

**NEW YORK STATE MEDICAID  
WHEELED MOBILITY  
SEATING AND POSITIONING  
COMPONENT GUIDELINES**

October 2006

## **Contents**

Introduction	1
Coverage – General Guidelines	2
General Definitions	3
Seating and Positioning Coding Definitions/Criteria for Coverage	3
Documentation Requirements	8
Payment Rules	11
Unacceptable Practices	13
Appendix 1: HCPCS Codes	15
Appendix 2: ICD-9 Codes	18
Appendix 3: Documentation Requirements for all Ordered Services	20

## **Introduction**

The purpose of these guidelines is to provide detailed coverage criteria for wheeled mobility seating and positioning equipment to all stakeholders so that medically necessary equipment is provided to Medicaid recipients in a timely manner. These guidelines are the product of extensive collaboration with practitioners, therapists, medical equipment providers, advocates and NYS Medicaid medical review staff, utilizing state and national standards.

It is expected that these guidelines will be augmented with a recommended Seating and Positioning attachment template for use in prior approval submission and/or clinical documentation supporting medical necessity. The attachment will assist providers in collecting and formalizing all necessary information to support Medicaid approval and/or payment for seating and positioning equipment. In addition, plans are underway to develop a more detailed coverage criteria and attachment template for wheeled mobility bases, utilizing state and national standards.

Written comments and feedback on this document may be directed to:

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## **I. Coverage- General Guidelines**

1. Seating and positioning components are categorized as durable medical equipment (DME) and are covered under the Home Health Benefit of the Medicaid (MA) State Plan.
2. Providers are expected to be knowledgeable about the items they dispense and are expected to provide information to the recipient about the use and care of the item along with information regarding warranty services. Providers are required to uphold the terms of warranty. Providers are responsible for any needed replacements or repairs that are due to defects in quality or workmanship.
3. 18NYCRR 513.4 requires that:
  - (a) The ordering practitioner and the potential provider (vendor) of the requested care, services or supplies must assist the recipient in obtaining any information and documentation necessary and appropriate to support a request, and provide all such information, together with the request, to the Department of Health using the forms and procedures prescribed by the Department of Health.
  - (b) The ordering practitioner is responsible for verifying the recipient's eligibility for MA as of the date of the order and certifying the medical necessity of the requested medical, dental and remedial care, services or supplies. The potential provider is responsible for verifying the recipient's eligibility for MA as of the date of the request.
  - (c) The ordering practitioner and potential provider are responsible for assuring that, in their best professional judgment, the ordered and requested medical, dental and remedial care, services or supplies will meet the recipient's medical needs; reduce the recipient's physical or mental disability; restore the recipient to his or her best possible functional level; or improve the recipient's capacity for normal activity; and that they are necessary to prevent, diagnose, correct or cure a condition in light of the recipient's specific circumstances and the recipient's functional capacity to make use of the requested care, services or supplies.
  - (d) The ordering practitioner and potential provider are responsible for assuring that adequate and less expensive alternatives have been explored and, where appropriate and cost effective, are requested and that the medical, dental and remedial care, services or supplies to be provided conform to accepted professional standards.
  - (e) The ordering practitioner and potential provider must cooperate with the Department of Health in its evaluation of the request and take such actions as the Department of Health may reasonably request to assure proper and timely evaluation of the request.
4. The vendor cannot charge for nor will any additional payment will be made for any component covered under an item's Maximum Reimbursable Amount (MRA). See 18NYCRR 505.5.

## II. General Definitions

1. **Durable medical equipment** are devices and equipment, other than prosthetic or orthotic appliances, which have been ordered by a practitioner in the treatment of a specific medical condition and which have all the following characteristics:
  - Can withstand repeated use for a protracted period of time;
  - Are primarily and customarily used for medical purposes;
  - Are generally not useful in the absence of an illness or injury;
  - Are not usually fitted, designed or fashioned for a particular individual's use;
  - Where equipment is intended for use by only one recipient, it may be either custom-made or customized.
2. **Standard** components are those components that are not made solely for one individual. They are prefabricated and readily available on the commercial market (off the shelf) and can be utilized by a variety of recipients
3. **Custom-fitted/customized** means componentry made or added to already existing model or device that is assembled, adjusted or modified in order to fit the recipient's body.
4. **Custom-made** is fabricated solely for a particular Medicaid recipient from raw materials which cannot be readily changed to conform to another recipient. These materials are used to create the item from recipient measurements or patterns. Custom-made requires that the MA recipient be measured for the custom-made item so that it can be fabricated from these measurements.

