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 Medi-Cal member's (referred to as "member" in this section) 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 member is the "date of service." This means that when the member 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

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

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 of the member 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 as specified herein.

Providers are encouraged but not required to obtain authorization from the Department of Health Care Services (DHCS) for DME items for dually eligible members before providing the item and billing Medicare. DHCS will process an authorization request for a dually eligible member in the same manner as a Medi-Cal-only member, regardless of whether Medicare (or any Other Health Coverage [OHC]) has authorized the DME or been billed.

Note: For Medi-Cal Managed Care Plan (MCP) members who receive DME, including CRT manual and power wheelchairs, through their assigned Medi-Cal MCP, TARs are not submitted to DHCS. Instead, providers must adhere to each individual Medi-Cal MCP's utilization management control policies, which may include prior authorization and can vary depending on the Medi-Cal MCP. Additionally, providers must ensure they are following individual Medi-Cal MCP OHC policies to ensure timely and accurate reimbursement.

For addition information regarding submitting a TAR for a dually eligible member's DME, see the section *Durable Medical Equipment (DME): Bill for DME* in this manual.

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 for home and community use (including transportation) by the member
  2. Equipment currently owned by the member, detailed features of the DME item and the date of purchase, including any additional wheelchairs, either previously authorized by Medi-Cal or purchased privately, which are kept for backup purposes in the event of repair or replacement of the member's primary wheelchair.
  3. Verification and documentation that other treatments of lesser mobility devices do not safely accommodate the member's mobility impairment
  4. Verification and documentation that the requested equipment will fit and be usable in living areas and/or the community used or accessed by the member

5. An explanation of how living areas and/or the community will be used by or accessed by the member with the requested equipment based on where the equipment is medically necessary for activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
6. Verification and documentation that the member and/or caregiver understand how to care for and use the requested equipment, including documentation of providing necessary education and demonstration as well as required adjustments to ensure proper use of the equipment; and
7. For members with disabilities and complex needs receiving a CRT manual wheelchair, power wheelchair and/or seating and positioning components, the member shall be evaluated by both of the following through a clinically appropriate modality (for example, in-person or via telehealth):
    - Qualified Health Care Professional (QHCP)
    - Qualified Rehabilitation Technology Professional (QRTP)

Note: Actual measurements must be part of any QHCP and QRTP to ensure use of the equipment according to the needs of the individual member for in-home use, driving or transportation purposes.

TAR and Documentation Requirements for Repair, Maintenance or Replacement Parts

For any DME within the wheelchair group (including CRT manual and 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 $2,500 within a calendar month. This includes all billable HCPCS codes listed in this section.
- TARs (either retroactive or prior authorization) are required when the cumulative cost is greater than $2,500 within a calendar month. This includes all billable HCPCS codes listed in this section.

- Providers should also note the following:
  - For retroactive TARs, providers may begin furnishing services to members before submitting a TAR to DHCS. DHCS will review and adjudicate the TAR and all necessary supporting documentation post-service and prior to billing DHCS.
  - For prior authorization, providers may not begin providing services to members 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.

Note: For Medi-Cal managed care members who receive DME through their assigned Medi-Cal MCP, including CRT manual and power wheelchairs, TARs are not submitted to DHCS. Instead, providers must adhere to each individual Medi-Cal MCP's utilization management control policies, which may include prior authorization, and can vary depending on the Medi-Cal MCP.

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.

Note: Providers are expected to treat all member-owned DME in the wheelchair group equally and render necessary repairs, replacement parts or maintenance, regardless of whether it was originally purchased by Medi-Cal, another payer (such as Medicare or commercial insurance) or the member, or if it was obtained through other means (such as a charitable organization), so long as the coverage aligns with all applicable Medi-Cal policy requirements.

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 member's file and make it available to DHCS upon request or in the event of a state or federal audit.

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.

Additional Provider Responsibilities

For repairs and maintenance of any DME within the wheelchair group (including CRT manual and power wheelchairs), as well as any replacements parts used as part of the repairs and maintenance, providers are required to do the following:

