



Department of Health

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Governor

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BACKUP POWER WHEELCHAIR REPAIRS

Code K0899-TW Reimbursement Worksheet

Instructions: This form should be completed by the billing provider (DME vendor) and the attestation signed by the provider's ATP for reimbursement of backup power wheelchair repairs for code K0899-TW. Parts will be reimbursed at the typical MRA for the code for that part. Parts that do not have an MRA will be reimbursed at cost +51%. Please submit invoices, showing all dealer discounts, for parts and to support pricing of components at cost plus 51%. Labor performed by the billing provider will be reimbursed at the MRA for K0739 which is currently \$18.18. Please itemize the type of labor and number of units requested.

Member info

Member name:	Member CIN:	Member DOB:
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Backup PWC info

Make/model of wheelchair:	Serial number:	Date of purchase:
	HCPCS code(s):	Funding source:

Primary PWC info

Make/model of wheelchair:	Serial number:	Date of purchase:
	HCPCS code(s):	Funding source:

Requested repairs

	Item description	HCPCS: (code that would typically be assigned to item)	QTY	COST: Medicaid's MRA fee for code OR if no fee – invoice cost +51%
1				
2				
3				
4				
5				
6				
7				
		Total reimbursement requested (parts) 		\$

Labor (\$18.18 per unit – 15 minutes)

	Description of labor	Number of units requested	Requested reimbursement (\$18.18 x units)
1			
2			
3			
4			
5			
	Total reimbursement requested (labor) ➔	units	\$

Attestation

If the requested repairs are made, the member's backup power wheelchair will be safe to operate by the user when the primary PWC is being repaired or when a backup manual wheelchair or suitable loaner wheelchair cannot be provided.

ATP signature	Date

Comments

Invoices (showing all dealer discounts) must be received with this form.