


# Justification for Rehab Accessories

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## CRT Accessories



Justification for CRT Accessories

### Learning Objectives

1. Identify which items are included in the basic equipment package for manual and power bases (only justify what you need to and no more)
2. Review acceptable justification for the most commonly used accessories
3. Produce appropriate documentation for rehab accessories in the proper format for reimbursement

**MOST IMPORTANT SLIDE OF PRESENTATION**



**Least Costly Alternative – Authorize the least costly medically appropriate alternative to the item being ordered. In other words all items that cost less must be tried and failed OR considered and ruled out.**

[What is Least Costly Alternative \(LCA\) and when is it being eliminated?](#)

Prior to February 4, 2011, certain items that were not reasonable and necessary under Medicare guidelines could be paid based upon the allowance of the least costly medically appropriate alternative. Another term for this process is "down coding."

**For dates of service on or after February 4, 2011, partial payment for claims based on a least costly alternative determination will no longer be made.** If an item is denied in full due to elimination of LCA, partial payment based on LCA will not be possible through the appeals process. This applies to any separately reimbursable item (base and accessory).

**Medicare still considers LEAST COSTLY ALTERNATIVES WHEN DETERMINING COVERAGE (PAY OR DENY)**

### Basic Equipment Package (BEP) / Separately Reimbursable

POV Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires

**All accessories needed for safe operation**







### Basic Equipment Package (BEP) / Separately Reimbursable

PWC Basic Equipment Package - Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted).

**The statement that an item may be separately billed does not necessarily indicate coverage.**

- Lap belt or safety belt
- **\*\*\*Shoulder harness/straps or chest straps/vest may be billed separately**
- Battery charger, single mode
- Complete set of tires and casters, any type

### Basic Equipment Package (BEP) / Separately Reimbursable

Legrests - There is no separate billing/payment if fixed, swingaway, or detachable non-elevating legrests with or without calf pad are provided.



- **Elevating legrests may be billed separately**
- Purchased or owned wheelchair - E0990 (each) - purchase
- Capped Rental (K0823) - K0195 (pair) - rental
- Power ELRs / Center Mount Power Foot Plat form – E1010/E1012 – purchase/rental **OPTION**

Footrests/foot platform - There is no separate billing/payment if fixed, swingaway, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs.

- **Angle adjustable footplates (K0040) may be billed separately with Group 3, 4 and 5 PWCs.**

Armrests - There is no separate billing/ payment if fixed, swingaway, or detachable non-adjustable height armrests with arm pad are provided.

- **Adjustable height armrests (K0020, E0973) may be billed separately**

**Basic Equipment Package (BEP) / Separately Reimbursable**

Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by beneficiary weight capacity.

Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately using **K0108**:

- For **Standard Duty**, seat width and/or depth greater than 20 inches;
- For **Heavy Duty**, seat width and/or depth greater than 22 inches;
- For **Very Heavy Duty**, seat width and/or depth greater than 24 inches;
- For Extra Heavy Duty, no separate billing

Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately using **K0108**:

- For **Standard Duty**, back width greater than 20 inches;
- For **Heavy Duty**, back width greater than 22 inches;
- For **Very Heavy Duty**, back width greater than 24 inches;
- For Extra Heavy Duty, no separate billing



**Basic Equipment Package (BEP) / Separately Reimbursable**

Controller and Input Device



There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided (part of BEP).

- An expandable controller (E2377) , a nonstandard joystick (i.e., nonproportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

All other items NOT listed in the BEP may be separately reimbursable if they are medically necessary and are considered a covered item. **The statement that an item may be separately billed does not necessarily indicate coverage.**



**Coverage Criteria (Medical Justification)**

The statement that an item may be separately billed **does not necessarily indicate coverage.**

Medicare still considers **LEAST COSTLY MEDICALLY APPROPRIATE ALTERNATIVES WHEN DETERMINING COVERAGE (PAY OR DENY).**

9 STEP ALGORITHM FOR EXAMPLE



**Proper Power Base Selection / Coding**

Single Power or Multiple Power Base

- Single Power Base – Tilt OR Recline OR Alternate Drive Control
- Multiple Power Base – Tilt AND Recline OR Ventilator



**Proper Power Base Selection / Coding**

Single Power or Multiple Power Base

- Non covered accessories -power elevating seat; power standing, for example, does NOT count as a power option for this purpose
- Power ELRs / Articulating Foot platform does NOT count as a power option for this purpose



**Coverage Criteria – Power Positioning (tilt, recline, tilt and recline)**

A power seating system – tilt only (E1002), recline only (E1005), or combination tilt and recline (E1007) –

- The beneficiary is at high risk for development of a **pressure ulcer** and is unable to perform a functional weight shift; or
- The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
- The power seating system is needed to manage increased tone or spasticity.
- Must have a reason for each (Tilt / Recline)
- A headrest (E0955) is also covered when the beneficiary has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.



