

Wheelchair Trays/Upper Extremity Support Surfaces

Effective for dates of service on or after April 1st 2013 all wheelchair trays/upper extremity support surfaces must be billed using HCPCS code E0950. This code will require a Dispensing Validation System (DVS) authorization. These devices will no longer be reviewed under HCPCS code E1399. The maximum reimbursable amount (MRA) will be \$148.97.

The coverage criteria for wheelchair trays/upper extremity support surfaces remains unchanged. Coverage is provided only for beneficiaries who require the device for wheelchair positioning/support which cannot be accommodated by 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.

Wheelchair trays/upper extremity support surfaces and related accessories remain not covered when used solely for activities of daily living.

The MRA for wheelchair trays/upper extremity supports includes any size/dimension, all mounting hardware/accessories, cut outs, and rims. Padding and positioning blocks (e.g.: protraction blocks) are separately billable using HCPCS code K0108.

Questions related to DME policy and coverage can be directed to
OHIPMedPA@health.state.ny.us