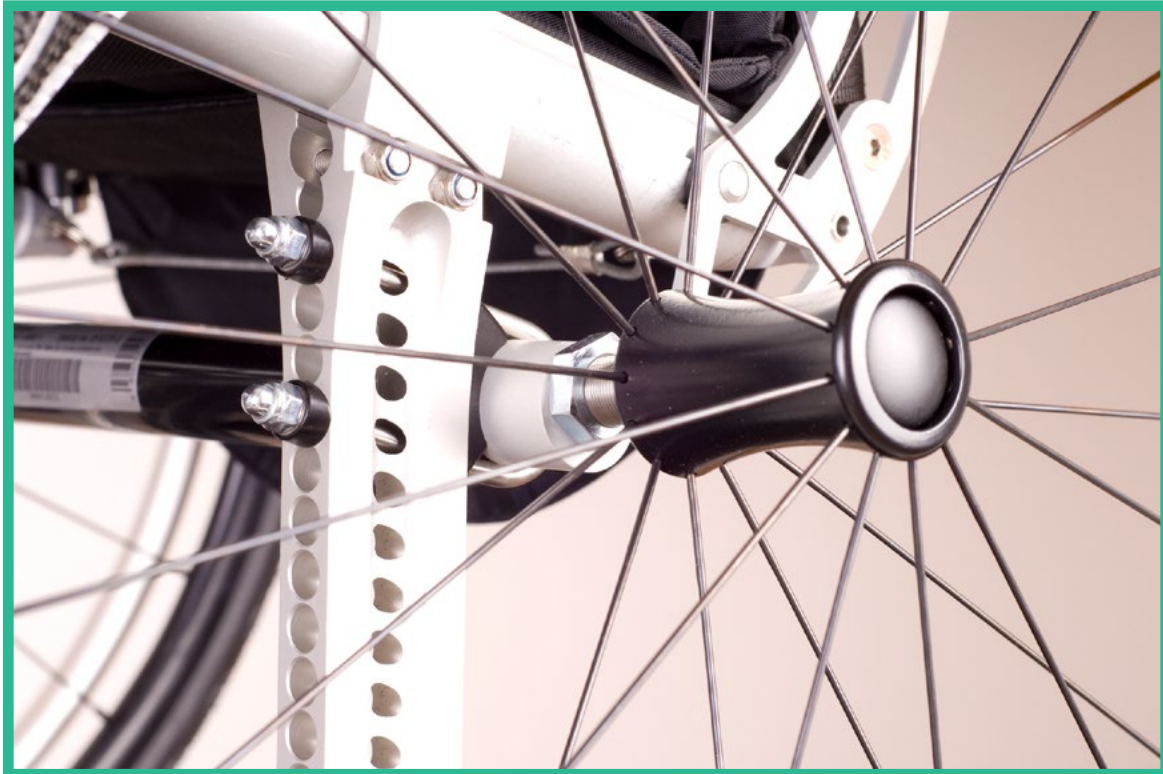




PROVIDER COMPLIANCE TIPS FOR WHEELCHAIR OPTIONS/ACCESSORIES



PROVIDER TYPES AFFECTED

Physicians and Non-Physician Practitioners (NPP) who write orders for wheelchair options/accessories

BACKGROUND

The Medicare Fee-For-Service (FFS) improper payment rate for wheelchair options/accessories for the 2017 reporting period was 42.5 percent, representing a projected improper payment amount of \$30.9 million and accounting for 0.1 percent of the overall Medicare FFS improper payment rate.

REASONS FOR DENIALS

While denial reason data for the 2017 reporting period is not available, 2016 reporting period data indicates that insufficient documentation errors caused the vast majority (80.4 percent) of improper payments for Durable Medical Equipment, Prosthetics, Orthotics and Supplies claims. In these errors, the supplier or provider did not submit a complete medical record or the record did not adequately support the supplies or services billed. Other insufficient documentation errors were identified when the medical record lacked the required documentation elements such as a documented face-to-face physician evaluation within a specified timeframe, proof of delivery, or a physician signature on a supplier form.

TO PREVENT DENIALS

Options and accessories for wheelchairs are covered if the beneficiary has a wheelchair that meets Medicare coverage criteria and the option/accessory itself is medically necessary.

ARM OF CHAIR

Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the beneficiary requires an arm height that is different from that available using nonadjustable arms and the beneficiary spends at least 2 hours per day in the wheelchair.

