

## **Durable Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories**

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This section contains information about billing for specific wheelchairs and wheelchair accessories. For general billing information and documentation requirements for wheelchair items, refer to the *Durable Medical Equipment (DME): Bill for DME* section of this manual.

Per *California Code of Regulations* (CCR), Title 22, Section 51321(g): Authorization for durable medical equipment (DME) equipment shall be limited to the lowest cost item that meets the patient's medical needs.

Pursuant to *Welfare and Institutions Code* (W&I Code), Section 14105.395, the provisions contained herein have the force and effect of regulations and shall prevail over any inconsistent provisions in CCR sections relating to DME.

The "date of delivery" to the recipient is the "date of service." This means that when the recipient takes receipt of the DME item, that date is considered the "date of service." Charges for shipping and handling are not reimbursable.

Along with this section, providers should refer to additional DME information as follows:

**Table of DME Sections in Provider Manual for Reference**

| <b>Topic</b>                                      | <b>Provider Manual Section</b>   |
|---|--|
| General policy information                        | <i>Durable Medical Equipment (DME): An Overview</i>                    |
| Billing guidelines and documentation requirements | <i>Durable Medical Equipment (DME): Bill for DME</i>                   |
| Billing for DME on the CMS-1500 claim form        | <i>Durable Medical Equipment (DME): Billing Examples</i>               |
| DME codes reimbursed by Medi-Cal                  | « <i>Durable Medical Equipment (DME): Billing Codes</i> »              |
| Frequency limits for DME purchases                | <i>Durable Medical Equipment (DME) Billing Codes: Frequency Limits</i> |

## **Wheelchair Group**

The wheelchair group includes the following items:

- «Wheelchairs and power wheelchairs, including complex rehabilitation technology (CRT) as defined by the federal Centers for Medicare & Medicaid Services (CMS), which is DME that is individually configured to meet specific and unique medical, physical and functional needs and capacities for basic and instrumental activities of daily living as medically necessary»
- Wheelchair modifications and accessories
- Scooters

## **Treatment Authorization Requests**

*Treatment Authorization Requests* (TAR) for codes within the wheelchair group must be submitted to the TAR Processing Center.

## **Documentation for Purchase or Rental**

Unless otherwise specifically noted, all TARs for the purchase or rental of items within the wheelchair group must have the following documentation attached:

- Completed 50-1 TAR form
- A copy of the signed prescription
- One of the following completed and signed forms (that can be found in the *Durable Medical Equipment and Medical Supplies* section of the appropriate Part 2 Medi-Cal provider manual or on the Forms page of the Medi-Cal website:
  - DHCS 6181-A: *Certificate of Medical Necessity for a Manual Wheelchair, Standard or Custom*
  - DHCS 6181-B: *Certificate of Medical Necessity for a Motorized Wheelchair, Custom or Standard*
  - DHCS 6181-C: *Certificate of Medical Necessity for a Power Operated Vehicle (POV) AKA Scooter, Standard or Bariatric*

Alternatively, a different form or document may be submitted if it contains all information requested on the DHCS wheelchair form for that item.

- For listed items: Specific medical justification for each item is requested, using either the DHCS 6181 form or additional medical documentation, such as physician's notes or therapist documentation relevant to the request.
- Medical records submitted with the TAR for wheelchairs must include the following documentation:
  1. List of mobility and seating impairment to be accommodated
  2. Equipment currently owned by the recipient, detailed features of the DME item and the date of purchase
  3. Verification and documentation that other treatments of lesser mobility devices do not safely accommodate the recipient's mobility impairment
  4. Verification and documentation that the requested equipment will fit and be usable in all living areas used by recipient
  5. An explanation of how the living areas will be accessed by the recipient with the requested equipment
  6. Verification and documentation that the recipient and/or caregiver understand how to care for and use the requested equipment; and
  7. If applicable, a seating evaluation by a qualified therapist/Assistive Technology Professional (ATP) for the following: neurological conditions; complex orthopedic along with neurological conditions; pediatric wheelchairs.

## **TAR and Documentation Requirements for Repair, Maintenance or Replacement Parts**

For DME within the wheelchair group (excluding CRT power wheelchairs), TARs for repair, maintenance or replacement parts are required when the cumulative cost exceeds \$250 within a calendar month.