## III. Seating and Positioning Coding Definitions/Criteria for Coverage

All cushions and backs must meet the quality standards and coding definitions specified below. A Product Classification List with products which have received a Medicare coding verification can be found on the SADMERC web site. If a coding assignment is not available from SADMERC, the vendor must exercise due diligence in assigning an appropriate code. The Medicaid program reserves the right to review any and all coding assignments by vendors and the SADMERC based on submitted and published product specifications and other relevant information. Seating and positioning components must have the capability of being mounted on the recipient's primary and secondary mobility bases.

1. A **general use seat cushion** and a general use wheelchair back cushion are covered for a recipient who has a wheelchair which meets Medicaid coverage criteria. A general use seat cushion is a prefabricated cushion with a removable vapor permeable or waterproof cover or it has a waterproof surface; and it has a permanent label indicating the model and the manufacturer; and it has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.
2. A **general use back cushion** is a prefabricated cushion, which has the following characteristics:
  - (a) It is planar or contoured; and
  - (b) It has a removable vapor permeable or waterproof cover or it has a

waterproof surface; and

(c) It has a permanent label indicating the model and the manufacturer; and  
(d) It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

3. A **skin protection seat cushion** is covered for a recipient who meets both of the following criteria:

(a) The recipient has a wheelchair and the recipient meets Medicaid coverage criteria for it; and

(b) The recipient has either of the following:

- If there is a current pressure ulcer (707.03, 707.04, 707.05) or past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface; or
- If there is absent or impaired sensation in the area of contact with the seating surface due to but not limited to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in quadriplegia (344.09), spina bifida (741.00-741.93), childhood cerebral degeneration (330.0-330.9), Alzheimer's disease (331.0), Parkinson's disease (332.0); or
- If there is an inability to carry out a functional weight shift due to one of, but not limited to, the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in quadriplegia (344.09), spina bifida (741.00-741.93), childhood cerebral degeneration (330.0-330.9), Alzheimer's disease (331.0), Parkinson's disease (332.0); or
- A recipient who is confined to their wheelchair for more than four (4) continuous hours on a daily basis.
- A recipient who has a well documented history (as well as current) malnutrition.

4. A **standard skin protection seat cushion** is a prefabricated cushion. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and it has a permanent label indicating the model and the manufacturer; and it has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

5. A **positioning seat cushion, positioning back cushion, and positioning accessory** (headrest, lateral trunk support, hip support, medial thigh support, shoulder harness/strap or chest strap, upper extremity support system) is

covered for a recipient who meets both of the following criteria:

(a) The recipient has a wheelchair and the recipient meets Medicaid coverage criteria for it; and

(b) The recipient has any significant postural asymmetries that are due to but not limited to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses: monoplegia of the lower limb (344.30-344.32, 438.40-438.42) or hemiplegia (342.00-342.92, 438.20-438.22) due to stroke, traumatic brain injury, or other etiology, muscular dystrophy (359.0, 359.1), torsion dystonias (333.4, 333.6, 333.7), spinocerebellar disease (334.0-334.9).

- A headrest is covered when the recipient has a covered manual tilt-in-space, manual semi or fully reclining back, or power tilt and/or recline power seating system or needs additional head support. The code for a headrest includes any type of cushioned headrest.
- A headrest extension is a sling support for the head.
- An upper extremity support system (UESS) is covered when there is clear documentation from a clinical professional that the medical need for positioning in a wheelchair cannot be met with less costly alternatives such as any combination of a safety belt, pelvic strap, harness, prompts, armrest modifications, recline, tilt in space or other existing or potential seating or wheelchair features. Documentation should also include the recipient's ability to effect position changes using the UESS. UESS dimensions should not exceed the positioning length of the forearms (e.g., 12-15"). A UESS featuring enhancements (i.e. rims, lips, padding) or dimensions greater than medically needed for upper extremity support alone will not be approved. A wheelchair tray is not considered a seating and positioning device and is not equivalent to an UESS. Wheelchair trays will not be approved for completion of activities of daily living.

