

Local Coverage Article: Manual WHEELCHAIR Bases - Policy Article (A52497)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	DME MAC	17013 - DME MAC	J-B	Illinois Indiana Kentucky Michigan Minnesota Ohio Wisconsin
CGS Administrators, LLC	DME MAC	18003 - DME MAC	J-C	Alabama Arkansas Colorado Florida Georgia Louisiana Mississippi North Carolina New Mexico Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia Virgin Islands West Virginia
Noridian Healthcare Solutions, LLC	DME MAC	16013 - DME MAC	J-A	Connecticut District of Columbia Delaware Massachusetts Maryland Maine New Hampshire New Jersey New York - Entire State Pennsylvania Rhode Island Vermont

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	DME MAC	19003 - DME MAC	J-D	Alaska American Samoa Arizona California - Entire State Guam Hawaii Iowa Idaho Kansas Missouri - Entire State Montana North Dakota Nebraska Nevada Oregon South Dakota Utah Washington Wyoming Northern Mariana Islands

Article Information

General Information

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Manual WHEELCHAIR Bases - Policy Article

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N/A

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Article Guidance

Article Text:

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Manual WHEELCHAIRs are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

If the manual WHEELCHAIR is only for use outside the home, it will be denied as noncovered, no benefit, as the DME benefit requires use within the home for coverage eligibility.

Reimbursement for WHEELCHAIR codes includes all labor charges involved in the assembly of the WHEELCHAIR. Reimbursement also includes support services such as emergency services, delivery, set-up, education, and on-going assistance with use of the WHEELCHAIR.

A custom manual WHEELCHAIR base (K0008) must be uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of the beneficiary's treating physician. The beneficiary's needs cannot be accommodated by any other existing manual WHEELCHAIR and accessories, including customized seating arrangements. See 42 CFR Section 414.224, and Internet-Only Manual, Publication 100-04, Medicare Claims Processing Manual, Chapter 20, Section 30.3 for more information on customized DME.

REQUIREMENTS FOR SPECIFIC DMEPOS ITEMS PURSUANT TO 42 CFR 410.38(g)

42 CFR 410.38(g) requires a face-to-face evaluation and a specific written order prior to delivery for specified HCPCS codes. CMS provides a list of the specified codes, which is periodically updated, located [here](#).

Claims for the specified items subject to 42 CFR 410.38(g) that do not meet the requirements specified in the LCD-related Standard Documentation Requirements Article will be denied as statutorily noncovered – failed to meet statutory requirements.

If the supplier delivers the item prior to receipt of a written order, it will be denied as statutorily noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS discussed below.

Information showing that the coverage criteria in the Coverage Indications, Limitations, and/or Medical Necessity section of the related LCD have been met must be present in the beneficiary's medical record. Information about whether the beneficiary's home can accommodate the WHEELCHAIR (Criterion C), also called the home assessment, must be fully documented in the medical record or elsewhere by the supplier. For manual WHEELCHAIRS, the home assessment may be done directly by visiting the beneficiary's home or indirectly based upon information provided by the beneficiary or their designee. When the home assessment is based upon indirectly obtained information, the supplier must, at the time of delivery, verify that the item delivered meets the requirements specified in criterion C. Issues such as the physical layout of the home, surfaces to be traversed, and obstacles must be addressed by and documented in the home assessment. Information from the beneficiary's medical record and the supplier's records must be available upon request.

Manual WHEELCHAIRS described by codes E1161, E1231-E1234, K0005, K0008 and K0009 are eligible for Advance Determination of Medicare Coverage (ADMC). Refer to the ADMC chapter in the Supplier Manual for details concerning the ADMC process.

If documentation of the medical necessity for a K0005 WHEELCHAIR is requested, it must include a description of the

beneficiary's routine activities. This may include the types of activities the beneficiary frequently encounters and whether the beneficiary is fully independent in the use of the WHEELCHAIR. Describe the features of the K0005 base which are needed compared to the K0004 base.

