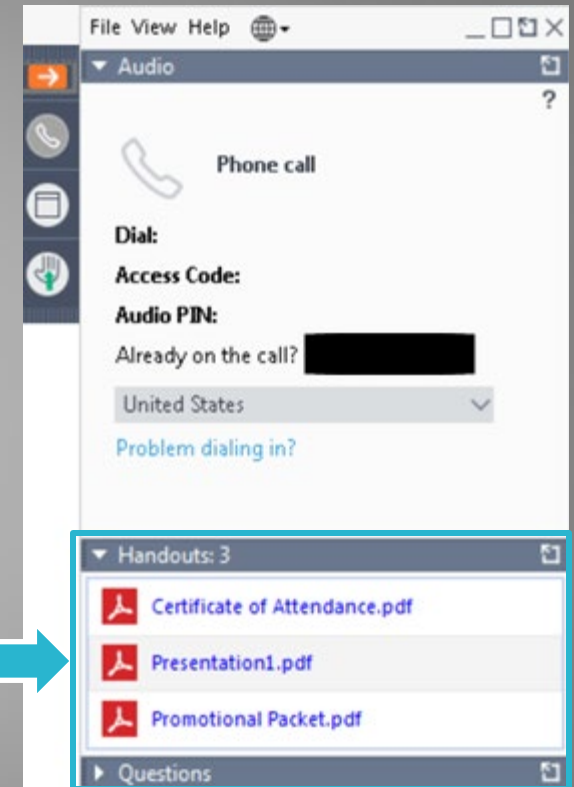
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Wheelchair Options/Accessories

DME MAC Jurisdiction B & C
Provider Outreach and Education





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Acronyms

- CBP – Competitive Bidding Program
- HCPCS – Healthcare Common Procedure Coding System
- LCD – Local Coverage Determination
- LCMP – Licensed Certified Medical Professional
- PHE – Public Health Emergency
- PMD – Power Mobility Device
- POV – Power Operated Vehicle
- PWC – Power wheelchair
- SWO – Standard Written Order



Agenda

- Coverage Criteria
- Coding and Billing
- Modifiers
- Documentation Requirements
- Repairs
- Resources
- Q & A

Coverage Criteria

Wheelchair Options/Accessories LCD L33792

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33792&ContrID=140>

Policy Article A52504

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52504&ContrID=140>



General Coverage Criteria

- Options and accessories for wheelchairs are covered if:
 - Beneficiary has a wheelchair that meets Medicare criteria and
 - Option or accessory itself is medically necessary
 - Coverage criteria for specific items are described in the LCD Wheelchair Options/Accessories (L33792)



LCMP Involvement

- Licensed Certified Medical Professional (LCMP)
 - Typically a physical therapist, occupational therapist, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations
 - Documents the need for the device in the beneficiary's home
 - Conducts physical aspects of face-to-face examination
 - May have no financial relationship with the supplier
- Required for certain bases
 - K0005 and E1161
 - Group 2 Single Power or Multi Power Options
 - Any Group 3 or 5 PWC
 - Push-rim activated power assist device



ATP Involvement

- RESNA-certified Assistive Technology Professional (ATP)
 - Employed by supplier
 - Conduct separate examination that should indicate need for specific accessories and how accessories will help beneficiary
- Required for certain bases
 - K0005 and E1161
 - Group 2 Single Power or Multi Power Options
 - Any Group 3 or 5 PWC
 - Push-rim activated power assist device



Arm of Chair

- Adjustable arm height option (E0973, K0017, K0018, K0020) covered if:
 - Beneficiary requires arm height different than non-adjustable arms; and
 - Spends at least 2 hours per day in wheelchair
- Arm trough (E2209) covered if:
 - Beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements



Footrest/Legrest

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



Nonstandard Seat Frame Dimensions

- Nonstandard seat width and /or depth for a manual wheelchair (E2201, E2202, E2203, E2204) is covered if beneficiary's physical dimensions justify the need
- Exception - Group 3 and 4 PWC with sling/solid back may be billed separately using K0108
 - Standard Duty seat width/depth > 20 inches
 - Heavy Duty seat width/depth > 22 inches
 - Very Heavy-Duty seat width/depth > 24 inches
 - For Extra Heavy Duty, no separate billing