6. A **positioning seat cushion** may have materials or components that can be added or removed (customized) to help address orthopedic deformities or postural asymmetries and has the following characteristics. It has the minimum structural features described in (a) or (b):

(a) It has two or more of the following:

- A pre-ischial bar or ridge (e.g., anti-thrust) which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
- Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,
- A medial thigh support (e.g., built-in pommel) which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
- Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs.

The feature must be at least 25 mm in height in the pre-loaded state. Included in this definition are cushions which have a planar surface but

have positioning features within the cushion which are made of a firmer material than the surface material; or

(b) It has two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume;

(c) It has a permanent label indicating the model and the manufacturer; and

(d) It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

7. A **positioning back cushion** is a standard cushion customized to include materials or components that may be added, removed and or fabricated from commercially available components to help address orthopedic deformities or postural asymmetries. Included in this definition are cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material. In addition, the back cushion has the following characteristics:

(a) There is at least 25 mm of posterior contour in the pre-loaded state. A posterior contour is a backward curve measured from a vertical line in the midline of the cushion; and

(b) For posterior-lateral cushions and for planar cushions with lateral supports there is at least 75 mm of lateral contour in the pre-loaded state. A lateral contour is backward curve measured from a horizontal line connecting the lateral extensions of the cushion; and

(c) For posterior pelvic cushions there is mounting hardware that is adjustable for vertical position, depth, and angle.

(d) It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and

(e) The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; and

(f) It has a permanent label indicating the model and the manufacturer; and

(g) It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

8. A combination **skin protection and positioning seat cushion** may be a standard or customized seat cushion. It is covered for a recipient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion. A skin protection and positioning seat cushion is a cushion which has the following characteristics. It has the minimum structural features described in (a) or (b) below:

(a) It has two or more of the following:

- A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
- Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,

- A medial thigh support which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
  - Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs. The feature must be at least 25 mm in height in the pre-loaded state. Included in this definition are cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material; or
- (b) It has two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume.
- (c) It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and
- (d) It has a permanent label indicating the model and the manufacturer; and
- (e) It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.
9. A **custom fabricated seat cushion** is covered if criteria (a) and (c) are met. A **custom fabricated back cushion** is covered if criteria (b) and (c) are met:
- (a) Recipient meets all of the criteria for a standard skin protection seat cushion or positioning seat cushion;
  - (b) Recipient meets all of the criteria for a standard positioning back cushion;
  - (c) There is a comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a vendor or manufacturer) which clearly explains why a standard seating system is not sufficient to meet the recipient's seating and positioning needs.
    - A custom fabricated seat cushion and a custom fabricated back cushion are cushions that are individually made for a specific recipient starting with basic materials including:
      - (a) liquid foam or a block of foam and
      - (b) sheets of fabric or liquid coating material.
    - The cushion must be fabricated using molded-to-recipient-model technique, direct molded-to-recipient technique, CAD-CAM technology, or detailed measurements of the recipient used to create a configured cushion.
    - The cushion must have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion. The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface. A custom fabricated cushion may include certain prefabricated components (e.g., gel or multi-cellular air inserts); these components must not be billed separately. If a custom fabricated seat and back are integrated into a one-piece cushion, code using the custom seat plus the custom back codes.



## 10. Miscellaneous

- (a) If foam-in-place or other material is used to fit a substantially prefabricated cushion to an individual recipient, the cushion must be billed as a customized cushion, **not** custom fabricated.
- (b) The code for a seat or back cushion includes any rigid or semi-rigid base or posterior panel, respectively that is an integral part of the cushion.
- (c) A solid insert is a separate rigid piece of material (e.g., wood, plastic, polymer, metal) which is inserted in the cover of a cushion to provide additional support.
- (d) A solid support base for a seat cushion is a rigid piece of plastic or other material which is attached with hardware to the seat frame of a wheelchair in place of a sling seat. A cushion is placed on top of the support base.
- (e) Payment for all wheelchair seats, backs and accessory codes includes fixed, removable and/or quick-release mounting hardware if hardware is applicable to the item. If adjustable hardware is requested and found to be medically appropriate (e.g. pediatrics), it will be payable at invoice cost (not cost + 50%) in addition to the MRA for the seat, back or accessory component. If the code description includes any type mounting or adjustable hardware, no additional payment for adjustable hardware will be made.
- (f) The swing away, multi-positioning or removable mounting hardware upgrade code may only be billed in addition to the codes for a headrest, lateral trunk, hip supports, medial thigh supports, calf supports and foot supports when medically justified. It must not be billed in addition to the code for shoulders harness/straps or chest straps. It must not be used for mounting hardware related to a wheelchair seat cushion or back cushion code.

