

**NEW YORK STATE MEDICAID  
WHEELED MOBILITY EQUIPMENT,  
SEATING & POSITIONING COMPONENT  
GUIDELINES**

January 2008

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## Introduction

The purpose of these guidelines is to provide detailed coverage criteria for wheeled mobility equipment and seating and positioning components to all stakeholders so that medically necessary equipment is provided to Medicaid patients 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 and are the basis for compliance with applicable Medicaid policies.

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

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## **I. General Clinical Criteria for Wheeled Mobility Equipment - Seating & Positioning Components**

The term wheeled mobility equipment (WME) describes manual wheelchairs (MWC), power mobility devices (PMD) including power wheelchairs (PWC), power operated vehicles (POV) and push rim activated power assist devices (PAD). Seating and positioning components (SPC) describe seat, back and positioning equipment mounted to the WME base.

Wheeled mobility equipment is covered if the patient's medical conditions and mobility limitations are such that without the use of the WME, the patient's ability to perform mobility related activities of daily living (MRADL) in the home and/or community is significantly impaired and the patient is not ambulatory or functionally ambulatory.

When a patient presents for a medical evaluation for WME and SPC, the sequential consideration of the questions below by ordering and treating practitioners provides clinical guidance for the ordering of an appropriate device to meet the medical need of treating and restoring the patient's ability to perform MRADLs. MRADLs include dining, personal hygiene tasks and activities specified in a medical treatment plan completed in customary locations in the home and community.

1. Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs? A mobility limitation is one that:
  - A. Prevents the patient from accomplishing the MRADLs entirely, or,
  - B. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,
  - C. Prevents the patient from completing the MRADLs within a reasonable time frame.
2. Are there other conditions that limit the patient's ability to participate in MRADLs?
  - A. Some examples are significant impairment of cognition or judgment and/or vision.
  - B. For these beneficiaries, the provision of WME and SPC might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with WME and SPC.
3. If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of WME and SPC will be reasonably expected to significantly improve the patient's ability to perform or obtain assistance to participate in MRADLs?
  - A. A caregiver, for example a family member, may be compensatory, if consistently available and willing and able to safely operate and transfer the patient to and from the wheelchair and to transport the patient using the wheelchair. The caregiver's need to use a wheelchair to assist the patient in the MRADLs is to be considered in this determination.

- B. If the amelioration or compensation requires the patient's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of WME and SPC coverage if it results in the patient continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of WME and SPC.
4. Does the patient or caregiver demonstrate the capability and the willingness to consistently operate the WME and SPC safely and independently?
- A. Safety considerations include personal risk to the patient as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
  - B. A history of unsafe behavior may be considered.
5. Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?
- A. The cane or walker should be appropriately fitted to the patient for this evaluation.
  - B. Assess the patient's ability to safely use a cane or walker.
6. Does the patient's typical environment support the use of WME and SPC?
- A. Determine whether the patient's environment will support the use of these types of WME and SPC.
  - B. Keep in mind such factors as physical layout, surfaces, and obstacles, which may render WME and SPC unusable.
7. Does the patient have sufficient upper extremity function to propel a manual wheelchair to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating and positioning components, wheelbase, device weight, and other appropriate accessories) for this determination.
- A. Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.
  - B. A patient with sufficient upper extremity function may qualify for a manual wheelchair. The appropriate type of manual wheelchair, i.e. light weight, etc., should be determined based on the patient's physical characteristics and anticipated intensity of use.
  - C. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a manual wheelchair.
  - D. Assess the patient's ability to safely use a manual wheelchair.

**NOTE:** If the patient is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.

8. Does the patient have sufficient strength and postural stability to operate a POV/scooter?
  - A. A covered POV is a **4-wheeled device** with tiller steering and limited seat modification capabilities. The patient must be able to maintain stability and position for adequate operation without additional SPC (a 3-wheeled device is not covered).
  - B. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.
  - C. Assess the patient's ability to safely use a POV/scooter.
  
9. Are the additional features provided by a power wheelchair or powered SPC needed to allow the patient to participate in one or more MRADLs?
  - A. The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
  - B. The type of wheelchair and options provided should be appropriate for the degree of the patient's functional impairments.
  - C. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.
  - D. Assess the patient's ability to safely and independently use a power wheelchair and powered SPC.

**NOTE:** If the patient is unable to use a power wheelchair or power SPC and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair and manual SPC is appropriate.