Wheels/Tires for Manual Wheelchairs

- Gear reduction drive wheel (E2227) covered if all criteria are met:
 - Beneficiary has been self-propelling in manual wheelchair at least one year,
 - Beneficiary has had specialty evaluation performed by LCMP to document need for device in the beneficiary's home; and
 - Wheelchair is provided by a supplier that employs RESNA certified ATP specializing in wheelchairs and has direct involvement in the wheelchair selection



Batteries

- Sealed battery (E2359, E2361, E2363, E2365, E2371, K0733)
 - Separately payable from a PWC base
 - Up to two (2) batteries at one time are allowed, if required for a PWC
- Lithium-based battery (E2397)
 - Separately payable from a PWC base
 - Usual frequency of replacement for is one every three years
 - Only one battery is allowed at any one time
- Non-sealed batteries (E2358, E2360, E2362, E2364, E2372)
 - Denied as not reasonable and necessary



Battery Chargers

- A battery charger (E2366, E2367) is included in the allowance for a PWC base
- Single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery
- Dual mode battery charger (E2367)
 - Denied as not separately payment when provided at the time of initial issue of a PWC
 - Denied as not reasonable and necessary when provided as a replacement



Power Tilt and/or Recline Seating Systems Coverage Criteria

- E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012
- Covered if criteria 1, 2, and 3 are met and criterion 4, 5, or 6 is met
 1. Beneficiary meets coverage for PWC; and
 2. Specialty evaluation performed by LCMP that documents seating and positioning needs; and
 3. Wheelchair provided by supplier that employs RESNA-certified ATP directly involved in the selection of seating system; and
 4. Beneficiary is at a high risk for development of pressure ulcer and is unable to perform functional weight shift; or
 5. Beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from wheelchair to bed; or
 6. Power seating system is needed to manage increased tone or spasticity



PWC Drive Control Systems

- Attendant control (E2331)
 - Covered in place of beneficiary operated drive control system if:
 - Beneficiary meets criteria for wheelchair
 - Beneficiary is unable to operate manual or PWC
 - Beneficiary has caregiver who is unable to operate manual wheelchair but able to operate a PWC
 - Denied as non-covered if provided in addition to a beneficiary-operated drive control system



Miscellaneous Accessories

- Electronic interface (E2351) to allow speech generating device to be operated by the PWC control interface is covered if beneficiary has covered speech generating device.
- Anti-rollback device (E0974) is covered if:
 - Beneficiary self-propels
 - Needs device because of ramps
 - For manual wheelchairs only
- Safety belt/pelvic strap (E0978) is covered if:
 - Beneficiary has weak upper body muscles, upper body instability or muscle spasticity and the belt/strap is required for proper positioning



Miscellaneous Accessories

- Manual fully reclining back option (E1226) is covered if beneficiary has one or more of the following conditions:
 - Beneficiary is at a high risk for development of pressure ulcer and is unable to perform functional weight shift; or
 - Beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from wheelchair to the bed
- Push-rim activated power assist device for manual wheelchair
 - Refer to the PMD LCD and Policy Article



Swingaway, Retractable, or Removable Hardware (E1028)

- Covered to move the component out of the way so that a beneficiary can perform a slide transfer to a chair or bed (one example, not all-inclusive)
- Non-covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces
 - If it is ordered for this indication, a GY modifier must be added to the code



Non-Covered

- Options or accessories primarily used to perform leisure or recreational activities are noncovered
- Power seat elevation (E2300) and power standing feature (E2301)
 - If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it will be denied as non-covered
- Electronic interface used to control lights or other electrical devices
- Features coded as A9270
- Manual standing system for a manual wheelchair (E2230)

Coding and Billing Guidelines

Wheelchair Options/Accessories Policy Article A52504

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52504&ContrID=140>



Claim Narratives

- Electronic claims:
 - NTE 2400 (line note) or NTE 2300 (claim note) segments of the American National Standard Institute (ANSI X12) format
- Paper claims:
 - Item 19 of the CMS-1500 claim form
- Suggested Abbreviation List for Submitting Narrative Information
 - JB <https://cgsmedicare.com/jb/claims/abbreviations.html>
 - JC <https://cgsmedicare.com/jc/claims/abbreviations.html>



