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DENNIS RICHARDSON
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LESLIE CUMMINGS
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ARCHIVES DIVISION
MARY BETH HERKERT
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

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CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Amending DMEPOS Rules and Adding New Rule to Meet Medicaid Regulations at 42CFR 440.70

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CONTACT: Sandy Cafourek
503-945-6430
sandy.c.cafourek@dhsoha.state.or.us

500 Summer St. NE
Salem,OR 97301

Filed By:
Sandy Cafourek
Rules Coordinator

RULES:
410-122-0010, 410-122-0020, 410-122-0080, 410-122-0090, 410-122-0184, 410-122-0320, 410-122-0325, 410-122-0330, 410-122-0340, 410-122-0720

AMEND: 410-122-0010

REPEAL: Temporary 410-122-0010 from DMAP 36-2017(TEMP)

RULE TITLE: Definitions

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:
In addition to the definitions in OAR 410-120-0000 the following definitions in these rules apply:
(1) “Activities of Daily Living (ADL's)”means activities related to personal care including but not limited to tasks such as eating, toileting, grooming, dressing, and bathing that are necessary to maintain or improve the client's health.
(2) "Buy-up" means a situation in which a client wants to upgrade to a higher level of service than he or she is eligible for; e.g., a heavy duty walker instead of a standard walker.
(3) “Consecutive Months” means any period of continuous use where no more than a 60-day break occurs.
(4) “Durable Medical Equipment” means equipment furnished by a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider or a home health agency that is primarily and customarily used to serve a medical purpose; generally is not useful to a client in the absence of a medical disability, illness, or injury; can withstand repeated use; can be reusable or removable; and is appropriate for use in any non-institutional setting in which normal life activities take place. Some examples include wheelchairs, crutches, and hospital beds. Durable medical equipment extends to supplies and accessories that are necessary for the effective use of covered durable medical equipment.
(5) “Home” means, for purposes of purchase, rental, and repair of durable medical equipment (DME) that is used primarily as a supportive measure to support a client's basic daily living activities, a place of permanent residence such

as an assisted living facility (includes the common dining area), a 24-hour residential care facility, an adult foster home, a child foster home, or a private home. This does not include hospitals, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, any setting that exists primarily for the purpose of providing medical/nursing care, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Separate payment may not be made to DME providers for equipment and medical supplies provided to a client when the cost of such items is already included in the capitated (per diem) rate paid to a facility or organization.
(6) “Lifetime Need” means 99 months or more.
(7) “Manufacturer Part Number (MPN)” means:
(a) Each manufacturer provides an MPN to identify that manufacturer's part. It is a specification used by the manufacturer to store a part in an illustrated part catalog (graphics and text);
(b) An MPN uniquely identifies a part when used together with manufacturer code (external manufacturer), which is the own name used by the manufacturer and not the manufacturer name provided by other.
(8) “Medical Records” means the physician’s office records, hospital records, nursing facility records, home health agency records, records from other healthcare professionals, and diagnostic and test reports. This documentation must be made available to the Health Systems Division (Division) upon request.
(9) “Medical Supplies” means health care related items that are disposable or cannot withstand repeated use by more than one individual and are required to address an individual’s medical disability, illness, or injury. Examples of medical supplies include diapers, syringes, gauze bandages, and tubing. Some medical supplies may also be used on a repeated, limited duration basis.
(10) “Medically Appropriate” has the meaning given that term in OAR 410-120-0000.
(11) “Mobility-related Activities of Daily Living (MRADL's)” means personal care activities including but not limited to tasks such as toileting, eating, dressing, grooming, and bathing.
(12) “Morbidity” means a diseased state, often used in the context of a "morbidity rate" (i.e., the rate of disease or proportion of diseased people in a population). In common clinical usage, any disease state including diagnosis and complications is referred to as morbidity.
(13) “Morbidity Rate” means the rate of illness in a population. The number of people ill during a time period is divided by the number of people in the total population.
(14) “The Division Maximum Allowable Rate” means the maximum amount paid by the Division for a service.
(15) “Practitioner” means an individual licensed pursuant to federal and state law to engage in the provision of health care services within the scope of the practitioner's license and certification.
(16) “Prosthetic and Orthotic Devices” means devices that replace all or part of an internal body organ, including ostomy bags and supplies directly related to ostomy care and replacement of such devices and supplies. Prosthetic and orthotic devices also include leg, arm, back, and neck braces, and artificial legs, arms, and eyes, including replacements if required because of a change in the client's physical condition.
(17) “Purchase price” means:
(a) Delivery;
(b) Assembly;
(c) Adjustments, if needed; and
(d) Training in the use of the equipment or supply.
(18) “Rental fees” means:
(a) Delivery;
(b) Training in the use of the equipment;
(c) Pick-up;
(d) Routine service, maintenance, and repair; and
(e) Moving equipment to a new residence, if coverage is to continue.
(19) “Technician” means a DMEPOS provider staff professionally trained through product or vendor-based training, technical school training (e.g., electronics), or through apprenticeship programs with on-the-job training.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