Go to <http://www.cms.hhs.gov/determinationprocess/downloads/id143c.pdf> for a [flow chart](#) developed by the Medicare Program that visually describes the clinical criteria for the evaluation and ordering of WME.

## **II. Wheeled Mobility Equipment Coverage Criteria**

The coverage criteria for Medicaid reimbursement of WME is based on a stepwise progression of medical necessity listed in the clinical criteria in Section I above and the specific criteria in Section II. In order for these criteria to be met, the patient must have a specialty evaluation that was performed by a qualified practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its features. The practitioner must have no financial relationship with the supplier. If coverage criteria for the device that is requested or provided are not met and if there is another device that meets the patient's medical needs, payment will be based on the allowance for the least costly medically appropriate alternative. Determinations of least costly alternative will take into account the patient's weight, seating needs, amount and type of use and needs for other medically necessary features. Maintaining documentation of least costly alternatives reviewed and attempted is the responsibility of the ordering practitioner and WME provider. This documentation must be submitted or provided at the time of manual review of a prior approval request, claim, or audit.

### **1. Manual Wheelchairs are covered when:**

- Criterion A, B, C, D, and E are met; and
  - Criterion F or G is met, and
  - Criterion is met for specific devices listed below
- A.** The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADL, and
  - B.** The patient's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker, and
  - C.** The manual wheelchair supplied to the patient for use in the home and community settings provides adequate access to these settings (e.g., between rooms, in and out of the home, transportation, over surfaces and a secure storage space), and
  - D.** Use of a manual wheelchair will significantly improve the patient's ability to participate in MRADLs and the patient will use it on a regular basis, and
  - E.** The patient has not expressed an unwillingness to use the manual wheelchair that is provided, and
  - F.** The patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function, or
  - G.** The patient has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
  - H.** A standard wheelchair is covered when
    - the patient is able to self-propel the wheelchair, or
    - Propel with assistance.

**I.** A standard hemi-wheelchair is covered

- for disarticulation of one or both lower extremities, or
- requires a lower seat height because of short stature, or
- To enable the patient to place his/her feet on the ground for propulsion.

**J.** A lightweight wheelchair is covered

- when a patient's medical condition and the weight of the wheelchair affects the patient's ability to self-propel, or
- For a patient with marginal propulsion skills.

**K.** A high strength lightweight wheelchair is covered when

- The patient's medical condition and the weight of the wheelchair affects the patient's ability to self-propel while engaging in frequent MRADLs that cannot be performed in a standard or lightweight wheelchair, or
- The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair

**L.** An ultra lightweight multi-adjustable wheelchair is covered when

- The patient's medical condition and the weight of the wheelchair affects the patient's ability to self-propel while engaging in frequent MRADLs that cannot be performed in a standard, lightweight or high strength lightweight wheelchairs, and
- The patient's medical condition and the position of the push rim in relation to the patient's arms and hands is integral to the ability to self-propel the wheelchair effectively, and
- The patient has demonstrated the cognitive and physical ability to independently and functionally self-propel the wheelchair, or
- The patient's medical condition requires multi-adjustable features or dimensions that are not available in a less costly wheelchair (e.g., pediatric size and growth options).

**M.** A heavy duty wheelchair is covered when:

- The patient weighs more than 250 pounds, or
- The patient has severe spasticity, or
- body measurements cannot be accommodated by standard sized wheelchairs.

**N.** An extra heavy duty wheelchair is covered when

- the patient weighs more than 300 pounds, or
- body measurements cannot be accommodated by a heavy duty wheelchair.

**O.** Manual tilt-in-space wheelchairs are covered when

- The patient is dependent for transfers, and
- The patient has a plan of care that addresses the medical need for frequent positioning changes (e.g., for pressure reduction or poor/absent trunk control) that do not always include a tilt position.

**P.** Back-up manual wheelchairs are covered when:

- The patient meets the criteria for a powered mobility device, and
- The patient meets the criteria for the rented or purchased back-up manual wheelchair, and
- The patient is unable to complete MRADLs without a back-up manual wheelchair, and
- The back up wheelchair accommodates the SPC on the primary wheelchair.

**2. Powered Mobility Devices are covered when**

- Criterion A, B and C are met, and
- Criterion is met for specific devices listed below.