Bundling Information

Policy Article A52504 for Wheelchair Options and Accessories:

- Table located in the policy article
- HCPCS codes in Column II are included in the allowance for the HCPCS code in Column I when provided at the same time
- For example, if a supplier bills E0981 (seat upholstery) with a K0823, that claim line will be denied as being included in the allowance for another item
 - E0981 is also a “replacement only” code
- Allowance for POV and rollabout chairs includes all options and accessories provided at initial issue
- Allowance for transport chair includes all options and accessories provided at initial issue except elevating legrests (E0990, K0195)



Basic POV Package

- Lap belt or safety belt
- Batteries
- Battery charger (single mode)
- Weight appropriate upholstery and seating systems
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation



Basic PWC Package

- Lap or safety belt
- Battery charger (single mode)
- Complete set of tires and casters (any type)
- Legrests (fixed, swingaway or detachable non-elevating with/without calf pad)
- Footrests/foot platform (fixed, swingaway or detachable non-elevating without angle adjustment)
- Armrests (fixed, swingaway, or detachable non-adjustable height armrests)
- Weight-specific components as required by beneficiary weight capacity
- Any seat width and depth, any back width (exceptions Group 3 and 4 PWCs)
- Controller and input device (non-expandable and standard proportional joystick)



E1028 Coding Guidelines

- Used for:
 - Swingaway hardware used with remote joysticks or touchpads
 - Swingaway or flip-down hardware for head control interfaces E2327, E2328, E2329, E2330
 - Swingaway hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311
- Not to be used for:
 - Swingaway hardware used with a sip and puff interface (E2325)
 - Hardware on a wheelchair tray (E0950)
 - In addition to E1020 (Residual limb support system)



Miscellaneous HCPCS – K0108

- K0108 – Wheelchair Component or Accessory, Not Otherwise Specified
 - Claim narrative required:
 - Description
 - Manufacturer name
 - Product name and number
 - Supplier Price List (PL) amount
 - HCPCS code of related item (if applicable)
 - Multiple accessories coded K0108:
 - Bill on a separate claim line
 - Ensure additional information is matched to the appropriate claim line
 - Reference the submitted charge



Accessories for Beneficiary-Owned Equipment

- Claim narrative required:
 - HCPCS code of base equipment
 - A notation that this equipment is beneficiary-owned
 - Abbreviation: OWN
 - Date the patient obtained the equipment
 - Abbreviation: DOP



Modifier Usage



Fee Schedule Categories Modifiers

- BR – Beneficiary has elected to rent
- BP – Beneficiary has elected to purchase
- BU – Beneficiary has not informed supplier of decision after 30 days
- KH – 1st rental month
- KI – 2nd and 3rd rental months
- KJ – 4th through 13th rental months
- NU – Purchase of new equipment
- RR – Rental
- UE – Purchase of used equipment



Capped Rental or IRP Modifiers

- Capped Rental
 - RR and KH, KI or KJ
 - Some options and accessories used with complex rehabilitative PWC
 - NU, UE, KH and BP (in addition to any modifiers required by the LCD)
- Inexpensive & Routinely Purchased
 - RR, NU, or UE
- DME Supplier Manual Chapter 5
- AdvancedSM Modifier Engine
https://www.cgsmedicare.com/medicare_dynamic/jc/advanced_modifier_engine/



KX Modifier Usage

- Claim lines billed without a GA, GY, GZ, or KX modifier will be rejected as missing information
- KX modifier can only be used if:
 - the coverage criteria that are specified in the Manual Wheelchair Bases or PMD LCD have been met,
 - any specific coverage criteria for the accessory in the related LCD have been met



GA, GZ, or GY Modifier Usage

- When there is an expectation of a medical necessity denial:
 - GA – the ABN was obtained
 - GZ – no valid ABN on file
- GY modifier is used:
 - for all accessories for a PMD, if the statutory requirements in the PMD Policy Article have not been met
 - Use is for outside the home only
- If the GY modifier is used, the KX, GA, and GZ modifiers should not be used