AMEND: 410-122-0020

REPEAL: Temporary 410-122-0020 from DMAP 36-2017(TEMP)

RULE TITLE: Orders

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) The purchase, rental, or modifications of durable medical equipment and the purchase of supplies must have an order prior to dispensing items to a client.

(2) For any durable medical equipment, prosthetics, orthotics and supplies (DMEPOS), a provider must have a written order signed and dated by the prescribing practitioner prior to submitting a claim to the Division.

(3) A provider may dispense some items based on a verbal order from the prescribing practitioner, except those items requiring a written order prior to delivery (see below) or as specified in a particular rule:

(a) A provider must maintain documentation of the verbal order, and this documentation must be available to the Division upon request;

(b) The verbal order must include all of the following elements:

(A) Client's name;

(B) Practitioner's name;

(C) Description of the item;

(D) Start date of the order;

(E) Primary ICD-10 diagnosis code for the equipment/supplies requested.

(c) For items that are dispensed based on a verbal order, the provider must obtain a written order that meets the requirements outlined below for written orders.

(4) When specified in rule, a nurse practitioner may provide the dispensing order and sign the detailed written order only when the following are met:

(a) They are treating the client for the condition for which the item is needed; and

(b) They are practicing independently of a physician.

(5) The DMEPOS provider must have on file a written order, information from the prescribing practitioner concerning the client's diagnosis and medical condition, and any additional information required in a specific rule.

(6) The Division accepts any of the following forms of orders and Certificates of Medical Necessity (CMN): a photocopy, facsimile image, electronically maintained or original "pen and ink" document:

(a) An electronically maintained document is one that has been created, modified, and stored via electronic means such as commercially available software packages and servers;

(b) The provider shall ensure the authenticity and validity of a facsimile image, electronically maintained or photocopied order;

(c) A provider must also ensure the security and integrity of all electronically maintained orders and certificates of medical necessity;

(d) The written order may serve as the order to dispense the item if the written order is obtained before the item is dispensed.

(7) A written order must be legible and contain the following elements:

(a) Client's name;

(b) Detailed description of the item that can either be a narrative description (e.g., lightweight wheelchair base) or a brand name/model number including medically appropriate options or additional features;

(c) The detailed description of the item may be completed by someone other than the practitioner. However, the