## IV. Documentation Requirements

1. All services must be supported by the original, signed written order from a qualified licensed practitioner. In the event an order has been telephoned or faxed to the vendor, it is the vendor's responsibility to obtain the signed fiscal order from the ordering practitioner within 30 calendar days. A written, faxed or telephone order must be received prior to delivery of the service.
2. The fiscal order must be specific to the item being requested. Generic orders such as "wheelchair" or "wheelchair repairs" are not acceptable. The order must clearly and specifically state the type of item being requested or the specific repairs being requested.
3. The minimum information required on a fiscal order is:
  - Name, address and telephone number of the ordering practitioner;
  - Name and Medicaid identification number of the recipient;
  - Date ordered;
  - Original signature of the ordering practitioner; and
  - Name of the item, quantity ordered, size, catalog number as necessary and directions for use
4. The minimum supporting documentation and questions to be addressed for wheelchair seating and positioning components are as follows:

- Order date
- Name and address of Vendor
- Estimated length of need in months
- Recipient height
- Recipient weight
- Is there a history of decubitus/skin breakdown?
- If yes, explain.
- Is there absent or impaired sensation in the area of contact with the seating surface?
- Can the recipient carry out a functional weight shift?
- Does the recipient have significant postural asymmetries? If so, describe in detail.
- Describe other physical limitations or concerns (i.e. respiratory)
- Describe any recent or expected changes in medical, physical, or functional status
- If surgery is anticipated, indicate the CPT procedure code(s) and ICD-9 Diagnosis code(s) and expected surgery date.
- What is the level of the recipient's independence in mobility?
- If wheelchair dependent, how many hours per day are spent in the wheelchair?
- A statement of the **alternatives** considered or attempted (e.g., standard versus custom accessories) and why these alternatives do not meet the medical need.
- Indicate recipient's transfer capabilities
- How is the recipient fed?
- Are seating modifications required to facilitate feeding capabilities?
- Indicate the recipient's ADL capabilities
- Describe activities, other than ADL, performed while in wheelchair
- Recipient's living arrangement, a description of the **customary environment** and **caregiver supports** (e.g., skilled nursing facility, OMRDD-certified residence, private home, home health or waiver services)
- Does the recipient currently have a seating system (e.g., make, model, serial number, give cost estimates of repair of equipment)?
- What medical needs are or will be met by the use of the seating system?
- Describe the recipient's current seating system, including the mobility base and the age of the seating system.
- Describe why the current seating system is not meeting the recipient's needs.
- Does the recipient require a seating system beyond the standard sling provided with a wheelchair?
- Has a basic positioning cushion been ruled out?

- Describe the equipment being requested, (e.g., make, model, size, seat and back dimensions) and provide relevant recipient **measurements** (e.g., height, weight, chest, shoulders, thighs, legs).
  - Why was this seating system selected and what will it accomplish?
  - If custom, explain why a prefabricated seating system is not sufficient to meet the recipient's seating and positioning needs.
  - If a custom fitted seating system is required, what components are needed?
  - If a custom made seating system is required, what type is required?
  - Describe the medical necessity for the seating system requested.
  - Describe the growth potential of the requested equipment in number of years.
  - Describe anticipated modifications or changes to the equipment within the next three years.
  - Will this seating system be used on a new or existing chair?
  - Can this system be integrated into a new wheelchair?
  - Can this system be integrated into an existing wheelchair?
  - Hours anticipated for evaluation, design, simulation and construction of custom seating system (includes measurement, casting, negative model and fitting).
  - Has the recipient been evaluated by a physical therapist or occupational therapist for the need of the seating system?
  - Do the results of the evaluation support the need and use of the seating system?
  - Give details of the results of **trial of equipment** in this environment (e.g., fitting through doorways, access to home, transportable, ability to safely operate).
  - Therapist's name and licensure (if evaluated by a therapist)
  - Therapist evaluation date
  - Therapist's phone number
  - Therapist's employer
  - Fiscal order
5. The order and supporting documentation must be kept on file by **both the vendor and ordering physician**, and made available to the Department upon request for audit purposes.
  6. It is expected that the recipient's medical records will reflect the need for the item provided. The recipient's medical record may include, but is not limited to, the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals (physical/occupational/speech therapists) and test reports. This documentation must be available to the Department upon request.
  7. When requesting a custom fabricated cushion the request must also include the manufacturer/fabricator name and model name/ number of the product (if applicable), or if not, a detailed description regarding the dimensions and construction of the product that is being requested.