RT and LT Modifier Usage

- RT (right) and LT (left) modifiers must be used when appropriate
- Do not use the RTLTLT modifier on the same claim line with 2 units of service
- Bilateral items provided (right and left):
 - HCPCS description: unit of service “Each”:
 - 2 separate claims lines, RT and LT modifiers, 1 unit of service
 - HCPCS description: unit of service “Pair”
 - 1 claim line, 1 unit of service, no LT and RT modifiers



KU Modifier Usage

- Wheelchair accessories and back and seat cushions furnished in connection with
 - Manual wheelchair codes E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0005 and K0008
 - Group 3 PWC HCPCS codes K0848-K0864
- Payment based on unadjusted fee schedule amounts
- Applicable accessory, back and seat cushion codes are listed on the DMEPOS fee schedule with the KU modifier
 - Apply the KU modifier only when the item is provided for one of the base codes listed above



KE Modifier

KE Modifier – Bid under Round 1 of DMEPOS CBP for use with a non-competitive bidding base equipment

- Used to identify an accessory code that can be billed with either a competitive or non-competitive bidding base item and is not subject to the fee schedule reduction
- Not appropriate in former CBAs
- Listed on the DMEPOS fee schedule for applicable codes
- Coronavirus Aid, Relief, and Economic Security Act (CARES Act)
 - KE modifier can be applied in non-rural areas.
 - Dates of service March 6, 2020, through the end of the COVID-19 PHE
 - The KE modifier was already applicable for rural areas and non-contiguous states
 - MLN Matters: MM11784
<https://www.cms.gov/files/document/mm11784.pdf>

KE Modifier

The KE modifier may be applied to an accessory code provided for one of the listed base items if the beneficiary does not live in a former CBA:

| Accessory Code | Base Code |
|---|---|
| Wheelchair option/accessory or wheelchair seating code listed on the DMEPOS Fee Schedule with KE modifier | K0001–K0006, K0009, K0898, E1161, E1229, E1231–E1239 |
| E0776 | B4164, B4168, B4176, B4178, B4180, B4185, B4189, B4193, B4197, B4199, B4216, B4220, B4222, B4224, B5000, B5100, B5200 |
| A7000 | E0600, E2000 |
| A4636, A4637 | E0100, E0105, E0110, E1111, E1112, E0114, E0116–E0118 |

- Note: If the accessory is being used with base code E1161, E1231-E1238 or K0005, and the beneficiary does not live in a former CBA, either the KE or KU modifier may be used.
 - Do not report both the KE and the KU modifier on the same HCPCS.

KY Modifier

The KY Modifier is used to identify a wheelchair accessory that is for use with a base that was not part of the CBP.

- This modifier is only for use in former CBAs and is important to ensure appropriate pricing on the wheelchair accessories
- Listed on the Former CBA Fee Schedule for applicable codes.
 - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule>

| Accessory Code | Base Code |
|--|---|
| Wheelchair option/accessory or wheelchair seating code listed on the Former CBA Fee Schedule file with KY modifier | K00052, K0009, K0835 – K0843, K0848 – K0864, K0898, E1161, E1229, E1231 – E1239 |

Documentation Requirements

Standard Documentation Requirements for
All Claims Submitted to DME MACs (A55426)

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>



Standard Written Order (SWO)

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order Date
- General description of the item
 - The description can be either a general description (e.g., joystick or legrest), a HCPCS code, a HCPCS code narrative, or a brand name/model number
- Quantity to be dispensed, if applicable
- Treating Practitioner Name or NPI
- Treating practitioner's signature
- MLN Matters ® Number: SE20007
<https://www.cms.gov/files/document/se20007.pdf>



Timing of the SWO

- An SWO must be communicated to the supplier prior to claim submission
 - Order date must be on or prior to claim submission date
- For PMDs, a written order is required prior to delivery
 - Contains the same elements as an SWO
 - Suppliers must receive a completed SWO prior to delivery
 - Order date must be on or prior to delivery date



Medical Record Documentation

- Documentation should include:
 - Information regarding the medical necessity for the item
 - Beneficiary's diagnoses contributing to need for the item
 - Beneficiary's abilities and limitations, the duration of the condition, the expected prognosis, and past experience using similar equipment (if applicable)
- Continued Need:
 - Documentation in the beneficiary's medical record showing usage of the item
 - Defined as a record in the preceding 12 months