If documentation of the medical necessity for a K0008 WHEELCHAIR is requested, contractors must be able to determine that the item delivered is a customized item. Documentation must include a description of the beneficiary's unique physical and functional characteristics that require a customized manual WHEELCHAIR base. This must include a detailed description of the manufacturing of the WHEELCHAIR base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it. The record must document that the needs of the beneficiary cannot be met using another manual WHEELCHAIR base that incorporates seating modifications or other options or accessories (prefabricated and/or custom). The documentation must demonstrate that the K0008 is so different from another WHEELCHAIR base that the two items cannot be grouped together for pricing purposes.

If documentation of the medical necessity for a transport chair (E1037, E1038 and E1039) is requested, it must include a description of why the beneficiary is unable to make use of a standard manual WHEELCHAIR (K0001-K0005) on their own, and provide specific information that the beneficiary has a caregiver who is available, willing, and able to provide assistance with the WHEELCHAIR.

MODIFIERS

KX, GA, GY, AND GZ MODIFIERS:

Suppliers must add a KX modifier to the code for the manual WHEELCHAIR base only if all of the coverage criteria in the Coverage Indications, Limitations, and/or Medical Necessity section of the related LCD have been met and evidence of such is retained in the supplier's files and available to the DME MAC upon request. If the coverage criteria are not met, the KX modifier must not be used.

If all of the coverage criteria in the Coverage Indications, Limitations, and/or Medical Necessity section of the related LCD have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the WHEELCHAIR is only to be used for mobility outside the home, the GY modifier must be added to the code.

Claim lines billed without a KX, GA, GY, or GZ modifier will be rejected as missing information.

CODING GUIDELINES

For Medicare coding purposes, all manual WHEELCHAIR base codes describe a complete product. This includes items described by HCPCS codes:

- Rollabout Chair (E1031)
- Transport Chairs (E1037, E1038, E1039)
- Manual WHEELCHAIR Bases (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)

A complete manual WHEELCHAIR base includes:

- A complete frame
- Propulsion wheels
- Casters
- Brakes
- A sling seat, seat pan which can accommodate a WHEELCHAIR seat cushion, or a seat frame structured in such a way as to be capable of accepting a seating system
- A sling back, other seat back support which can accommodate a WHEELCHAIR back cushion, or a back frame structured in such a way as to be capable of accepting a back system
- Standard leg and footrests
- Armrests
- Safety accessories (other than those separately billable in the WHEELCHAIR Accessories Local Coverage Determination)

Adult manual WHEELCHAIRS (K0001-K0009, E1161) are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009, the wheels must be large enough and positioned such that the WHEELCHAIR could be propelled by the user. In addition, specific codes are defined by the following characteristics:

Standard WHEELCHAIR (K0001)

Weight: Greater than 36 lbs.

Seat Height: 19 inches or greater

Weight capacity: 250 pounds or less

Standard hemi (low seat) WHEELCHAIR (K0002)

Weight: Greater than 36 lbs

Seat Height: Less than 19 inches

Weight capacity: 250 pounds or less

Lightweight WHEELCHAIR (K0003)

Weight: 34-36 lbs

Weight capacity: 250 pounds or less

High strength, lightweight WHEELCHAIR (K0004)

Weight: Less than 34 lbs

Lifetime Warranty on side frames and crossbraces

Ultralightweight WHEELCHAIR (K0005)

Weight: Less than 30 lbs

Adjustable rear axle position

Lifetime Warranty on side frames and crossbraces

Heavy duty WHEELCHAIR (K0006)

Weight capacity: Greater than 250 pounds

Extra heavy duty WHEELCHAIR (K0007)
Weight capacity: Greater than 300 pounds

Custom manual WHEELCHAIR/base (K0008)

In addition to meeting the statutory criteria above in the "Non-Medical Necessity Coverage and Payment Rules", custom manual WHEELCHAIRS must also have a lifetime warranty on side frames and crossbraces.