For CRT power wheelchairs, TAR requirements for repair, maintenance or replacement parts are as follows:

- TARs (either retroactive or prior authorization) are not required when the cumulative cost is less than or equal to \$250 within a calendar month.
- TARs (retroactive authorization) are required when the cumulative cost is greater than or equal to \$250 but less than \$1250 within a calendar month. In this situation, providers may begin furnishing services to recipients before submitting a TAR to the Department of Health Care Services (DHCS). DHCS will review and adjudicate the TAR and all necessary supporting documentation post-service and prior to billing DHCS.
- TARs (prior authorization) are required when the cumulative cost is greater than \$1250 within a calendar month. This means that providers may not begin providing services to recipients before submitting a TAR to DHCS. Upon receipt of the TAR, DHCS will review and adjudicate the TAR and all necessary supporting documentation prior to the provision of services and to billing DHCS.

TARs for repair, replacement parts or maintenance of items within the wheelchair group require a prescription from the treating practitioner requesting the repair, replacement parts or maintenance of a specific wheelchair or scooter. The TAR must also include the following:

- Identification of the manufacturer of the wheelchair or scooter;
- Model and serial number of the wheelchair or scooter;
- Itemized list of specific repairs and replacement parts, if applicable, including associated billing codes within that calendar month; and
- Repair and replacement part history for the wheelchair or scooter.

Additionally, for CRT power wheelchairs, providers are required to maintain documentation that the repair company being utilized by the provider to repair the CRT power wheelchair and/or any component part(s) have appropriately trained staff to complete the repair. Providers must maintain appropriate supporting documentation in the patient's file and make it available to DHCS upon request.

«The DHCS 6181-B form is required for the maintenance, repair or replacement, and replacement parts of CRT power wheelchairs when the provider previously submitted the form with the TAR when the wheelchair was purchased.»

For information about billing for repairs and/or maintenance, refer to the *Durable Medical Equipment (DME): Bill for DME* section of this manual.

## **Lightweight Wheelchairs**

Lightweight wheelchairs must be billed with HCPCS code K0003 (lightweight wheelchair), K0004 (high strength, lightweight wheelchair) or K0012 (lightweight portable motorized/power wheelchair).

## **Ultralightweight Wheelchairs**

Ultralightweight wheelchairs must be billed with HCPCS code K0005 (ultralightweight wheelchair).

## **'Sports' Model Wheelchairs**

The “athletics” or “sports” models of these chairs are not Medi-Cal benefits.

## **Authorization**

A TAR is required for ultralightweight wheelchairs. These chairs may be authorized for recipients with a non-ambulatory or limited ambulation clinical condition who would qualify for a standard weight or lightweight wheelchair were it not for weakness in the upper extremities requiring an ultralightweight wheelchair for support locomotion.

The following clinical conditions or other comparable handicaps may justify the design characteristics that these chairs offer:

- High-level paraplegia or low-level quadriplegia resulting from accident, disease or a congenital condition causing upper extremity weakness
- Other sufficiently debilitating neurologic, neuromuscular and musculoskeletal deficits associated with disease states causing upper extremity weakness

## **Push-Rim Activated Power Assist Device**

A push-rim activated power assist device for a manual wheelchair must be billed with HCPCS code E0986 (manual wheelchair accessory, push activated power assist, each). For additional coverage criteria, refer to the *Durable Medical Equipment (DME): Wheelchair and Wheelchair Accessories Guidelines* section of the appropriate Part 2 manual.

## **Wheel Bearings**

Replacement wheelchair bearings for both manual and power wheelchairs are billed with HCPCS code E2210 (wheelchair bearings, any type, replacement only, each). Reimbursement is limited to 12 bearings per year for manual wheelchairs and 20 bearings per year for power wheelchairs.

Providers must document in the *Additional Claim Information* field (Box 19) of the claim, or on an attachment to the claim, whether the bearings are for a manual or power wheelchair.

## **Manual Wheelchair: Wheels, Casters and Tires/Wheel Equipment and Accessories**

HCPCS codes E2220 thru E2222, E2224, K0069 thru K0072 and K0077 (wheels, casters and tires – manual wheelchair) and E0967, E2206, and E2398 (wheel equipment and accessories) must be billed with modifiers NURB/RBNU. Documentation of the patient-owned equipment these accessories are applied to must be included in the *Additional Claim Information* field (Box 19) of the claim.

## **Arm of Chair**

HCPCS code K0019 (arm pad, replacement only, each) must be billed with modifiers NURB/RBNU. Documentation of the patient-owned equipment these accessories are applied to must be included in the *Additional Claim Information* field (Box 19) of the claim.

## **Footrests and Legrests**

HCPCS codes E0995, K0042 thru K0047 and K0050 thru K0052 (footrests and legrests) must be billed with modifiers NURB/RBNU. K0037 must be billed with modifiers NURB/RBNU or RR. Documentation of the patient-owned equipment these accessories are applied to must be included in the *Additional Claim Information* field (Box 19) of the claim.