Repairs



Repairs and Replacements Guidelines

- DME Supplier Manual Chapter 5
 - JB: <https://www.cgsmedicare.com/jb/pubs/pdf/chpt5.pdf>
 - JC: <https://www.cgsmedicare.com/jc/pubs/pdf/chpt5.pdf>
- Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)
 - <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55426>
- Wheelchair Options/Accessories LCD & Policy Article



Repairs

- Fix or mend and put the item back in good condition after damage or wear
- Repairs to items which a beneficiary owns are covered when necessary to make the items serviceable
- A new order is not needed for repairs
- If Medicare paid for the base item initially, medical necessity for the base item has been established



Billing of Repairs

- Claim narrative required:
 - HCPCS code and date of purchase of the wheelchair base
 - if the HCPCS code is not available, include the manufacturer's name, product name, and model number
 - For the repair item provided include:
 - Manufacturer's name
 - Product name
 - Model number
 - Supplier price list amount
 - Justification of the repair



Modifiers

- RB Modifier – Replacement part furnished as part of the service of repairing the base item
- KC Modifier - Replacement of special PWC interface used in the following situations:
 1. Due to a change in beneficiary's condition an integrated joystick and controller is being replaced by another drive control interface (e.g., remote joystick, head control, sip and puff, etc.); or
 2. Beneficiary had a drive control interface described by codes E2321-E2322, E2325, E2327-E2330, or E2373 and both the interface (e.g., joystick, head control, sip and puff) and the controller electronics are being replaced due to irreparable damage



Temporary Replacement for Beneficiary Owned Equipment

- K0462 (temporary replacement)
 - Claim narrative required:
 - HCPCS code or manufacturer/brand name/model number of equipment being repaired, with purchase date
 - Manufacturer/brand name/model number of replacement equipment
 - Description of what was repaired
 - Why the repair took longer than one day to complete
 - Example of a claim narrative:
 - » PWR WC LNR PRIDE JAZZY 614HD BAD DRIVE MOTOR - PARTS ON ORDER PT OWN K0823 8/09
 - Refer to Chapter 5 of the DME Supplier Manual for additional information



Repair Labor Billing and Payment Policy

- K0739 (Repair or Nonroutine Service for Durable Medical Equipment Other than Oxygen Equipment Requiring the Skill of a Technician, Labor Component, Per 15 Minutes)
 - Units of service include basic troubleshooting and problem diagnosis
 - One unit of service = 15 minutes
 - No payment for travel time or equipment pick-up and/or delivery
- Table of allowed units of service for specific parts being repaired/replaced
 - Chapter 5 of the DME Supplier Manual



Repairs: Documentation Requirements

- The treating practitioner must document that the DMEPOS item being repaired continues to be reasonable and necessary
- Either the treating practitioner or the supplier must document that the repair itself is reasonable and necessary
- Supplier's detailed records:
 - Describe the need for and nature of all repairs
 - Detailed explanation of the justification for any component or part replaced
 - Labor time to restore the item to its functionality



Resources

Jurisdiction B Resources

| | |
|--|--|
| Interactive Voice Response (IVR) Unit: | 1.877.299.7900 |
| Customer Service: | 1.866.590.6727 (Monday – Friday, 8:00 a.m. – 5:00 p.m. ET) |
| Telephone Reopenings: | 1.844.240.7490 (Monday – Friday, 8:00 a.m. – 5:00 p.m. ET) |
| Paper Claim Submission: | CGS PO Box 20013 Nashville, TN 37202 |
| Redetermination Requests, Adjustment Requests (Reopenings), EFT Form Submission, and Written Inquiries Address: | Fax: 1.615.660.5976 Mail: CGS PO Box 20007 Nashville, TN 37202 |
| Overpayment Appeals: | Fax: 1.615.782.4514 Mail: CGS Overpayment Appeals PO Box 23070 Nashville, TN 37202 |
| Paperwork (PWK) Segment Submissions | Fax: 1.615.782.4511 Mail: CGS PO Box 20007 Nashville, TN 37202 |

