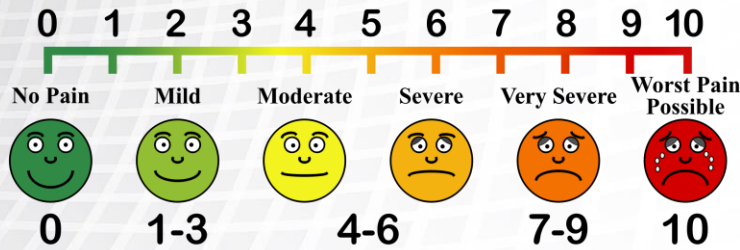


# Eliminate **PAIN Points** with Wheelchair Accessory Documentation



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## PAIN ASSESSMENT TOOL



2



# Upgraded Electronics

Justification for  
 Power Wheelchair  
 UPGRADED  
 Electronics



## Learning Objectives

1. Identify the basic equipment packages for power seating functions
2. Determine which electronics are allowed for each power seating function combinations
3. Establish protocol for documentation requirements for upgraded electronics






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**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**.*


**Medicare considers  
LEAST COSTLY ALTERNATIVES  
When Determining Coverage**



DENY





ALLOW

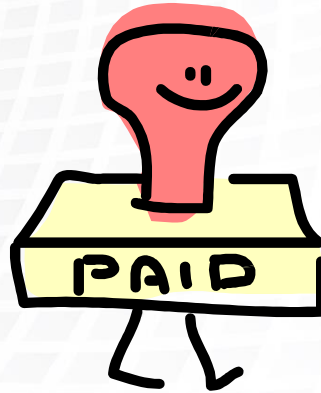


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### Medical Necessity

- ✓ All least costly alternatives MUST be either tried and failed (with supportive reason) OR considered and ruled out (with supportive reason)
- ✓ Unsafe or Unreasonable



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### 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).**



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## 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



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## Proper Power Base Selection / Coding

Single Power or Multiple Power Base

- Power ELRs / Articulating Foot platform and **power elevating seat does NOT count as a power option for this purpose**



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### Solid Seats Base Criteria - Manual Chairs

- If the coverage criteria for a **manual chair** has been met a general use cushion (**E2601 / E2602**) and back (**E2611 / E2612**) are also covered.
- General use cushions and backs **ARE NOT** diagnosis driven



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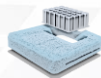


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### Solid Seats Base Criteria – Power Chairs

- 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:
  1. 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
  2. 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.**



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### 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:

- a. **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
- b. 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:**

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### Coverage Criteria – Cushions and Backs

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613- E2616, E2620, E2621), and positioning accessory (E0953, E0955-E0957, E0960) are covered for a beneficiary who meets **both** of the following criteria:

1. 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 any **significant postural asymmetries** that are due to one of the following (a or b):
  - a. A diagnosis code listed in Group 2; **or**
  - b. A diagnosis code listed in Group 3.

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### 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:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. **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.

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### 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)**



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### 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) / Power Center Mount ELR (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

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### Current Seat Elevation System Coverage

- **On May 16, 2023 CMS issued - NCA - Seat Elevation Systems as an Accessory to Power Wheelchairs (CAG-00461N)**
- The Centers for Medicare & Medicaid Services (CMS) **finds that power seat elevation equipment on Medicare-covered power wheelchairs (PWCs) falls within the benefit category for durable medical equipment (DME)**
- After considering the public comments on the proposed decision memorandum, CMS is also expanding coverage **beyond the proposed decision**
- CMS finds in this national coverage analysis that the evidence is sufficient to determine that power seat elevation equipment **is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs** when the following conditions are met:

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### **Current Seat Elevation System Coverage**

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist (OT), or other practitioner, **who has specific training and experience in rehabilitation wheelchair evaluations; AND**
2. At least **one** of the following apply:
  - a. The individual performs **weight bearing transfers to/from the power wheelchair while in the home**, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g. sliding board, cane, crutch, walker, etc.); **OR**,

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### **Current Seat Elevation System Coverage**

2. At least **one** of the following apply:
  - b. The individual requires a **non-weight bearing transfer (e.g. a dependent transfer) to/from the power wheelchair while in the home**. Transfers may be accomplished with or without a floor or mounted lift; **OR**
  - c. The individual performs **reaching from the power wheelchair to complete one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home**. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment

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### Power Positioning Basic Equipment Package

- **A power tilt seating system (E1002) includes:** a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; **a switch control which is independent of the power wheelchair drive control interface;** any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest.
- **A power tilt and recline seating system (E1006, E1007, E1008) includes:** a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; two motors and related electronics with or without variable speed programmability; **a switch control which is independent of the power wheelchair drive control interface;** any hardware that is needed to attach the seating system to the wheelchair base.

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### Power Positioning Basic Equipment Package

- A power leg elevation feature (E1010, E1012) involves dedicated motor(s) and related electronics with or without variable speed programmability which allows the legrest to be raised and lowered independently of the recline and/or tilt of the seating system. **It includes a switch control** which may or may not be integrated with the power tilt and/or recline control(s). It includes either articulating or non-articulating legrests



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(K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2390, E2391, E2392, E2394, E2395, E2396, E2398, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2398, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044

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K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
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### 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)**:

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

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.

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### 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.
- E2300 seat elevation has one actuator

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### 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
- Example: E1002 and E2300 (Wheelchair accessory, power seating system, tilt with seat elevation) is added to a power wheelchair. The tilt has one actuator and the seat elevation has one actuator or power seating system motor, for a total of **two**.
- Example: E1007 (power tilt AND recline) each have one power actuator / motor for a total of **two**.
- An expandable controller (E2377) and harness (E2313) are **not allowed** in this situation unless a specialty interface (alternative drive control) is used as well.

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### 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 center mount foot platform (E1012). The tilt, recline, and power center mount ELR (E1012) each have one actuator or power seating system motor, for a total of **three**.

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### Coverage Criteria - Electronics

#### Medical Justification:

- Is unable to operate their power seat functions safely and consistently through separate switches due to:
  - Decreased upper extremity strength
  - Decreased upper extremity fine motor control
  - Abnormal tone
  - Decreased range of motion
  - Need to operate seat functions utilizing alternative drive control (head array, sip & puff, chin control, etc)
  - Need to reduce fatigue associated with having to come on and off driver control multiple times to access separate seat function switch(es) during repositioning and pressure relief

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### Coverage Criteria - Electronics

- Requires the use of individually set Memory Seat Function positions, using multiple actuators, programmed through joystick in order to allow them to safely and consistently reach frequently accessed positions of function throughout the day for MRADLs and transfers
- Requires the use of Independent Repositioning Mode (IRM), using multiple actuators programmed through joystick, in order to achieve safely and consistently, their individually set optimal pressure relief position and successfully perform posterior weight shifts to mitigate risk for skin breakdown

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### Clinical Justification Ideas- Multiple Seat Function Control Kit

- Requires the Multiple Seat Function Control Kit specified to allow independent control of the prescribed power seat functions from their drive control; this is necessary because .....
- Is unable to operate their power seat functions safely and consistently through separate switches due to:
  - Decreased upper extremity strength
  - Decreased upper extremity fine motor control
  - Abnormal tone
  - Decreased range of motion
  - Need to operate seat functions utilizing alternative drive control (head array, sip & puff, chin control, etc)
  - Need to reduce fatigue associated with having to come on and off driver control multiple times to access separate seat function switch(es) during repositioning and pressure relief

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# Thank You for Attending

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