- Utilize only appropriately trained and qualified staff, with the core technical skills and knowledge required (including industry-standard, formal training programs, certifications and apprenticeships for DME), for the repair and maintenance of DME. This would include, but is not limited to, the following areas:
  - Mechanical, including wheelchair frames, hardware, seating systems, wheels, bearings, suspension and drive components
  - Electrical systems (for power wheelchairs), including wiring, motors, controls, batteries, chargers and diagnostic tools
  - Software, including expertise navigating different manufacturer software and systems, programming drive profiles, sensitivity settings, speed settings and seating functions
  - Maintenance and repair, including ability to troubleshoot, replace different parts, test configurations/functionalities and perform safety inspections
  - Customer service, including the ability to communicate clearly and respectfully, actively listen to member concerns, ask clarifying questions, be responsive to meeting the member's needs and explain processes in user-friendly terms (repair timelines, software configurations, etc.)
- Ensure the DME meets the member's needs. Meaning, once the repairs and maintenance are complete and replacement parts installed, the DME is appropriately configured (both the physical/hardware components as well as any software necessary to operate the DME) to meet the member's individual, specific and unique medical, physical and functional needs and capacities for basic and instrumental ADLs as outlined in the prescription from the member's treating practitioner.
- Promptly complete any additional repairs and maintenance or install different replacement parts when the originally completed repairs, maintenance or replacement parts do not meet the member's individual needs as described in the previous bullet point.
- In instances where the additional repairs and maintenance or installation of different replacement parts is expected to take more than one day, adhere to the "Temporary Replacement and Backup Wheelchairs" policy in this manual section.

Note: In instances where there was a provider (or provider staff/technician) error and/or the completed repairs and maintenance or replacement parts do not meet the member's individual needs as outlined in the prescription from the member's treating practitioner, providers are expected to correct these issues promptly and may not bill Medi-Cal again for any additional replacement or any additional cost of labor.

Lightweight Wheelchairs

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

Ultralightweight Wheelchairs

Ultralightweight wheelchairs are deemed CRT, may only be provided by an accredited CRT provider and 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 members 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 health conditions 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

Pediatric Wheelchairs

Pediatric-size wheelchairs are deemed CRT, may only be provided by an accredited CRT supplier and must be billed with HCPCS codes E1229 thru E1238.

Adult Tilt-in-Space Wheelchairs

Adult manual tilt-in-space wheelchairs are deemed CRT, may only be provided by an accredited CRT supplier and must be billed with HCPCS code E1161.

Power Assist Device

A power assist device for a manual wheelchair is deemed CRT, may only be provided by an accredited CRT supplier and 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 this 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), E0967 and E2206 (wheel equipment and accessories) must be billed with modifiers NURB/RBNU. The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

Arm of Chair

HCPCS code K0019 (arm pad, replacement only, each) must be billed with modifiers NURB/RBNU. ‹‹The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

Footrests and Legrests

HCPCS codes E0995, K0042 thru K0047 and K0050 thru K0052 (footrests and leg rests) must be billed with modifiers NURB/RBNU. ‹‹K0037 must be billed with modifiers NU or RR. The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

Seat Risers (Electric and Hydraulic)

‹‹HCPCS codes K0830 (power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds) and K0831 (power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds) for power wheelchairs must be billed with modifiers NU or RR. The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

When providing a heavy duty or very heavy-duty power wheelchair (HCPCS codes K0824 thru K0829), if it includes a seat elevation system, it can be billed separately by providers using HCPCS code K0108.

Power Mobility Documentation

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

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

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 RR.››

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 member-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 stair-climbing wheelchair systems. For more information, see “Stair-Climbing Wheelchair” in this section.)

CRT power wheelchairs may only be provided by an accredited CRT supplier and must be billed with HCPCS codes K0835 thru K0891.

Providers billing for a purchase or rental of power wheelchairs must use the most current HCPCS codes.

Drive Belt

HCPCS code K0098 (drive belt for power wheelchair, replacement only) must be billed with modifiers NURB/RBNU. ‹‹The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

Wheelchair Base

Claims for HCPCS codes E1229 (wheelchair, pediatric size, not otherwise specified), K0008 (custom manual wheelchair/base), K0013 (custom motorized, power wheelchair base) and K0898 (power wheelchair, not otherwise classified) must be billed with modifiers NU or RB.

Power Wheelchair Interface

HCPCS codes E2312, E2321, E2322, E2325, E2327 thru E2330 and E2373 are special power wheelchair interface procedure codes, deemed CRT and may only be provided by an accredited CRT supplier. 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, E2325, E2327 thru E2330 and E2373) due to the following situations:

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

Modifier KC with codes E2312, E2321, E2322, E2325, E2327 thru E2330 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, E2325, E2327 thru E2330 and E2373 must be billed with modifiers RB/NU/KC (for a member-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 member-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 member) 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.

Temporary Replacement and Backup Wheelchairs

Temporary Wheelchairs

Providers are expected to ensure continuity of care for members whose wheelchair is undergoing repairs and/or waiting for replacement parts to be installed. Providers are expected to do the following:

- Provide temporary wheelchairs of a quality comparable to the member's wheelchair (for example, the same model to the member's wheelchair or another model with similar features to meet the member's individual, specific and unique medical, physical and functional needs and capacities as outlined in the prescription from the member's treating practitioner) whenever the lack of a wheelchair would significantly impair the member's mobility or health, or otherwise impact their ADLs/IADLs;
- Provide temporary wheelchairs within a reasonable timeframe whenever the need for repairs or ordering of replacement parts is identified and is expected to take more than one day; and
- Allow the member to continue using the temporary wheelchair for the entire duration that their wheelchair is being repaired or replacement parts ordered.