Jurisdiction C Resources

| | |
|--|--|
| Interactive Voice Response (IVR) Unit: | 1.866.238.9650 |
| Customer Service: | 1.866.270.4909 (Monday – Friday, 7:00 a.m. – 5:00 p.m. CT) |
| Telephone Reopenings: | 1.866.813.7878 (Monday – Friday, 7:00 a.m. – 5:00 p.m. CT) |
| Paper Claim Submission, Adjustment Requests (Reopenings), EFT Form Submission, and Written Inquiries Address: | CGS PO Box 20010 Nashville, TN 37202 |
| Redetermination Requests: | Fax: 1.615.782.4630 Mail: CGS PO Box 20009 Nashville, TN 37202 |
| Overpayment Appeals: | Fax: 1.615.664.5907 Mail: CGS Overpayment Appeals PO Box 23917 Nashville, TN 37202 |
| Paperwork (PWK) Segment Submissions | Fax: 1.615.664.5954 Mail: CGS PO Box 20010 Nashville, TN 37202 |



Other Contractor Resources

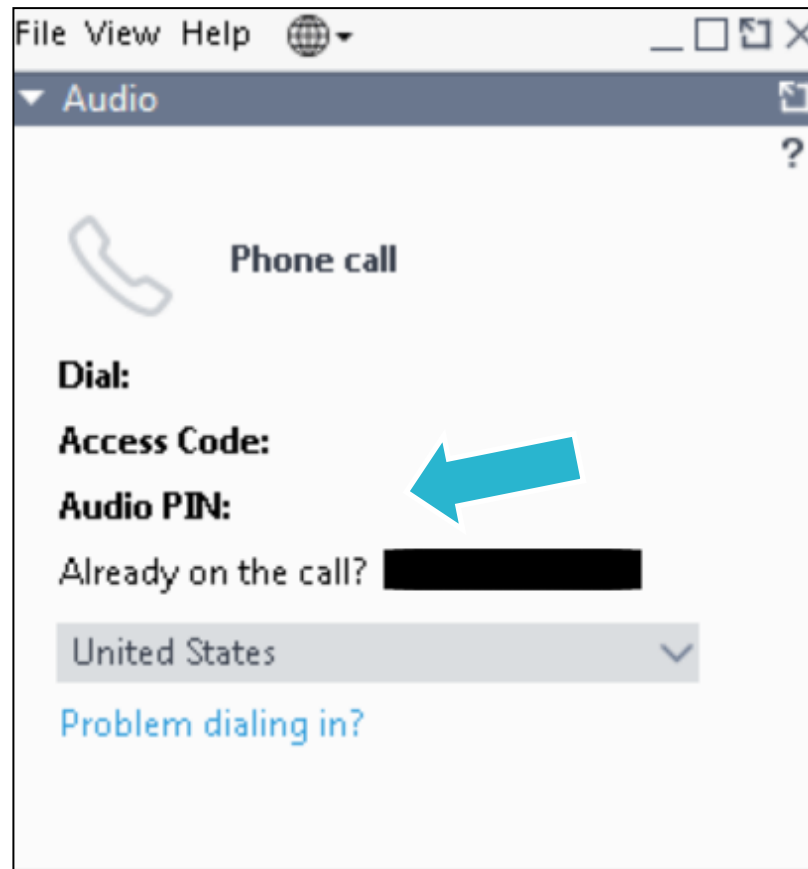
| | |
|---|---|
| Pricing, Data Analysis and Coding | 1.877.735.1326 https://www.dmepdac.com |
| National Supplier Clearinghouse | 1.866.238.9652 https://www.palmettogba.com/nsc |
| Common Electronic Data Interchange | 1.866.311.9184 https://www.ngscedi.com NGS.CEDIHelpdesk@anthem.com |