- A.** The patient has a mobility limitation that impairs his or her ability to participate in one or more MRADL, and
- B.** The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker, and
- C.** The patient does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair to perform MRADLs during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

***A four wheeled Power Operated Vehicle (POV) is covered if all of the basic coverage criteria (A-C) have been met and if criteria (D-I) are also met.***

**D.** The patient is able to:

- Safely transfer to and from a POV, and
- Operate the tiller steering system, and
- Maintain postural stability and position in standard POV seating while operating the POV without the use of any additional positioning aids

**E.** The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home, and

**F.** The patient's home provides adequate access between rooms, in and out of the home, maneuvering space, over surfaces and a secure storage space for the operation of the POV that is provided, and

**G.** The patient's weight is less than or equal to the weight capacity of the POV that is provided, and

**H.** Use of a POV will significantly improve the patient's ability to participate in MRADLs, and

**I.** The patient has not expressed an unwillingness to use a POV.

**NOTE:** Group 2 POVs have added capabilities that must be medically justified; otherwise payment will be based on the allowance for the least costly medically appropriate alternative, the comparable Group 1 POV. If coverage criteria A-I are met and if a patient's weight can be accommodated by a POV with a lower weight capacity than the POV that is provided, payment will be based on the allowance for the least costly medically appropriate alternative.

***A Power Wheelchair (PWC) is covered if all of the basic coverage criteria (A-C) have been met and***

- The patient does not meet coverage criterion D, E, or F for a POV; and
- Criterion J-M are met; and
- Any coverage criteria pertaining to the specific wheelchair grouping (see below) are met.

**J.** The patient has the mental and physical capabilities to safely and independently operate the power wheelchair that is provided, and

**K.** The patient's weight is less than or equal to the weight capacity of the power wheelchair that is provided, and

**L.** The patient's home and community environments provide adequate access between rooms, in and out of the home, maneuvering space, over surfaces and a secure storage space for the operation of the power wheelchair that is provided, and

**M.** The patient has not expressed an unwillingness to use a power wheelchair.

***PWCs are segmented into the following groupings:***

- N.** A Group 1 PWC (K0813-K0816) or a Group 2 (K0820-K0829) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and the wheelchair is appropriate for the patient's weight.
- O.** Group 2 Single Power Option PWC (K0835 – K0840) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
- Criterion 1 or 2 is met
    1. The patient requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control), or
    2. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.
- P.** A Group 2 Multiple Power Option PWC (K0841-K0843) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
- Criterion 1 or 2 is met
    1. The patient meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair, or
    2. The patient uses a ventilator which is mounted on the wheelchair
- Q.** A Group 3 PWC with no power options (K0848-K0855) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if the patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.
- R.** A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if:
1. The Group 3 criteria (Q) are met, and
  2. The Group 2 Single Power Option criteria (O) or Multiple Power Options (P) are met.
- S.** A Group 4 PWC with no power options (K0868-K0871) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if
1. The Group 3 criteria (Q) are met, and
  2. The minimum range, top end speed, obstacle climb or dynamic stability incline that is medically necessary for the patient engaging in frequent MRADLs cannot be performed in a Group 3 PWC.

- T.** A Group 4 PWC with Single Power Option (K0877-K0880) or with Multiple Power Options (K0884-K0886) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and if
1. The Group 4 criteria (S) are met, and
  2. The Group 2 Single Power Option criteria (O) or Multiple Power Options (P) are met.
- U.** A Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891) is covered if the coverage criteria (A-C, J-M) for a PWC are met; and
1. The patient is expected to grow in height, and
  2. The Group 2 Single Power Option criteria (O) or Multiple Power Options (P) are met.
- V.** A push-rim activated power assist device (E0986) for a manual wheelchair is covered if is covered if the coverage criteria (A-C, J-M) for a PWC are met; and:
1. The patient has been self-propelling in a manual wheelchair for at least one year, and
  2. The patient has a non-progressive disease, and
  3. The patient has successfully completed a two month trial period (reimbursable with prior approval as a rental).
- W.** Seating and Positioning Components (SPC) may be included with new WME or billed separately under the following conditions:
1. Refer to the SPC Coverage Criteria for information concerning coverage of general use, skin protection, positioning, powered and custom made components.
  2. A POV or PWC with Captain's Chair seating is not appropriate for a patient who needs a separate SPC
  3. If a patient needs a seat and/or back cushion but does not meet coverage criteria for a skin protection and/or positioning cushion, it is appropriate to provide a Captain's Chair seat (if the code exists) rather than a sling/solid seat/back and a separate general use seat and/or back cushion.
  4. A general use seat and/or back cushion provided with a PWC with a sling/solid seat/back will be considered equivalent to a power wheelchair with Captain's Chair and will be coded and priced accordingly, if that code exists.