An arm trough (E2209) is covered if the beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements.

FOOTREST/ LEGREST

Elevating legrests (E0990, K0046, K0047, K0053, K0195) are covered if:

1. The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee
2. The beneficiary has significant edema of the lower extremities that requires an elevating legrest
3. The beneficiary meets the criteria for and has a reclining back on the wheelchair

NONSTANDARD SEAT FRAME DIMENSIONS

A nonstandard seat width and/or depth for a manual wheelchair (E2201-E2204) is covered only if the beneficiary's physical dimensions justify the need.

WHEELS/TIRES FOR MANUAL WHEELCHAIRS

A gear reduction drive wheel (E2227) is covered if all of the following criteria are met:

1. The beneficiary has been self-propelling in a manual wheelchair for at least one year.

2. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a Physical Therapist (PT) or Occupational Therapist (OT), or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home. The PT, OT, or physician may have no financial relationship with the supplier.
3. The wheelchair is provided by a supplier that employs a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA-certified) Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary.

BATTERIES/ CHARGERS

- Up to two batteries (E2359, E2361, E2363, E2365, E2371, K0733) at any one time are allowed if required for a power wheelchair.
- A non-sealed battery (E2358, E2360, E2362, E2364, E2372) will be denied as not reasonable and necessary.
- A single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery. If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary. The usual maximum frequency of replacement for a lithium-based battery (E2397) is one every 3 years. Only one battery is allowed at any one time.

POWER TILT AND/OR RECLINE SEATING SYSTEMS (E1002-E1012)

A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating legrests is covered if criteria 1, 2, and 3 are met and if criterion 4, 5, or 6 is met:

1. The beneficiary meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices Local Coverage Determination (LCD); and
2. A specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT or physician who has specific training and experience in rehabilitation wheelchair evaluations, of the beneficiary's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; and
3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the beneficiary; and

- One of the following items must be met:
 4. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
 5. The beneficiary uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
 6. The power seating system is needed to manage increased tone or spasticity.

* If these criteria are not met, the power seating component(s) will be denied as not reasonable and necessary.

POWER WHEELCHAIR DRIVE CONTROL SYSTEMS

An attendant control is covered in place of a beneficiary-operated drive control system if the beneficiary meets coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

OTHER POWER WHEELCHAIR ACCESSORIES

An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface is covered if the beneficiary has a covered speech generating device. (Refer to the [Local Coverage Determination \(LCD\): Speech Generating Devices \(SGD\) \(L33739\)](#) for details.)

Additional information for Wheelchair Options/Accessories can be found in the [Local Coverage Article: Wheelchair Options/Accessories - Policy Article \(A52504\)](#).

MISCELLANEOUS ACCESSORIES

- **Anti-rollback device (E0974)** is covered if the beneficiary self-propels and needs the device because of ramps
- **A safety belt/pelvic strap (E0978)** is covered if the beneficiary has weak upper body muscles, upper body instability, or muscle spasticity which requires use of this item for proper positioning
- **Swing away, retractable, or removable hardware (E1028)** one example (not all-inclusive) of a covered indication for swing away, retractable, or removable hardware would be to move the component out of the way so that a beneficiary can perform a slide transfer to a chair or bed

- **A manual fully reclining back option (E1226)** is covered if the beneficiary has one or more of the following conditions:
 1. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift
 2. The beneficiary uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed

RESOURCES

FOR MORE INFORMATION ABOUT...	RESOURCE
The 2017 Medicare Fee-For-Service Supplemental Improper Payment Date	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/CERT-Reports-Items/2017-Medicare-FFS-Payment-Data.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=descending
Medicare Fee-For-Service 2016 Improper Payments Report - Executive Summary	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/MedicareFeeforService2016ImproperPaymentsReport.pdf
Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504)	https://www.cms.gov/medicare-coverage-database/license/cpt-license.aspx?from=https*3a%24%2f%2fwww.cms.gov%2fmedicare-coverage-database%2fsearch%2fdocument-id-search-results.aspx%3fDate%3d%26DocID%3dA52504%26bc%3dhAAAAAAAAAAAA%26&npage=/medicare-coverage-database/details/article-details.aspx&articleId=52504&ver=16&Date=&DocID=A52504&bc=hAAAABAAAA&
Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792)	https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33792&ver=16&Date=&DocID=L33792&bc=iAAAABAAAA&

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