### You help write the justification

- Tilt
  - History of pressure ulcer in the seated area
  - Impaired sensation
  - Impaired U/E strength
  - Tone
- Recline
  - Catherization
  - Tone



### Coverage Criteria - Electronics

An expandable controller (E2377) is capable of accommodating one or more of the following additional functions:

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touchpads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311)



### Coverage Criteria - Electronics

Codes E2310 and E2311 describe the electronic components that allow the beneficiary to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or non proportional interface):

Power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing (NOT COVERED). It includes a function selection switch which allows the beneficiary to select the motor that is being controlled and an indicator feature to visually show which function has been selected.

A harness (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller.



### Coverage Criteria - Electronics

When **ONE** power seating function/actuator/motor is provided on a power wheelchair:

One unit of E2310 (electronic connection between wheelchair controller and one power seating system motor) is allowed.

- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface is used
- Example: E1002 (power seating system, tilt only) is added to a power wheelchair. A power tilt system uses one power seating motor/actuator.



### Coverage Criteria - Electronics

When **TWO** power seating functions/actuators/motors are provided:

- One unit of **E2311** (electronic connection between wheelchair controller and two or more power seating system motors) is allowed
- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface is used.
- Example: E1007 (Wheelchair accessory, power seating system, combination tilt and recline) is added to a power wheelchair. The tilt and the recline functions each have one actuator or power seating system motor, for a total of two.



### Coverage Criteria - Electronics

- When **THREE** or more power seating functions/actuators/motors are provided:

- One unit of **E2311** (electronic connection between wheelchair controller and two or more power seating system motors), one unit of **E2377** (expandable controller), and one unit of **E2313** (harness for upgrade to expandable controller) are allowed
- Example: E1007 (Wheelchair accessory, power seating system, combination tilt and recline) is added to a power wheelchair with power articulating foot platform. The tilt, recline, and power shear reduction features each have one actuator or power seating system motor, for a total of **three**.



### Coverage Criteria – Cushions and Backs



#### Solid Seats Base Criteria

- For patients who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support.
- Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered **only** if either criterion 1 or criterion 2 is met:
  - The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; or
  - A skin protection and/or positioning seat or back cushion (**Diagnosis Driven**) that meets coverage criteria is provided.

If one of these criteria is not met, **both the power wheelchair with a sling/solid seat and the general use cushion AND the solid seat base will be denied as not reasonable and necessary.**



### Coverage Criteria – Cushions and Backs

A **skin protection seat cushion** (E2603, E2604, E2622, E2623) is covered for a beneficiary who meets both of the following criteria:

The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; and 2. The beneficiary has either of the following:

- Current pressure ulcer or past history of a pressure ulcer** (see diagnosis codes that support medical necessity section below) on the area of contact with the seating surface; or
- Absent or impaired sensation in the area of contact with the seating surface or **inability to carry out a functional weight shift due to one of the following diagnoses:**



### Coverage Criteria – Cushions and Backs

#### Qualifying Diagnosis for Skin Protection Cushion

- Spinal cord injury resulting in quadriplegia or paraplegia
- Other spinal cord disease
- Multiple sclerosis
- Other demyelinating disease
- Cerebral palsy
- Anterior horn cell diseases including amyotrophic lateral sclerosis
- Post polio paralysis
- Traumatic brain injury resulting in quadriplegia
- Spina bifida
- Childhood cerebral degeneration
- Alzheimer's disease



### Coverage Criteria – Cushions and Backs

#### Qualifying Diagnosis for Skin Protection Cushion

- Parkinson's disease
- Muscular dystrophy
- Hemiplegia
- Huntington's chorea
- Idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse **myelitis**
- See diagnosis codes that support medical necessity** in Wheelchair Seating LCD (provided)



### Coverage Criteria – Cushions and Backs

#### Positioning

A **positioning seat cushion** (E2605, E2606), **positioning back cushion** (E2613-E2616, E2620, E2621), and **positioning accessory** (E0955-E0957, E0960) is covered for a beneficiary who meets both of the following criteria:

The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it **AND**

The beneficiary has any **significant postural asymmetries** that are due to one of the diagnoses listed in criterion for skin protection or to one of the following diagnoses:

monoplegia of the lower limb due to stroke,  
traumatic brain injury, or other etiology, spinocerebellar disease,  
above knee leg amputation,  
osteogenesis imperfecta,  
transverse myelitis.