5. If a patient's weight combined with the weight of seating and positioning accessories can be accommodated by WME with a lower weight capacity than the wheelchair that is requested or provided, approval or payment will be based on the appropriate HCPCS code that meets the medical need.
- X.** A PMD will be denied as not medically necessary if the underlying condition is reversible and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).

### **III. Seating and Positioning Component Coverage Criteria**

SPC are covered when criterion A, B **and** C, at least one of D-I, and J-S (if applicable) are met:

- A.** The patient has met the criteria for WME, and
- B.** The SPC meets the quality standards and coding definitions specified in the Definitions Section. 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.
- C.** The primary and back-up WME bases accommodate the SPC.
- D.** A general use seat cushion and a general use back cushion are covered when A, B and C are met.
- E.** A skin protection seat cushion is covered when A, B and C are met and that patient has one of the following:
  - 1. 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
  - 2. 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
  - 3. 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
  - 4. Confined to their wheelchair for more than four (4) continuous hours on a daily basis.
  - 5. A well documented history (as well as current) of malnutrition.

- F.** A positioning seat cushion or positioning back cushion, is covered when A, B and C are met and the patient has one of the following:
1. Significant postural asymmetries that are due to but not limited to one of the diagnoses listed in criterion “E” above; or
  2. 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).
- G.** A positioning accessory is covered when criterion A, B, C and F are met and specifically:
1. A headrest or headrest extension (sling support for the head) 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, fixed, removable or non-removable hardware.
  2. An upper extremity support system (UESS) is covered 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 knowingly and purposely 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.
- H.** A combination skin protection and positioning seat cushion is covered when criterion A, B, C, E and F are met, i.e., the criteria for both a skin protection seat cushion and a positioning seat cushion are met.
- I.** A custom fabricated seat cushion is covered if the criteria for H are met and 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 patient’s seating and positioning needs. (If a custom fabricated seat and back are integrated into a one-piece cushion, code using the custom seat plus the custom back codes.)
- J.** 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.

- K.** The code for a seat or back cushion includes any rigid or semi-rigid base or posterior panel, respectively, which is an integral part of the cushion.
- L.** 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.
- M.** 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 codes for shoulder harness/straps or chest straps, wheelchair seat cushions or back cushions, or with PWCs with swingaway, fixed or retractable joysticks.
- N.** A manual tilt in space option is covered when:
1. Criterion A-C above are met, and
  2. The patient is dependent for transfers, and
  3. The patient has a plan of care that addresses the medical need for frequent positioning changes (e.g., for pressure reduction or poor/absent trunk control) that do not always include a tilt position, and
- O.** A power tilt in space option for a PWC is covered when:
1. Criterion A-C and N above are met, and
  2. The patient has the mental and physical capabilities to safely and independently operate the power tilt in space that is provided.
- P.** A manual recline option is covered when:
1. Criterion A-C above are met, and
  2. The patient has a plan of care that requires a recline position to complete MRADLs, and
  3. the patient has positioning needs that cannot be met by upright or fixed angle chair, **or**
  4. The patient's postural control requires a recline feature.
- Q.** A power recline option for a PWC is covered when:
1. Criterion A-C and P above are met, and
  2. The patient has a plan of care that requires a recline position to complete MRADLs, and
  3. The patient has the mental and physical capabilities to safely and independently operate the power recline feature that is provided.

- R.** A combination manual tilt in space and recline option is covered when criterion N and P are met and if provided alone will not meet the seating and positioning needs.
- S.** A combination power tilt in space and recline option is covered when criterion O and Q are met and if provided alone will not meet the seating and positioning needs.