## **Power Mobility Documentation**

Claims for power mobility products must include documentation of the following:

- Least costly alternative
- Medical needs of the recipient
- Justification for the proposed item
- All other alternatives that have been investigated for the recipient and the reasons why the alternative items do not meet the medical needs of the recipient

## **Power Elevated Legrests**

HCPCS code E1010 (wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair) is the correct code for power elevated legrests. Claims for power elevated legrests must use code E1010. Using any other codes, such as K0108 (wheelchair component or accessory, not otherwise specified), will result in claim denials.

HCPCS code E1012 (wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each) must be billed with modifiers NU or NURB/RBNU.

## **Power Wheelchairs**

Claims for HCPCS codes E1239, K0010, K0011, K0012 and K0014 (power wheelchairs) are restricted to repair only and must be billed with modifier RB (replacement of a part of DME furnished as part of a repair) and include documentation the repair is for patient-owned equipment. Claims billed with modifiers NU (purchase) or RR (rental) will be denied. (Use of purchase or rental modifiers with wheelchair code K0011 is only allowable for an iBOT Mobility System. For more information, see “Stair-Climbing Wheelchair” in this section.) Providers billing for a purchase or rental of power wheelchairs must use the most current HCPCS codes.

**Note:** This policy is effective for dates of service on or after November 1, 2007.

## Drive Belt

HCPCS code K0098 (drive belt for power wheelchair, replacement only) must be billed with modifiers NURB/RBNU. Documentation of the patient-owned equipment these accessories are applied to must be included in the *Additional Claim Information* field (Box 19) of the claim.

## Wheelchair Base

Claims for HCPCS codes K0008 (custom manual wheelchair/base) and K0013 (custom motorized, power wheelchair base) must be billed with modifiers NU or RB.

## Power Wheelchair Interface

HCPCS codes E2312, E2321, E2322, E2327 and E2373 are special power wheelchair interface procedure codes. Claims for these codes must be billed with modifier NU (new equipment [purchase]) or RR (rental) at the time the wheelchair is initially purchased or rented. Reimbursement will be the lesser of the amount billed or the maximum allowable for modifier NU or RR, as appropriate.

## Replacement

DME modifier KC (replacement of special power wheelchair interface) should be used only for the replacement of a power wheelchair interface (codes E2312, E2321, E2322, E2327 and E2373) due to the following situations:

- A change in the patient's condition
- When both the interface and the controller electronics are being replaced due to irreparable damage



Modifier KC with codes E2312, E2321, E2322, E2327 and E2373 are replacement items not separately reimbursable with the initial purchase of power wheelchair base codes K0813 thru K0816, K0820 thru K0831, K0835 thru K0843, K0848 thru K0864, K0868 thru K0871, K0877 thru K0880, K0884 thru K0886, K0890, K0891 or K0898.

Claims for the replacement of these special interface codes E2312, E2321, E2322, E2327 and E2373 must be billed with modifiers RB/NU/KC (for a patient-owned power wheelchair) or RR/KC (for a power wheelchair rental). The modifiers must be entered on the claim in that specific order. Reimbursement for the replacement of a power wheelchair interface for a patient-owned power wheelchair (as identified by the use of modifiers RB/NU/KC with documentation regarding the specific power wheelchair and that it is owned by the patient) does not include the cost of labor. Providers may bill code K0739 to be separately reimbursed for labor. Code K0739 is not separately reimbursable for the replacement of the power wheelchair interface on a rental power wheelchair (modifiers RR/KC).

**Reminder:** Modifiers are entered on the claim without a preceding hyphen, separating slashes or other punctuation.

**Note:** Modifiers (including NU, RP, RB and RR) are not required or allowed when billing code K0739.

## Reimbursement

Reimbursement will be the lesser of the amount billed or the maximum allowable as shown in the following table:

| HCPSC Code | Rental Rate<br>Modifier RR | Rental Rate<br>Modifiers<br>RR/KC | Purchase Rate<br>Modifier NU | Purchase Rate<br>Modifiers<br>RB/NU/KC |
|------------|----------------------------|-----------------------------------|------------------------------|--|
| E2312      | \$223.84                   | \$257.20                          | \$1,764.30                   | \$2,572.10                             |
| E2321      | \$150.85                   | \$223.10                          | \$1,198.22                   | \$2,231.00                             |
| E2322      | \$137.99                   | \$236.26                          | \$1,063.45                   | \$2,362.59                             |
| E2327      | \$256.78                   | \$342.08                          | \$1,969.80                   | \$3,420.77                             |
| E2373      | \$78.01                    | \$125.83                          | \$614.99                     | \$1,258.35                             |

## Power Wheelchair Accessories

«HCPSC code E2298 (complex rehabilitative power wheelchair accessory, power seat elevation system, any type) must be billed with modifiers NU or RB. Claims cannot be billed with HCPSC codes K0830 or K0831 during the same month.»

