Updates

- Replaced the earlier year’s data with 2019
- Updated Reasons for Denials
- Updated language in To Prevent Denials
- Updated Miscellaneous Accessories section

Introduction

This publication educates providers on coverage and proper billing for wheelchair options and supplies and their associated accessories.

Provider Types Affected

Durable Medical Equipment (DME) Suppliers, Physicians, and Non-Physician Practitioners (NPPs) who write orders for wheelchair options and accessories

Background

The Medicare Fee-for-Service (FFS) improper payment rate for wheelchair options and accessories for the 2019 reporting period was 16.1%, a projected improper payment amount of $33.8 million and 0.1% of the overall Medicare FFS improper payment rate.

Reasons for Denials

For the 2019 reporting period, data shows insufficient documentation errors caused the majority of improper payments for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) claims (90.9%). In these errors, the supplier or provider didn’t submit a complete medical record or the record didn’t support the supplies or services billed. Medicare identified other insufficient documentation errors 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

Medicare covers options and accessories for wheelchairs if the beneficiary has a wheelchair that meets Medicare coverage criteria and the option or accessory itself is medically necessary. Read more about coverage criteria for specific items below. Medicare will deny the item as not reasonable and necessary if these criteria aren’t met.
NOTE: For more information on order requirements, refer to Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426).

Arm of Chair

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

Medicare covers an arm trough (E2209) if the beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements.

Foot Rest or Leg Rest

Medicare covers elevating leg rests (E0990, K0046, K0047, K0053, K0195) if:

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

Nonstandard Seat Frame Dimensions

Medicare covers a nonstandard seat width and or depth for a manual wheelchair (E2201 - E2204) only if the beneficiary’s physical dimensions justify the need.

Wheels and Tires for Manual Wheelchairs

Medicare covers a gear reduction drive wheel (E2227) if all the following criteria are met:

1. The beneficiary has been self-propelling in a manual wheelchair for at least 1 year, and
2. The beneficiary has had a specialty evaluation performed by a licensed or 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 who documents the need for the device in the beneficiary’s home. The PT, OT, or physician may have no financial relationship with the supplier, and
3. The supplier provides a wheelchair 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 and Chargers

- Medicare allows up to 2 batteries (E2359, E2361, E2363, E2365, E2371, K0733) at any one time if required for a power wheelchair.
- Medicare denies a non-sealed battery (E2358, E2360, E2362, E2364, E2372) as not reasonable and necessary.
- Medicare allows a single mode battery charger (E2366) for charging a sealed lead acid battery. Medicare will deny a dual-mode battery charger (E2367) as a replacement as not reasonable and necessary.
• The usual maximum frequency of replacement for a lithium-based battery (E2397) is 1 every 3 years. Medicare allows 1 battery at any one time.

Power Tilt and or Recline Seating Systems (E1002 - E1012)

Medicare covers a power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating leg rests if criteria 1, 2, and 3 are met, and if criterion 4, 5, or 6 are 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 performed by a licensed or 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 supplier provides a wheelchair that employs a RESNA-certified ATP who specializes in wheelchairs and has direct, in-person involvement in the wheelchair selection for the beneficiary; and
4. The beneficiary is at high risk for development of a pressure ulcer and can’t perform a functional weight shift; or
5. The beneficiary uses intermittent catheterization for bladder management and can’t independently transfer from the wheelchair to bed; or
6. The power seating system is needed to manage increased tone or spasticity

If these criteria aren’t met, Medicare will deny the power seating component(s) as not reasonable and necessary.

Power Wheelchair Drive Control Systems

Medicare covers an attendant control in place of a beneficiary-operated drive control system if the beneficiary meets coverage criteria for a wheelchair, can’t operate a manual or power wheelchair, and has a caregiver who can’t operate a manual wheelchair but can operate a power wheelchair.

Other Power Wheelchair Accessories

Medicare covers an electronic interface (E2351) to allow a speech-generating device to be operated by the power wheelchair control interface if the beneficiary has a covered speech-generating device. For more information, refer to Local Coverage Determination (LCD): Speech Generating Devices (SGD) (L33739).

Miscellaneous Accessories

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

• Push-rim activated power assist device - For information on a push-rim activated power assist device for a manual wheelchair, refer to the [Power Mobility Devices medical policy](#).

• **A manual fully reclining back option (E1226)** - Medicare covers a manual fully reclining back option 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 can’t perform a functional weight shift.
  2. The beneficiary uses intermittent catheterization for bladder management and can’t independently transfer from the wheelchair to the bed.

**Resources**

- [2019 Medicare Fee-for-Service Supplemental Improper Payment Data](#)
- [Local Coverage Article: Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426)](#)
- [Local Coverage Determination (LCD): Power Mobility Devices – Policy Article (A52498)](#)
- [Local Coverage Determination (LCD): Speech Generating Devices (SGD) (L33739)](#)
- [Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792)](#)

Contact your MAC for any updates or changes to the Policy Article (PA) and the LCD regarding policy and general documentation requirements.

Beneficiaries may visit [Medicare.gov](https://www.medicare.gov) or contact Medicare at 800-MEDICARE or 800-633-4227 for specific questions about their billing, claims, medical records, or expenses.

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