#### **IV. Wheeled Mobility Equipment Documentation Requirements**

- A.** 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.
- B.** 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 repairs being requested (e.g., "replace seat covering") or the presenting problem (e.g., "joystick malfunctioning").
- C.** The minimum information required on a fiscal order is:
  - 1. Name, address and telephone number of the ordering practitioner;
  - 2. Name and Medicaid identification number of the patient;
  - 3. Date ordered;
  - 4. Original signature of the ordering practitioner; and
  - 5. Name of the item, quantity ordered, size, catalog number as necessary and directions for use. (Catalog numbers may not be available at the time of a fiscal order for repairs but must be present as noted below in "D".)
- D.** In addition to the fiscal order, the supplier must maintain the following written documentation of medical necessity for WMESPC in the patient's file and/or submit to the Department for review:
  - 1. A description of, and cost quote for all the equipment and components as ordered (e.g., HCPCS code, make, model, size, seat and back dimensions) and how they accommodate relevant patient measurements (e.g., height, weight, chest, shoulders, thighs, legs).
  - 2. A statement of the alternatives considered or attempted (e.g., manual versus power, single versus multiple power option) and why these alternatives do not meet the medical need.
  - 3. A description of the customary environment and caregiver supports (e.g., skilled nursing facility, OMRDD-certified residence, private home, home health or waiver services); 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, secure storage space).
  - 4. The patient's medical records reflecting the need for the services provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. Examples of medical records include but are not limited to:

### ***History***

- How long the condition has been present
- Clinical progression
- Interventions that have been tried and the results
- Past use of walker, manual wheelchair, POV, or power wheelchair and the results
- A list of all current WME and SPC (e.g., make, model, serial number, age) and explain why it no longer meets the patient's medical needs (e.g., give cost estimates of repair of equipment).
- Reports of pertinent laboratory tests, x-rays, and/or other diagnostic tests (e.g., pulmonary function tests, cardiac stress test, electromyogram, etc.) performed in the course of management of the patient.
- Describe other physical limitations or concerns (i.e. respiratory)
- Describe any recent or expected changes in medical, physical, or functional status

### ***Physical exam***

- Symptoms
- Related diagnoses
- Impairment of strength, range of motion, sensation, or coordination of arms and legs
- Presence of abnormal tone or deformity of arms, legs, or trunk
- Neck, trunk, and pelvic posture and flexibility
- Sitting and standing balance
- Measurements of height, weight, chest, shoulders, thighs, legs
- Explain history of decubitus/skin breakdown, if applicable
- Absent or impaired sensation in the area of contact with the seating surface
- Physicians shall document the examination in a detailed narrative note in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility examination.

### ***Functional assessment***

- Describe MRADL capabilities and any problems with performing MRADLs, including the need to use a cane, walker, or the assistance of another person
- Describe activities, other than MRADLs, performed while in wheelchair
- Transferring between a bed, chair, commode, toilet and WME
- Walking around customary environment – provide information on distance walked, speed, and balance.
- Ability to carry out a functional weight shift

- Describe in detail any significant postural asymmetries with applicable quantitative measurements (e.g., scoliosis leg length discrepancy).
- Describe feeding capabilities and seating modifications required to facilitate feeding capabilities

***Plan of Care***

- Intended use and amount of time daily the equipment is used and, degree of ambulation in customary environment
  - What MRADLs will be patient participate in with the new WME and SPC
  - A narration of medical necessity for the WME and SPC, describing what medical needs **specific to the patient** will be met if the equipment is provided.
  - An estimate of how long the equipment will be needed
  - If surgery is anticipated, indicate the CPT procedure code(s) and ICD-9 Diagnosis code(s) and expected surgery date.
  - Describe anticipated modifications or changes to the equipment within the next three years
  - Describe the growth potential of the requested equipment in number of years
  - For SPC, describe whether it can be integrated into a new or existing wheelchair
5. Patients who receive a Group 2 Single Power Option or Multiple Power Options PWC, any Group 3 or Group 4 PWC, or a push-rim activated power assist device, the evaluation must provide detailed information explaining why each specific option or accessory is needed to address the patient's mobility limitation.
  6. Prior to or at the time of delivery of a POV or PWC, the supplier, practitioner, or case manager must perform an on-site evaluation of the patient's home to verify that the patient can adequately maneuver the device that is provided considering physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available on request.