CGS Electronic Mailing List

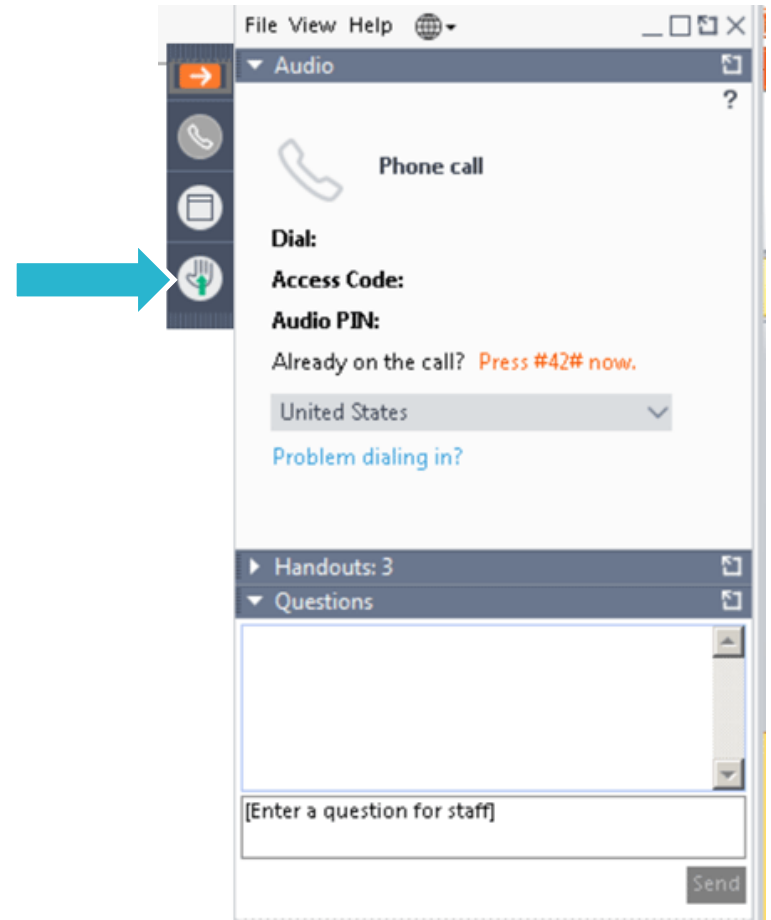
- Stay up to date on DME MAC Jurisdictions B and C news!
- Please sign up for the DME MAC Electronic Mailing List:
<https://www.cgsmedicare.com/email.html>
 - Enter your email address, name, phone number, and business information
 - Choose the contract/jurisdiction and/or specialty information that fits your business
 - Click Sign Up!

How to Participate Today

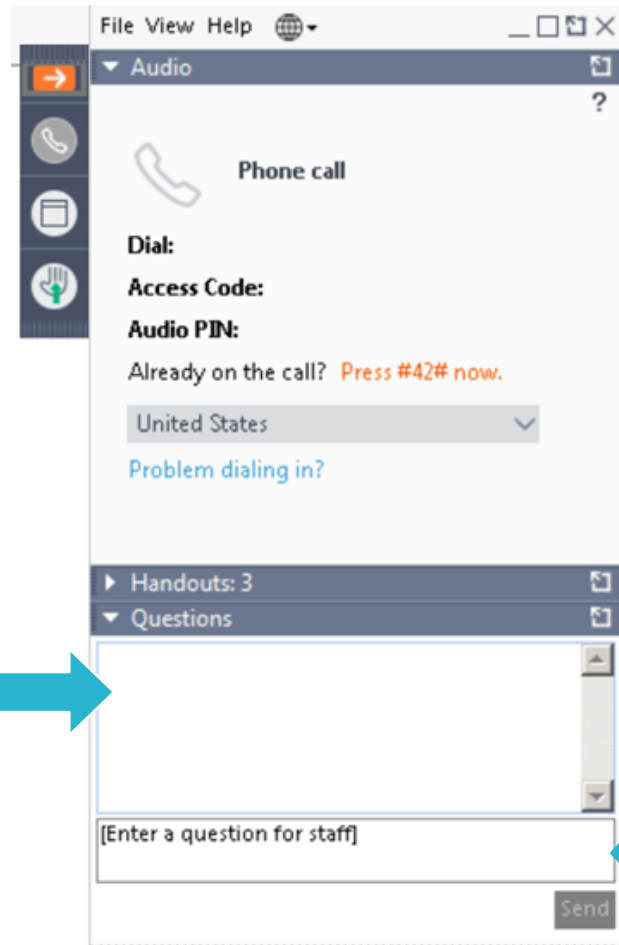


How to Participate Today

- To Ask a Verbal Question:
Raise your hand
- The Green Arrow means
your hand is not raised
(Click to raise your hand)
- The Red Arrow means your
hand is raised (Click to lower
your hand)



To Ask a Question Using the Question Box



Type Question

Hit Send

Questions