prescribing practitioner must review the detailed description and personally indicate agreement by his signature and the date that the order is signed:
(A) Practitioners shall sign for services they order;
(B) This signature must be handwritten or electronic, and it must be in the client's medical record;
(C) The ordering practitioner shall ensure the authenticity of the signature;
(d) Primary ICD-10 diagnosis code for the equipment and supplies requested.
(8) Use of signature stamps may not be used on any medical record.
(9) When a DMEPOS provider submits a Centers for Medicare & Medicaid Services (CMS) CMN form to the Division as documentation, it must include the following:
(a) The corresponding instructions for completing the specific CMN form must be followed; and
(b) Section B on the CMN may not be completed by the DMEPOS provider.
(10) The DMEPOS provider shall obtain as much documentation from the client's medical record as necessary for assurance that the Division coverage criteria for an item is met.
(11) Certain items require one or more of the following additional elements in the written order:
(a) For accessories or supplies that will be provided on a periodic basis:
(A) Quantity used;
(B) Specific frequency of change or use. "As needed" or "prn" orders are not acceptable;
(C) Number of units;
(D) Length of need. For example, an order for surgical dressings might specify one "4 x 4" hydrocolloid dressing that is changed one to two times per week for one month or until the ulcer heals.
(b) For orthoses, if a custom-fabricated orthosis is ordered by the practitioner, this must be clearly indicated on the written order;
(c) Length of need:
(A) If the coverage criteria in a rule specifies length of need; or
(B) If the order is for a rental item.
(d) Any other medical documentation required by rule.
(12) Repairs, labor for repairs, parts for durable medical equipment (DME) repairs, and replacement parts for DME (e.g., batteries) do not require a written order.
(13) A new order is required:
(a) When required by Medicare for a Medicare covered service;
(b) When there is a change in the original order for an item;
(c) When an item is permanently replaced;
(d) When indicated by the prescribing practitioner:
(A) A new order is required when an item is being replaced because the item is worn or the client's condition has changed;
(B) The provider's records should also include client-specific information regarding the need for the replacement item;
(C) This information should be maintained in the provider's files and be available to the Division upon request;
(D) A new order is required before replacing lost, stolen, or irreparably damaged items to reaffirm the medical appropriateness of the item.
(e) When there is a change in a DMEPOS provider or in cases where two or more providers merge, the recipient provider should make all reasonable attempts to secure copies of all active CMN's and written orders from the transferring provider. This document should be kept on file by the recipient provider and made available upon request by the Division;
(f) On a regular or specific basis (even if there is no change in the order) only if it is so specified in a particular rule.
(14) A provider shall maintain and provide legible copies of facsimile images and electronic transmissions of orders.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

AMEND: 410-122-0080

REPEAL: Temporary 410-122-0080 from DMAP 36-2017(TEMP)

RULE TITLE: Conditions of Coverage, Limitations, and Restrictions

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) The Division may pay for durable medical equipment, prosthetics, orthotics and medical supplies (DMEPOS) when the item meets all the criteria in this rule, including all of the following conditions. The item:

(a) Is approved for marketing and registered or listed as a medical device by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the intended purpose. In the event of delay in FDA approval and registration, the Division shall review purchase options on a case-by-case basis;

(b) Is reasonable and medically appropriate for the client;

(c) Is primarily and customarily used to serve a medical purpose;

(d) Is generally not useful to an individual in the absence of medical disability, illness, or injury;

(e) Is suitable for use in a client's home or any non-institutional setting in which normal life activities take place;

(f) Specifically for durable medical equipment can withstand repeated use and can be reusable or removable;

(g) Meets the coverage criteria as specified in this division and subject to service limitations of the Division rules;

(h) Is requested in relation to a diagnosis and treatment pair that is above the funding line and consistent with treatment guidelines on the Health Evidence Review Commission's (HERC) Prioritized List of Health Services (Prioritized List of Health Services or List) found in OAR 410-141-0520 and not otherwise excluded under OAR 410-141-0500;

(i) Is included in the Oregon Health Plan (OHP) client's benefit package of covered services; and

(j) Is the least costly, medically appropriate item that meets the medical needs of the client.

(2) Conditions for Medicare-Medicaid Services:

(a) If Medicare is the primary payer and Medicare denies payment, an appeal to Medicare must be filed timely prior to submitting the claim to the Division for payment. If Medicare denies payment based on failure to submit a timely appeal, the Division may reduce any amount the Division determines could have been paid by Medicare;

(b) If Medicare denies payment on appeal, the Division shall apply DMEPOS coverage criteria in this rule to determine whether the item or service is covered under the OHP.

(3) The Division may not cover DMEPOS items when the item or the use of the item is:

(a) Not primarily medical in nature;

(b) For personal comfort or convenience of the client or caregiver;

(c) A self-help device;

(d) Not therapeutic or diagnostic in nature;

(e) Used for precautionary reasons (e.g., pressure-reducing support surface for prevention of decubitus ulcers);

(f) Inappropriate for client use in the home or non-institutional setting (e.g., institutional equipment like an oscillating bed);

(g) For a purpose where the medical effectiveness is not supported by evidence-based clinical practice guidelines; or

(h) Reimbursed as part of the bundled rate in a nursing facility as described in OAR 411-070-0085 or as part of a home and community-based care waiver service or by any other public, community, or third party resource.