8. The product name/number that is listed must exactly match the complete product name/number that is listed in the Product Classification List on the SADMERC web site.
9. Refer to the DME Provider Manual and Appendix III of this document for more information on documentation requirements.

## **V. Payment Rules**

1. The item must meet the definition of DME per 18 NYCRR505.5, also the following conditions noted under 18NYCRR505.5 apply:
2. The ordering of durable medical equipment is limited to the practitioner's scope of practice.
3. The ordering of durable medical equipment is limited to practitioners not excluded from participating in the medical assistance program.
4. All orders must show the name, address, telephone number of the practitioner and the name and identification number of the recipient for whom ordered, the name of the item, quantity ordered, size, catalog number as necessary, directions for use, and date ordered.
5. No order can be dispensed more than 180 days from the original date ordered.
6. The identity of the practitioner who ordered the durable medical equipment, medical/surgical supply, prosthetic or orthotic appliance or device, or orthopedic footwear must be recorded by the provider on the claim for payment by entering in the license or MMIS provider identification number of the practitioner where indicated.
7. Written orders for durable medical equipment must be maintained by the provider submitting the claim for audit by the department or other authorized agency for six years from the date of payment.
8. The financial liability of the ordering practitioner as well as the provider of any durable medical equipment, medical/surgical supplies, orthotic and prosthetic appliances or devices or orthopedic footwear determined on audit not to be medically necessary is set forth in Part 518 of Title 18 NYCRR.
9. Payment for durable medical equipment is limited to providers enrolled in the medical assistance program as medical equipment dealers.
10. Reimbursement amounts are payment in full. No separate or additional payments will be made for shipping, handling, delivery or necessary fittings and adjustments.
11. Payment will not be made for items provided by a facility or organization when the cost of these items is included in the rate.
12. Payment for items provided by a not-for-profit provider will be made at the acquisition cost.
13. Any insurance payments including Medicare must be applied against the total purchase price of the item.
14. The provider is responsible for any needed replacements or repairs that are due to defects in quality, or workmanship.
15. Payment for purchase of durable medical equipment must not exceed the lower of:

- (a) the maximum reimbursable amount as shown in the fee schedule for durable medical equipment, medical/surgical supplies, orthotics and prosthetic appliances and orthopedic footwear; the maximum reimbursable amount will be determined for each item of durable medical equipment based on an average cost of products representative of that item; or
  - (b) the usual and customary price charged to the general public for the same or similar products.
16. When there is no price listed in the fee schedule for durable medical equipment, medical/surgical supplies, orthotics and prosthetic appliances and orthopedic footwear, payment for purchase of durable medical equipment must not exceed the lower of:
- (a) acquisition cost as established by invoice detailing the line item cost to the provider from a manufacturer or wholesaler net of any rebates, discounts or valuable consideration, mailing, shipping, handling, insurance or sales tax plus fifty percent; or
  - (b) the usual and customary price charged to the general public for the same or similar products.
17. The fee schedule is available by accessing the internet at the following web site:  
<http://www.emedny.org/ProviderManuals/DME/index.html>
18. Items must meet all of the previously stated documentation and coverage guidelines.
19. Items must meet coding descriptions
20. Must meet all claims processing rules, regulations and standards.
21. No separate billing will be allowed for components covered under the payment for the base item's MRA.
22. Reimbursement price for all manual wheelchairs includes the following seating and positioning components, which may not be billed in combination with a new wheelchair:
- any type arm style or armrest, arm pad
  - seat or cushion (a medically indicated non-standard seat, back cushion or seating system that is not included by the manufacturer may be billed separately)
  - standard leg rest
  - standard footrest
  - safety belt/pelvic strap (2-point)
23. Reimbursement price for all power wheelchairs includes the following seating and positioning components, which may not be billed in combination with a new wheelchair:
- any type arm style or armrest, arm pad
  - seat or cushion (a medically indicated non-standard seat or back cushion that is not included by manufacturer may be billed separately)
  - standard leg rest
  - any type footrest
  - safety belt/pelvic strap (2-point)