\*\*\*E2620- allowance for the positioning back includes the cost for lateral trunk pads (E0956) and any type mounting hardware (E1028)



### Coverage Criteria – Cushions and Backs

A **custom fabricated seat cushion** (E2609) is covered if criteria (1) and (3) are met. A **custom fabricated back cushion** (E2617) is covered if criteria (2) and (3) are met:

- Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
- Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
- There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.**



### Coverage Criteria – Leg Rests

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

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

Power ELRs (E1010) / Center Mount articulating Foot Platform (E1012) are covered if:

- One or more of the above requirements are met **AND**
- The patient can't independently elevate the leg rests
- Patient qualifies for a power recline



### Coverage Criteria – Arm Rests

E0973 – Detachable height adjustable arms  
K0020 – Fixed height adjustable arms

- They both are height adjustable but E0973 are also listed as detachable so you must have medical necessity for the height adjustable feature (proper positioning) **AND** for the detachable feature (common reason is to move out of the way for transfers).
- Detachable according to the **PDAC from Nov 2012** is easily removable by the patient or caregiver without the use of tools.
- One of the most common acceptable reasons listed for detachable arms is move out of the way for transfers.



### Coverage Criteria – Other Common Accessories

- Up to two batteries (E2361, E2363, E2365, E2371, K0733) at any one time are allowed if required for a power wheelchair
- A wheelchair shoulder / harness strap (E0960) 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
- Swingaway, retractable, or removable hardware (E1028) is non covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces.
- An attendant control (E2331) 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.
- If an attendant control (E2331) is provided in addition to a beneficiary-operated drive control system, it will be denied as non covered.



**You help write the justification** -Swingaway, retractable, or removable hardware (E1028)

- Non covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces.
- Headrest
- Lateral
- Hip guides /Adductors
- Joystick



### Coverage Criteria – Other Common Accessories

A power seat elevation feature (E2300) and power standing feature (E2301) are noncovered because they are not primarily medical in nature.

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 noncovered.



### Coverage Criteria – Manual Chair Wheels



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

- The beneficiary has been self-propelling in a manual wheelchair for at least one year; **AND** (see below)

A push-rim activated power assist device (E0986) for a manual wheelchair is covered if all of the following criteria are met:

- All of the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; and
- The beneficiary has been self-propelling in a manual wheelchair for at least one year **AND**

**Both E2227 and E0986 require:**

- Licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations evaluation required
- ATP assessment required with direct, in-person involvement in the wheelchair selection for the beneficiary
- **E0983/E0984** An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller controlled power mobility device (E0984) will be denied as not reasonable and necessary.





**Coverage Criteria Documentation (Wheelchair Evaluation / LMN)**

The physician may refer the beneficiary to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), who has experience and training in mobility evaluations to perform part of the face-to-face examination. This person may have no financial relationship with the supplier. (Exception: If the supplier is owned by a hospital, PT or OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination.)

If the beneficiary was referred before being seen by the physician, then once the physician has received and reviewed the written report of this examination, the physician must see the beneficiary and perform any additional examination that is needed. The report of the physician's visit shall state concurrence or any disagreement with the LCMP examination. In this situation, the physician must provide the supplier with a copy of both examinations within 45 days after the face-to-face examination with the physician.

If the physician saw the beneficiary to begin the examination before referring the beneficiary to an LCMP, then if the physician sees the beneficiary again in person after receiving the report of the LCMP examination, the 45-day period begins on the date of that second physician visit. However, it is also acceptable for the physician to review the written report of the LCMP examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the physician must send a copy of the note from his/her initial visit to evaluate the beneficiary plus the annotated, signed, and dated copy of the LCMP examination to the supplier.



**Detailed Product Description (DPD)/ Written Order Prior to Delivery ( WOPD)**

- Name the document Detailed Product Description or DPD or WOPD
- List each item on a single line
- **ONLY separately reimbursable items MUST be listed on the DPD/WOPD and therefore separately justified**



**Current Equipment vs Repairs vs Replacement**

- If Medicare paid for the current chair (regardless of the age of the equipment) a work order from the supplier technician with a list of necessary repairs to make the chair operable along with costs (allowable per item)
- This is necessary to determine if a new chair would be allowed over performing the repairs
- If this info isn't present in the file it may result in a same or similar denial
- **Medical necessity for the replacement item**



**Thank You for Attending**



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