Since the provision of a temporary wheelchair is considered to be part of all providers' overarching service obligations, providers may bill using HCPCS code K0462 (temporary replacement for patient-owned equipment being repaired, any type) for separate reimbursement of a one-month rental while a member-owned wheelchair is being repaired and the repair is expected to take more than one day.

HCPCS code K0462 has a frequency limitation and may be billed two times per year without a TAR. A TAR will be required to exceed this frequency limitation. When billing HCPCS code K0462, providers must include the following information on the claim and, when applicable, also with the TAR submission:

- The unique HCPCS code(s) or manufacturer and brand name/number of the member-owned wheelchair being repaired and original date of purchase; and
- A narrative description, manufacturer and brand name/number of the replacement equipment;
- A description of what was repaired or replaced on the member-owned wheelchair; and
- An explanation as to why the repair took more than one day to complete.

Backup Wheelchairs

Medi-Cal may cover repairs and/or replacement parts for a member-owned backup wheelchair on a case-by-case basis if medically necessary due to the non-functionality of the member's primary wheelchair (for example, the primary wheelchair is also in need of repairs/replacements and is therefore temporarily unusable).

A TAR would only be required for repairs and/or replacement parts for a member-owned backup wheelchair when the cumulative cost exceeds $2,500 in a calendar month, consistent with the "TAR and Documentation Requirements for Repair, Maintenance or Replacement Parts" policy in this manual section.

In these circumstances, providers should note the following:

- Repairs and/or replacement parts for a member-owned backup wheelchair would be covered instead of providing a temporary replacement wheelchair as described in this section.
  - This may be preferable to the member, as the member-owned backup wheelchair would be more closely tailored to their needs if it was formerly a primary wheelchair.
  - Since repairs and/or replacement parts are being performed on a member-owned backup wheelchair, providers may not bill HCPCS code K0462 in the same month.
- Providers seeking to make repairs and/or order replacement parts for a backup wheelchair for a member must submit documentation of medical necessity.
- Coverage is subject to all Medi-Cal policy requirements for repairs or replacement parts as outlined in this section.

Power Wheelchair Accessories

HCPCS 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 HCPCS codes K0830 or K0831 during the same month.

‹‹HCPCS codes E2374 thru E2376, E2381 thru E2392 and E2394 thru E2396 (power wheelchair accessories) may only be reimbursed as purchased replacement items for member-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 NURB/RBNU (labor for replacement is allowed). The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

HCPCS 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. HCPCS codes E2626 thru E2633 (wheelchair accessories) must be billed with modifiers RB, RR or NU, as well as RT or LT. HCPCS 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.

‹‹HCPCS code E2378 (power wheelchair component, actuator, replacement only) must be billed with modifiers NURB/RBNU. The equipment being repaired must be identified by description or HCPCS code and documented as “member owned” in the *Additional Claim Information* field (Box 19) of the claim or as an attachment to the claim.››

Stair-Climbing Wheelchair Systems

Medi-Cal covers stair-climbing wheelchair systems for eligible members, subject to an approved TAR and consistent with federal Food and Drug Administration (FDA)-approved indications, which may have age and other limitations (for example, some systems may only be FDA-approved for members under age 21). Providers are responsible for validating the most current FDA-approved indications. Providers must include documentation of member evaluation and applicable training on the safe and effective use of the system along with the TAR.

Providers must bill using the following HCPCS codes:

HCPCS Code	Description	Modifiers	Special Billing Instructions
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	NU, RR, RB	The member must have a medical condition that necessitates the use of a wheelchair and a medical need for vertical ambulation within the home. Claims Billed with modifier RB (replacement of a part of DME furnished) must include documentation that it is for member-owned equipment.
K0848 thru K0898	Refer to the *Durable Medical Equipment (DME): Billing Codes* section in this manual.	Blank	The member must have a medical condition that necessitates the use of a wheelchair and a medical need for vertical ambulation within the home. Claims billed with modifier RB (replacement of a part of DME furnished) must include documentation that it is for member-owned equipment. Claims must identify that the use of HCPCS code K0848 thru K0898 is for a stair-climbing wheelchair system when billed with modifiers NU (purchase) or RR (rental).

Note: Members whose health conditions limit them from work and who are vocationally eligible (excluding the elderly) must undergo evaluation by the Department of Rehabilitation, which is outside the scope of this policy.

TAR Requirements

A 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 member is enrolled in the Genetically Handicapped Persons Program (GHPP), documentation must be submitted with the Service Authorization Request (SAR) to the GHPP program for determination of medical necessity.