HCPSC codes E2374 thru E2376 and E2381 thru E2397 (power wheelchair accessories) may only be reimbursed as purchased replacement items for patient-owned equipment. They are not separately reimbursable within the same month of purchase of power wheelchair codes K0813 thru K0891. Claims must be billed with modifiers RBNU (labor for replacement is allowed). Documentation of the patient-owned equipment these accessories are applied to must be included in the *Additional Claim Information* field (Box 19) of the claim.

HCPSC codes E2358 (power wheelchair accessory, group 34 nonsealed lead acid battery, each) and E2359 (power wheelchair, group 34 non-sealed/sealed lead acid batteries, respectively) must be billed with modifier NU only. HCPSC codes E2626 thru E2633 (wheelchair accessories) must be billed with modifiers RB, RR or NU, as well as RT or LT. HCPSC code E2377 (power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue) may be reimbursed separately with the rental or initial purchase of power wheelchair codes K0835 thru K0891.

HCPSC code E2378 (power wheelchair component, actuator, replacement only) must be billed with modifiers NU/RBNU.

## **Stair-Climbing Wheelchair**

The iBOT Mobility System (stair-climbing wheelchair) is a Medi-Cal benefit, subject to authorization. Providers must bill using HCPCS code K0011 (standard-weight frame motorized/power wheelchair with programmable control parameters). Because the iBOT Mobility System is not FDA-approved for children, the stair-climbing wheelchair is reimbursable only to recipients who are 21 years of age or older. California Children's Services (CCS) authorization is not allowable for reimbursement.

The recipient must have a medical condition that necessitates the use of a wheelchair and a medical need for vertical ambulation within the home. Recipients whose disability limits them from work and who are vocationally eligible (excluding the elderly) must undergo evaluation by the Department of Rehabilitation.

### **TAR Requirements**

«A *Treatment Authorization Request* (TAR) must be submitted to the appropriate Medi-Cal field office with a copy of the signed prescription from the treating practitioner trained in the use of the wheelchair in accordance with the manufacturer's recommendations.» If the recipient is enrolled in the Genetically Handicapped Persons Program (GHPP), documentation must be submitted with the service authorization request to the GHPP program for determination of medical necessity.

Additionally, a rehabilitation therapist approved by the Johnson and Johnson subsidiary, Independence Technology, must have evaluated and determined that the recipient has the necessary physical and cognitive skills to operate the stair climbing wheelchair. This evaluation must be submitted in writing with the TAR.

## Billing Requirement

Claims must identify that the use of HCPCS code K0011 is for an iBOT Mobility System when billed with modifiers NU (purchase) or RR (rental). Claims billed with modifier RB (replacement of a part of DME furnished as part of a repair) must include documentation that the repair is for patient-owned equipment.

## Pediatric

Reimbursement for pediatric wheelchair modifications and accessories HCPCS codes E2291 thru E2295 (back or seat, planar or contoured) includes a fixed mounting hardware system that attaches the seating system, as one unit or two separate units, to the mobility base frame, but allows for the unit(s) to be easily removed for folding.

«Adjustable hardware (for example, swing away laterals and swing out abductors) is separately reimbursable, using HCPCS codes E1028 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory) and E1032 thru E1034 (wheelchair accessory, manual swingaway). The maximum number of adjustable hardware items may be dispensed on the same date of service.»

## Positioning Seat

Refer to the *Durable Medical Equipment (DME): Bill for DME* section in this provider manual for HCPCS code T5001 (special orthotic positioning seat) billing information.

## **Scooters**

Scooters are generally billed with HCPCS code E1230 (power operated vehicle [three- or four-wheel non-highway] specify brand name and model number). However, scooters that do not match the descriptor for code E1230 should be billed with HCPCS code K0014 (other motorized/power wheelchair base). Code K0014 requires authorization and is reimbursed "By Report."

Claims for HCPCS codes E1230 and K0014 are restricted to repair only and must be billed with modifier RB (repair). Claims must include documentation that the repair is for patient-owned equipment. Claims billed with modifiers NU (purchase) or RR (rental) will be denied. Any providers billing for a purchase or rental of power-operated vehicles must use the most current HCPCS codes.

**Note:** This policy is effective for dates of service on or after November 1, 2007.

## **Options and Accessories**

Power operated vehicles billed with code E1230 include all options and accessories that are provided at the time of initial purchase or within 30 days including, but not limited to, batteries, battery chargers, seating systems, etc.