24. The vendor is required to retain a legibly signed and dated copy of the delivery form. This form may be signed by the recipient or their representative.
25. There is separate payment for a seat cushion solid support base with mounting hardware when it is used on an adult manual wheelchair (K0001-K0009, E1161) or lightweight power wheelchair (K0012). There is no separate payment when this is used with other types of power wheelchairs (K0010, K0011, K0014) because those wheelchairs include a solid seat support base
26. There is no separate payment for a solid insert that is used with a seat or back cushion because a solid base is included in the allowance for a wheelchair seat or back cushion.
27. Delivery for all standard items must be within 30 days of the receipt of the approval for customized items delivery must be within 60 days and for custom made items delivery must be within 90 days.

## **VI. Unacceptable Practices**

An unacceptable practice is conduct by a person which conflicts with any of the policies, standards or procedures of the State of New York as set forth in the Official Codes, Rules and Regulations of the New York State Department of Social Services (18 NYCRR) or any other State or Federal statute or regulation which relates to the quality of care, services and supplies or the fiscal integrity of the Medical Assistance Program. For the complete list of Unacceptable Practices you may refer to Chapter II, Part 515.2 of Title 18 of the Official Codes, Rules and Regulations of the State of New York which can be found by doing a search at: Examples of unacceptable practices include, but are not limited to the following:

- Knowingly making a claim for an improper amount or for unfurnished, inappropriate or unnecessary care, services or supplies;
- Ordering or furnishing inappropriate, improper, unnecessary or excessive care, services or supplies;
- Billing for an item/service prior to being furnished;
- Practicing a profession fraudulently beyond its authorized scope, including the rendering of care, services or supplies while one's license to practice is suspended or revoked;
- Failing to maintain or to make available for purposes of audit or investigation records necessary to fully disclose the extent of the care, services or supplies furnished;
- Submitting bills or accepting payment for care, services or supplies rendered by a person suspended or disqualified from participating in the Medicaid Program;
- Soliciting, receiving, offering or agreeing to make any payment for the purpose of influencing a Medicaid recipient to either utilize or refrain from utilizing any particular source of care, services or supplies;
- Knowingly demanding or collecting any compensation in addition to claims made under the Medicaid Program, except where permitted by law;

- Denying services to a recipient based upon the recipient's inability to pay a co-payment;
- Billing components when included in a base item payment;
- Obtaining PA for a custom code and accessing DVS for components that are part of the system already approved;
- Failure by the ordering provider or the vendor to maintain the previously stated documentation to support the request.

## **Appendix 1**

### **HCPSC Codes for Seating and Positioning Components**

#### **Seat Cushions**

E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH  
E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  
E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH  
E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  
E2605 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH  
E2606 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  
E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH  
E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH  
E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE

#### **Back Cushions**

E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2620 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE  
E2621 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE



### **Positioning Accessories**

E0955 WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH  
E0956 WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH  
E0957 WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH  
E0960 WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE  
E0966 MANUAL WHEELCHAIR ACCESSORY, HEADREST EXTENSION, EACH  
E1028 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY  
E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP  
E0952 TOE LOOP/HOLDER, ANY TYPE  
E0977 WEDGE CUSHION, WHEELCHAIR  
E0995 WHEELCHAIR ACCESSORY CALF/REST PAD

### **The following codes will have criteria developed at a later date**

E1002 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY  
E1003 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION  
E1004 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION  
E1005 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION  
E1006 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION  
E1007 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION  
E1008 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION  
E1009 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSH ROD AND LEG REST  
E1014 RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR  
E1020 RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR (WITH ADJUSTABLE DROP HOOKS)  
E1025 LATERAL THORACIC SUPPORT, NON-CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)  
E1026 LATERAL THORACIC SUPPORT, CONTOURED, FOR PEDIATRIC WHEELCHAIR, EACH (INCLUDES HARDWARE)  
E1027 LATERAL /ANTERIOR SUPPORT, FOR PEDIATRIC WHEELCHAIR, (INCLUDES HARDWARE)