Additionally, a qualified rehabilitation therapist must have evaluated and determined that the member or their legal guardian/caregiver 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 stair-climbing wheelchair systems 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 member-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/Removable Hardware

The following HCPCS codes are separately reimbursable:

- E1028 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other)
- E1032 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
- E1033 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type)
- E1034 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type)

HCPCS codes E1028 and E1032 thru E1034 have no specific modifier requirement. 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 codes K0800 thru K0802 and K0806 thru K0808. However, scooters that do not match the descriptor for these codes should be billed with HCPCS code K0812 (power operated vehicle, not otherwise classified). Code K0812 requires authorization and is reimbursed “By Report.”

Options and Accessories

Power operated vehicles billed with HCPCS codes K0800 thru K0802, K0806 thru K0808 and K0812 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 Transportation Securement System

A wheelchair transportation securement system refers to all components and accessories mounted on a wheelchair (for example, securement-point brackets) needed to secure the wheelchair into or on a vehicle while it is being transported. Providers must bill this using HCPCS code E1022 (wheelchair transportation securement system, any type includes all components and accessories).

A wheelchair transit securement system refers to all components and accessories mounted on a wheelchair (for example, wheelchair-anchored pelvic/lap belt) needed to secure the member into a wheelchair during transit. Providers must bill this using HCPCS code E1023 (wheelchair transit securement system, includes all components and accessories).

HCPCS code E1023 must be billed with modifiers NU, RR or RB. Documentation of the member 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 members who meet the established criteria.

Criteria/Authorization

As medically necessary, unlisted wheelchair or wheelchair accessory items may be authorized 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.

Reimbursement

Medi-Cal reimburses providers based on the applicable Medi-Cal fee-for-service reimbursement rate on file corresponding to the applicable HCPCS code. Current Medi-Cal fee-for-service reimbursement rates can be viewed on the Medi-Cal Rates page of the Medi-Cal Providers website.

OHC Coverage/Payer of Last Resort

State and federal statutes provide for Medi-Cal to be the payer of last resort. Generally, providers must bill a member's OHC coverage (for example, Medicare or commercial insurance) before billing Medi-Cal when OHC coverage is known to exist. When other entitlements are discovered after billing Medi-Cal, providers are prohibited from billing the third party because Medi-Cal reimbursement (regardless of the percent of billed amount) constitutes reimbursement in full. For more information on OHC and related policy, refer to the following sections in the provider manual:

- *Other Health Coverage (OHC)* in the appropriate Part 1 manual
- *Other Health Coverage (OHC) Guidelines for Billing* in this manual
- *Provider Regulations* in the appropriate Part 1 manual
- *Provider Guidelines* in the appropriate Part 1 manual

Providers are encouraged but not required to obtain a TAR from DHCS for DME items for dually eligible members before providing the item and billing Medicare. DHCS will process an authorization request for a dually eligible member in the same manner as a Medi-Cal-only member, regardless of whether Medicare (or any OHC) has authorized the DME or been billed. Under *Charpentier* requirements, DHCS must process TARs for dually eligible members in the same manner as Medi-Cal-only members. See the *Durable Medical Equipment (DME): Bill for DME* and *Durable Medical Equipment (DME): An Overview* sections in this manual. Providers may check with DHCS if they have not received a response to a TAR within 14 business days of the request, or within 72 hours for an expedited request.

Note: For Medi-Cal managed care members who receive DME, including CRT manual and power wheelchairs, through their assigned Medi-Cal MCP, TARs are not submitted to DHCS. Instead, providers must adhere to each individual Medi-Cal MCP's utilization management control policies, which may include prior authorization and can vary depending on the Medi-Cal MCP. However, like DHCS, Medi-Cal MCPs are required to process prior authorizations for dually eligible members in the same manner as a Medi-Cal-only member pursuant to *Charpentier* requirements. Additionally, providers must ensure they are following individual Medi-Cal MCP OHC policies to ensure timely and accurate reimbursement. Providers may check with the member's MCP if they have not received a response to their request for prior approval within 14 business days of the request, or within 72 hours for an expedited request.

Billing for Dually Eligible Medi-Cal Members

When billing for dually eligible members, providers must adhere to the following requirements:

- The TAR/SAR must include a complete medical justification and documentation that would normally accompany a Medi-Cal-only TAR and include one of the following notes in the "Medical Justification" section:
  - Medi/Medi: Charpentier/Rates
  - Medi/Medi: Charpentier/Benefits Limitation, or
  - Medi/Medi: Charpentier/Both Rates and Benefit Limitation
- The provider must bill Medicare or OHC, consistent with Medi-Cal's OHC policy, as noted in this section.
- The provider then bills Medi-Cal with documented proof of costs that Medicare or OHC does not cover, up to the maximum Medi-Cal allowable amount, consistent with Medi-Cal's OHC policy, as noted in this section.

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

Column I	Column II
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)

Column I	Column II
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.