## **«Wheelchair Transit Securement**

HCPCS codes E1022 (wheelchair transportation securement system, any type includes all components and accessories) and E1023 (wheelchair transit securement system, includes all components and accessories) must be billed with modifiers NU (purchase), RR (rental) or RB (replacement of a part of DME furnished as part of a repair). Documentation of the beneficiary requiring a wheelchair and wheelchair accessories must be included in the *Additional Claim Information* field (Box 19) of the claim.»

## **Unlisted Wheelchair or Wheelchair Accessory Items**

### **Coverage**

Medi-Cal covers unlisted wheelchair and wheelchair accessory items for patients who meet the established criteria.

### **Criteria/Authorization**

As medically necessary, unlisted wheelchair or wheelchair accessory items may be authorized by the Medi-Cal consultant based upon documentation submitted with the TAR for the specific item.

### **Billing**

Bill «unlisted wheelchair and wheelchair accessory items» with HCPCS code K0108 (wheelchair component or accessory, not otherwise specified).

For information about billing for unlisted wheelchair accessory items refer to the *Durable Medical Equipment (DME): Bill for DME* section in this manual.

## **Wheelchair Accessories Not Separately Reimbursable**

A Column II code is included in the reimbursement for the corresponding Column I code when provided within the same month of service. When multiple codes are listed in Column I, all the codes in Column II relate to each code in Column I.

**«Table of Wheelchair Accessories Not Separately Reimbursable»**

| <b>Column I</b>  | <b>Column II</b>  |
|--|---|
| Power Operated Vehicle (K0800 thru K0812)  | All options and accessories   |
| Rollabout Chair (E1031)  | All options and accessories   |
| Transport Chair (E1037, E1038, E1039)  | All options and accessories except E0990, K0195   |
| Manual Wheelchair Base (E1161, E1229, E1231 thru E1238, K0001 thru K0007, K0009) | E0967, E0981, E0982, E0992, E0995, E2205, E2206, E2210 thru E2212, E2214, E2215, E2220 thru E2222, E2224 thru E2226, K0015, K0017 thru K0019, K0042 thru K0047, K0050, K0052, K0069 thru K0072, K0077 |
| Power Wheelchair Base Groups 1 and 2 (K0813 thru K0843)                          | E0971, E0978, E0981, E0982, E0995, E1225, E2340 thru E2343, E2366 thru E2370, E2374 thru E2376, E2381 thru E2392, E2394 thru E2396, K0015, K0017 thru K0020, K0040 thru K0047, K0051, K0052, K0098    |
| Power Wheelchair Base Groups 3, 4 and 5 (K0848 thru K0891)                       | E0971, E0978, E0981, E0982, E0995, E1225, E2366 thru E2370, E2374 thru E2376, E2381 thru E2392, E2394 thru E2396, K0015, K0017 thru K0020, K0041 thru K0047, K0051, K0052, K0098                      |

**Groups 3 and 4 Note:** HCPCS codes E2340 thru E2343 are not separately reimbursable for Groups 3 and 4 Power Wheelchair Bases when provided within the same month of service, unless the Group 3 or Group 4 Power Wheelchair Base has a sling/solid seat/back.

**Table of Wheelchair Accessories Not Separately Reimbursable (continued)**

| <b>Column I</b>  | <b>Column II</b>   |
|--|--|
| E0973  | K0017, K0018, K0019  |
| E0990  | E0995, K0042 thru K0047  |
| Power tilt and/or recline seating systems (E1002 thru E1008) | E0973, E2340 thru E2343, K0015, K0017 thru K0020, K0042 thru K0047, K0050 thru K0052 |
| E1009, E1010   | E0990, E0995, K0042 thru K0047, K0052, K0053, K0195                                  |
| E2325  | «E1028, E1032 thru E1034»  |
| K0039  | K0038  |
| K0045  | K0043, K0044   |
| K0046  | K0043  |
| K0047  | K0044  |
| K0053  | E0990, E0995, K0042 thru K0047   |
| K0069  | E2220, E2224   |
| K0070  | E2211, E2212, E2224  |
| K0071  | E2214, E2215, E2225, E2226   |
| K0072  | E2219, E2225, E2226  |
| K0077  | E2221, E2222, E2225, E2226   |
| K0195  | E0995, K0042 thru K0047  |



**«Legend»**

«Symbols used in the document above are explained in the following table.»

| Symbol | Description   |
|--------|---|
| «      | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| »      | This is a change mark symbol. It is used to indicate where on the page the most recent change ends.   |