## E. Assessment, Evaluation and Template Forms

1. Many suppliers, payers and therapists have created evaluation forms for use as a tool for practitioners to evaluate and assess medical needs and conditions relating to mobility. These forms encompass the appropriate elements for practitioners to evaluate and consider when ordering WME. For examples of templates, see:  
<http://www.emedny.org/ProviderManuals/DME/communications.html>.  
These forms are not a required element of the medical record or prior approval submission. Although a practitioner completed form is considered part of the medical record, it is not a substitute for the comprehensive medical record as noted above in (D).
2. If the report of a licensed/certified medical professional (LCMP) (e.g., physical or occupational therapist) examination is to be considered as part of the medical record, there must be a signed and dated attestation by the supplier that the LCMP has no financial relationship with the supplier. A report without such an attestation will not be considered part of the medical record for prior approval or audit purposes. The report must contain the therapist's name and licensure, evaluation date, phone number, address and employer.

## **V. General Coverage and Payment Rules**

- A.** The coverage and payment rules below are especially applicable to the provision of Durable Medical Equipment. They do not represent the entirety of Medicaid coverage and payment rules. Applicable regulations and policies for submission, coverage, payment are located in Title 18 of the New York Codes, Rules and Regulations (NYCRR), specifically Parts 505.5 (DME), 513.4 (Prior Approval), 518 (Recovery of Payments and Overpayments) and the DME Provider Manual: NYCRR:<http://www.health.state.ny.us/nysdoh/phforum/nycrr18.htm>  
DME Provider Manual: <http://www.emedny.org/ProviderManuals/DME/index.html>
- B.** WME is categorized as durable medical equipment (DME) and is covered under the Home Health Benefit of the Medicaid (MA) State Plan.
- C.** Providers are expected to be knowledgeable about the items they dispense and are expected to provide information to the patient 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.
- D.** Prior approval requests:
  - 1. The ordering practitioner and the potential provider (vendor) of the requested care, services or supplies must assist the patient 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.
  - 2. The ordering practitioner is responsible for verifying the patient'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 patient's eligibility for MA as of the date of the request.
  - 3. 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 patient's medical needs; reduce the patient's physical or mental disability; restore the patient to his or her best possible functional level; or improve the patient's capacity for normal activity; and that they are necessary to prevent, diagnose, correct or cure a condition in light of the patient's specific circumstances and the patient's functional capacity to make use of the requested care, services or supplies.
  - 4. 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.

5. 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.
- E.** The ordering of durable medical equipment is limited to the practitioner's scope of practice who is not excluded from participating in the medical assistance program. 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 prior approval request and the claim for payment by entering in the license or MMIS provider identification number of the practitioner where indicated.
  - F.** 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.
  - G.** 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.
  - H.** The provider cannot charge for nor will any additional payment will be made for any component covered under an item's Maximum Reimbursable Amount (MRA). Accessories, features or parts that are included with the delivery of a new WME device or SPC as noted in the DME Provider Manual and/or these Guidelines, or for which the providers pays no charge, are not reimbursable separately until the warranty period has passed.
  - I.** Providers are required to report accurate procedure codes when requesting prior approval or submitting claims. These transactions must meet Medicaid claims processing rules, regulations and standards. Providers are encouraged to utilize product coding classification lists published by Medicare's coding contractor, SADMERC.

**J.** 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.

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.

**K.** Reimbursement for the wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Reimbursement also includes support services, such as delivery, set-up, and education about the use of the WME. No separate or additional payments will be made for shipping, handling, delivery or necessary fittings and adjustments.

**L.** Payment will not be made for items provided by a facility or organization when the cost of these items is included in the rate.

**M.** Payment for items provided by a not-for-profit provider will be made at the acquisition cost.

**N.** Any insurance payments including Medicare must be applied against the total purchase price of the item.

**O.** Delivery for all standard items must be within 30 days of the receipt of the order or prior approval determination (if applicable), for customized items delivery must be within 60 days, and for custom made items delivery must be within 90 days. Exceptions beyond the supplier's control must be documented (e.g., hospitalization or missed fitting appointments). 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. No order can be dispensed more than 180 days from the original date ordered.

- P.** 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)
- Q.** 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)
- R.** A solid seat support base/insert with mounting hardware may be billed separately when added to a folding manual wheelchair. Because payment for power wheelchairs and pediatric seating for any wheelchair includes a solid seat support base/insert, it may not be billed separately.
- S.** Repairs to patient-owned equipment are not included in a skilled nursing facility rate and may be billed directly to Medicaid.