E1225 WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES)  
E1226 WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER TAN 80 DEGREES)  
K0040 ADJUSTABLE ANGLE FOOTPLATE

**Miscellaneous**

E1399 DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS  
E0992 MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT INSERT  
E2291 BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE  
E2292 SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE  
E2293 BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE  
E2294 SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE  
E2618 WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), FOR USE WITH MANUAL WHEELCHAIR OR LIGHTWEIGHT POWER WHEELCHAIR, INCLUDES ANY TYPE MOUNTING HARDWARE  
E2619 REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH  
K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

## **Appendix II**

### **ICD-9 Codes that Support Medical Necessity**

1. The presence of an ICD-9 code listed in this section is not sufficient by itself to assure coverage.
2. For HCPCS codes E2603, E2604  
138 330.0 - 330.9  
331.0  
332.0  
335.0 - 335.21  
335.23 - 335.9  
336.0 - 336.3  
340  
341.0 - 341.9  
343.0 - 343.9  
344.00 - 344.1  
707.03 - 707.05  
741.00 - 741.93
3. For HCPCS codes E0956-E0957, and E0960, E2605, E2606, E2613-E2617, E2620, and E2621:  
138  
330.0 - 330.9  
331.0  
332.0  
333.4  
333.6  
333.7  
334.0 - 334.9  
335.0 - 335.21  
335.23 - 335.9  
336.0 - 336.3  
340  
341.0 - 341.9  
342.00 - 342.92  
343.0 - 343.9  
344.00 - 344.1  
344.30 - 344.32  
359.0  
359.1  
438.20 - 438.22  
438.40 - 438.42  
741.00 - 741.93
4. For HCPCS codes E2607, E2608:  
138  
330.0 - 330.9  
331.0

332.0  
335.23 - 335.9  
336.0 - 336.3  
340  
341.0 - 341.9  
343.0 - 343.9  
344.00 - 344.1  
741.00 - 741.93

*Or combination of ICD-9 code 707.03, 707.04, or 707.05 AND one of the following ICD-9 codes:*

333.4  
333.6  
333.7  
334.0 - 334.9  
342.00 - 342.92  
344.30 - 344.32  
359.0  
359.1  
438.20 - 438.22  
438.40 - 438.42

5. For HCPCS code E2609

138  
330.0 - 330.9  
331.0  
332.0  
333.4  
333.6  
333.7  
334.0 - 334.9  
335.0 - 335.21  
335.23 - 335.9  
336.0 - 336.3  
340  
341.0 - 341.9  
342.00 - 342.92  
343.0 - 343.9  
344.00 - 344.1  
344.30 - 344.32  
359.0  
359.1  
438.20 - 438.22  
438.40 - 438.42  
707.03 - 707.05  
741.00 - 741.93

6. For HCPCS codes E0955, E2601, E2602, E2611, E2612, E2618, and E2619:  
Not Specified

7. For codes A9900, E2610:  
Not specified

## **Appendix III Documentation Requirements for Ordered Services**

1. Ordering Providers and Practitioners

Medicaid requires that the patient's medical record contain documentation of (in the practitioner's best professional judgment) medical necessity supporting the ordering and provision of all services. This includes a clinical evaluation(s) of the patient by the ordering practitioner relating to the ordered service and additional documentation from other licensed healthcare professionals which supports the medical necessity of the ordered service.

2. Providers of Ordered Services

Only licensed healthcare professionals can evaluate and document the medical need for ordered services reimbursed by Medicaid. In certain circumstances, providers may be instructed to collect and maintain this documentation from the ordering practitioner and other licensed healthcare professionals in their files, and provide it to the Department upon request.

3. All Providers

Providers are responsible for assuring that adequate and less costly alternatives for services have been explored and, where appropriate and cost effective, are provided. In addition, Department regulations (18 NYCRR 515.2) state that it is an unacceptable practice to order or furnish inappropriate, improper, unnecessary or excessive services. Providers engaging in unacceptable practices are subject to liability for overpayments or penalties and administrative action that could affect their continued participation in the Medicaid program.