Adult tilt-in-space WHEELCHAIR (E1161)

Ability to tilt the frame of the WHEELCHAIR greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle. Lifetime Warranty: On side frames and crossbraces

WHEELCHAIRS with less than 20 degrees of tilt must not be coded based upon the tilt feature. The appropriate base product must be coded as K0001 – K0007. The product must not be coded as E1161 or K0108.

"Weight" represents the weight of the WHEELCHAIR itself in pounds without the front rigging as in the case of the K0001, K0002, K0003, K0004, and K0005. "Weight capacity" represents the carrying capacity or the amount of weight (beneficiary plus all accessories) that the WHEELCHAIR can carry for safe operation as in the case of the K0001, K0002, K0003, K0006 and K0007.

The following features are included in the allowance for all adult manual WHEELCHAIRS:

Seat Width: 15" - 19"

Seat Depth: 15" – 19"

Arm Style: Fixed, swingaway, or detachable; fixed height

Footrests: Fixed, swingaway, or detachable

Codes K0003-K0008 and E1161 include any seat height.

Manual WHEELCHAIR bases (K0001 – K0009) include construction of any type material, including but not limited to, titanium, carbon, or any other lightweight high strength material. Suppliers must not bill HCPCS code K0108 in addition to the base WHEELCHAIR for construction materials or for a "heavy duty package" reflecting the type of material used to construct the manual WHEELCHAIR base. Billing for construction material is considered incorrect coding – unbundling.

Refer to the medical policy on WHEELCHAIR Options and Accessories for information on other features included in the allowance for the WHEELCHAIR base.

A manual WHEELCHAIR with a seat width and/or depth of 14" or less is considered a pediatric size WHEELCHAIR and is billed with codes E1231-E1238 or E1229.

Codes E1050-E1060, E1070-E1160, E1170-E1200, E1220-E1224, E1240-E1295 should only be used to bill for maintenance and service for an item for which the initial claim was paid by the local carrier prior to transition to the DME MAC.

Manual WHEELCHAIRS with additional options and accessories, other than tilt, are billed by selecting the correct code for the WHEELCHAIR base and then using appropriate codes for WHEELCHAIR options and accessories. (Refer to the WHEELCHAIR Options and Accessories policy.)

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes

N/A

ICD-10 Codes that are Covered

N/A

ICD-10 Codes that are Not Covered

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2019	R5	<p>Revision Effective Date: 01/01/2019</p> <p>CODING GUIDELINES:</p> <p>Added: Clarification of materials used in construction of manual wheelchair bases</p> <p><i>02/07/2019: At this time 21st Century Cures Act applies to new and revised</i></p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		<i>LCDs which require comment and notice. This revision is to an article that is not a local coverage determination.</i>
01/01/2018	R4	<p>Revision Effective Date: 01/01/2018 CODING GUIDELINES: Added: Clarification of what is included in a manual wheelchair base code Added: Clarification of titanium unbundling in manual wheelchair bases</p> <p><i>04/12/2018: At this time 21st Century Cures Act applies to new and revised LCDs that restrict coverage, which require comment and notice. This revision is to an article that is not a local coverage determination.</i></p>
01/01/2017	R3	<p>Revision Effective Date: 01/01/2017 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES Added: 42 CFR 410.38(g) POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Home assessment requirements, ADMC eligible bases, medical necessity documentation requirements for K0005, K0008, E1037, E1038, E1039, and Modifier instructions RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article</p>
07/01/2016	R2	Effective July 1, 2016 oversight for DME MAC Articles is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the Articles.
10/01/2015	R1	<p>Revision Effective Date: 10/31/2014 NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES Removed: "When required by state law" from ACA new prescription requirements Revised: Face-to-Face Requirements for treating practitioner</p>

Associated Documents

Related Local Coverage Document(s)

Article(s)

A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs

LCD(s)

L33788 - Manual Wheelchair Bases

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

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