## **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 (18NYCRR) 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 18 NYCRR 515.2.. Examples of unacceptable practices include, but are not limited to the following:

- A.** Knowingly making a claim for an improper amount or for unfurnished, inappropriate or unnecessary care, services or supplies;
- B.** Ordering or furnishing inappropriate, improper, unnecessary or excessive care, services or supplies;
- C.** Billing for an item/service prior to being furnished;
- D.** 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;
- E.** 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;
- F.** Submitting bills or accepting payment for care, services or supplies rendered by a person suspended or disqualified from participating in the Medicaid Program;
- G.** Soliciting, receiving, offering or agreeing to make any payment for the purpose of influencing a Medicaid patient to either utilize or refrain from utilizing any particular source of care, services or supplies;
- H.** Knowingly demanding or collecting any compensation in addition to claims made under the Medicaid Program, except where permitted by law;
- I.** Denying services to a patient based upon the patient's inability to pay a co-payment;
- J.** Billing components when included in a base item payment;
- K.** Obtaining PA for a custom code and accessing DVS for components that are part of the system already approved;
- L.** Failure by the ordering provider or the vendor to maintain the previously stated documentation to support the request.

## VII. Definitions

The presence of a definition does not constitute a coverage determination.

**Actuator** – A motor that operates a specific function of a power seating system – i.e., tilt, back recline, power sliding back, elevating legrest(s), seat elevation, or standing.

**Alternative Control Device** - A device that transforms a user's drive commands by physical actions initiated by the user to input control directions to a power wheelchair that replaces a standard proportional joystick. Includes mini-proportional, compact, or short throw joysticks, head arrays, sip and puff and other types of different input control devices.

**Captains Chair** - A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It may or may not have a headrest, either integrated or separate.

**Combination skin protection and positioning seat cushion** – a standard or customized seat cushion which has the following features listed in (a) or (b), and (c), (d), and (e):

- (a) Two or more of the following features which 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:
- 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. 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.

**Crash Testing** - Successful completion of WC-19 testing.

**Cross Brace Chair** - A type of construction for a power wheelchair in which opposing rigid braces hinge on pivot points to allow the device to fold.

**Custom fabricated seat or back cushion** - individually made for a specific patient starting with basic materials, may include certain prefabricated components (e.g., gel or multi-cellular air inserts) which may not be billed separately.

(a) liquid foam or a block of foam and

(b) sheets of fabric or liquid coating material.

(c) 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.

(d) 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.

**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 patient's body.

**Custom-made** is fabricated solely for a particular patient from raw materials which cannot be readily changed to conform to another patient. These materials are used to create the item from patient measurements or patterns. Custom-made requires that the MA patient be measured for the custom-made item so that it can be fabricated from these measurements.

**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 patient, it may be either custom-made or customized.

**Dynamic Stability Incline** - The minimum degree of slope at which the PMD in the most common seating and positioning configuration(s) remains stable at the required patient weight capacity. If the PMD is stable at only one configuration, the PMD may have protective mechanisms that prevent climbing inclines in configurations that may be unstable.

**Expandable Controller** - An electronic system that is capable of accommodating one or more of the following additional functions:

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

An expandable controller may also be able to operate one or more of the following:

- A separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- An attendant control

**General use back cushion** - a prefabricated cushion, which is planar or contoured; and has a removable vapor permeable or waterproof cover or it has a waterproof surface; and has a permanent label indicating the model and the manufacturer; and 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.

**General use seat cushion** - a prefabricated cushion with a removable vapor permeable or waterproof cover or has a waterproof surface; and has a permanent label indicating the model and the manufacturer; and 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.

**Highway Use** - Mobility devices that are powered and configured to operate legally on public streets.

**Integral Control System** - Non-expandable wheelchair control system where the joystick is housed in the same box as the controller. The entire unit is located and mounted near the hand of the user. A direct electrical connection is made from the Integral Control box to the motors and batteries through a high power wire harness.

**Multiple Power Options** - A category of PWCs with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating legrests. A PWC does not have to accommodate all features to qualify for this code.

**No Power Options** – A category of PWCs that is incapable of accommodating a power tilt, recline, seat elevation, or standing system. If a PWC can only accept power elevating legrests, it is considered to be a No Power Option chair.

**Non-Expandable Controller** - An electronic system that controls the speed and direction of the power wheelchair drive mechanism. Only a standard proportional joystick (used for hand or chin control) can be used as the input device. This system may be in the form of an integral controller or a remotely placed controller. The non-expandable controller may have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating legrests). (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.) May also allow for the incorporation of an attendant control.

**Non-Proportional Control Input Device** - A device that transforms a user's discrete drive command (a physical action initiated by the wheelchair user, such as activation of a switch) into perceptually discrete changes in the wheelchair's speed, direction, or both.

**Obstacle Climb** - Vertical height of a solid obstruction that can be climbed using the standing and/or 0.5 meter run-up RESNA test.

**Patient Weight Capacity** – The terms Standard Duty, Heavy Duty, etc., refer to weight capacity, not performance. For example, the term Group 3 heavy duty power wheelchair denotes that the PWC has Group 3 performance characteristics and patient weight handling capacity between 301 and 450 pounds. A device is not required to carry all the weight listed in the class of devices, but must have a patient weight capacity within the range to be included. For example, a PMD that has a weight capacity of 400 pounds is coded as a Heavy Duty device.

**Performance Testing** - Term used to denote the RESNA based test parameters used to test PMDs. The PMD is expected to meet or exceed the listed performance and durability figures for the category in which it is to be used when tested. There is no requirement to test the PMD with all possible accessories.

**Portable** - A category of devices with lightweight construction or ability to disassemble into lightweight components that allows easy placement into a vehicle for use in a distant location.

**Positioning back cushion** - 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, and

(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.

**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 listed in a or b and c and d:

(a) **Two or more** of the following features which 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:

- 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; or

(b) 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; and

(c) A permanent label indicating the model and the manufacturer; and

(d) 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.

**Power Mobility Device (PMD)** - Base codes include both integral frame and modular construction type power wheelchairs (PWCs) and power operated vehicles (POVs).

**Power Operated Vehicle** - Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and four-wheel non-highway construction.

**Power Options** - Tilt, recline, elevating legrests, seat elevators, or standing systems that may be added to a PWC to accommodate a patient's specific need for seating assistance.

**Power Wheelchair** - Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction.

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

**Proportional Control Input Device** - A device that transforms a user's drive command (a physical action initiated by the wheelchair user) into a corresponding and comparative movement, both in direction and in speed, of the wheelchair. The input device shall be considered proportional if it allows for both a non-discrete directional command and a non-discrete speed command from a single drive command movement.

**Push-rim activated power assist** – An option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the patient on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. Batteries are included.

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

**Radius Pivot Turn** – The distance required for the smallest turning radius of the PMD base. This measurement is equivalent to the “minimum turning radius” specified in the ANSI/RESNA bulletins.

**Range** - Minimum distance acceptable for a given category of devices on a single charge of the batteries. It is to be determined by the appropriate RESNA test for range.

**Remotely Placed Controller** - Non-expandable or expandable wheelchair control system where the joystick (or alternative control device) and the controller box are housed in separate locations. The joystick (or alternative control device) is connected to the controller through a low power wire harness. The separate controller connects directly to the motors and batteries through a high power wire harness.

**Single Power Option** - A category of PWCs with the capability to accept and operate a power tilt or power recline, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating legrests in combination with a power tilt or power recline. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a power wheelchair that can only accommodate a power tilt could qualify for this code.

**Skin protection seat cushion** - a prefabricated cushion with a removable vapor permeable or waterproof cover or a waterproof surface; and a permanent label indicating the model and the manufacturer; and 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.

**Sling Seat/Back** - Flexible cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.

**Solid seat insert** – used for a seat cushion, a separate rigid piece of plastic or other material which is inserted in the cover of a seat cushion to provide additional support. The seat cushion is then placed on top of a sling seat or mounted with hardware in place of a sling seat.

**Solid Seat/Back** - Rigid metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWCs with an automotive-style back and a solid seat pan are considered as a solid seat/back system, not a Captains Chair.

**Solid seat support base** – used to support a seat cushion, a rigid piece of plastic or other material which is included with a PWC base and pediatric seating or attached with hardware to the seat frame of a folding wheelchair in place of a sling seat. A seat cushion is placed on top of the solid support base.

**Stadium Style Seat** - A one or two piece stadium-style seat with rigid frame and cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It will not have a headrest. Chairs with stadium style seats are billed using the Captains Chair codes.

**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 patients.

**Test Standards** - Performance and durability acceptance criteria defined by ANSI/RESNA standard testing protocols.

**Top End Speed** - Minimum speed acceptable for a given category of devices. It is to be determined by the RESNA test for maximum speed on a flat hard surface.