(4) Codes that are identified in these rules or in fee schedules are provided as a mechanism to facilitate payment for covered items and supplies consistent with OAR 410-122-0186, but codes do not determine coverage. If prior authorization is required, the request for reimbursement shall document that prior authorization was obtained in compliance with the rules in this division.

(5) DMEPOS providers shall have documentation on file that supports coverage criteria are met.
(6) Billing records shall demonstrate that the provider has not exceeded any limitations and restrictions in the DMEPOS rules. The Division may require additional claim information from the provider consistent with program integrity review processes.
(7) Documentation described in sections (4), (5), and (6) above shall be made available to the Division upon request.
(8) To identify non-covered items at a code level, providers can refer to the Division fee schedule, subject to the limitation that fee schedules and codes do not determine coverage and are solely provided as a mechanism to facilitate payment for covered services and supplies consistent with OAR 410-122-0186. If an item or supply is not covered for an OHP client in accordance with these rules, there is no basis for payment regardless of whether there is a code for the item or supply on the fee schedule.
(9) Some benefit packages do not cover equipment and supplies (see OAR 410-120-1210, Medical Assistance Benefit Packages and Delivery System).
(10) Buy-ups are prohibited. Advanced Beneficiary Notices (ABN) constitute a buy-up and is prohibited. Refer to the Division General Rules (chapter 410, division 120) for specific rules on buying up.
(11) Equipment purchased by the Division for a client becomes the property of the client.
(12) Rental charges starting with the initial date of service, regardless of payer, apply to the purchase price.
(13) A provider who supplies rented equipment shall continue furnishing the same item throughout the entire rental period, except under documented reasonable circumstances.
(14) Before renting, providers must consider purchase for long-term requirements.
(15) The Division may not pay DMEPOS providers for medical supplies separately while a client is under a home health plan of care and covered home health care services.
(16) The Division may not pay DMEPOS providers for medical supplies separately while a client is under a hospice plan of care where the supplies are included as part of the written plan of care and for which payment may otherwise be made by Medicare, the Division, or other carrier.
(17) Separate payment may not be made to DMEPOS providers for equipment and medical supplies provided to a client when the cost of the items is already included in the capitated (per diem) rate paid to a facility or organization.
(18) Certain specified medical equipment and supplies require a face-to-face examination as described in these rules consistent with federal regulations at 42 CFR 440.70. See OAR 410-122-0090 for the face-to-face requirements.
(19) Non-contiguous out-of-state DMEPOS providers may seek Medicaid payment only under the following circumstances:
(a) Medicare/Medicaid clients:
(A) For Medicare covered services and then only Medicaid payment of a client's Medicare cost-sharing expenses for DMEPOS services when all of the following criteria are met:
(i) Client is a qualified Medicare beneficiary (QMB);
(ii) Service is covered by Medicare;
(iii) Medicare has paid on the specific code. Prior authorization is not required.
(B) Services not covered by Medicare:
(i) Only when the service or item is not available in the State of Oregon, and this is clearly substantiated by supporting documentation from the prescribing practitioner and maintained in the DMEPOS provider's records;
(ii) Some examples of services not reimbursable to a non-contiguous out-of-state provider include but are not limited to incontinence supplies, grab bars;
(iii) Services billed must be covered under the OHP;
(iv) Services provided and billed to the Division shall be in accordance with all applicable Division rules.
(b) Medicaid-only clients:
(A) For a specific Oregon Medicaid client who is temporarily outside Oregon and only when the prescribing practitioner has documented that a delay in service may cause client harm;
(B) For foster care or subsidized adoption children placed out of state;

(C) Only when the service or item is not available in the State of Oregon, and this is clearly substantiated by supporting documentation from the prescribing practitioner and maintained in the DMEPOS provider's records;
(D) Services billed must be covered under the OHP;
(E) Services provided and billed to the Division shall be in accordance with all applicable Division rules.
(20) A request may be made on any DMEPOS item, related supplies, or services that are not already identified as covered by the Division:
(a) The client's physician must submit sufficient client-specific information and clinical documentation to the Division that demonstrates there is no equally effective, less costly covered item or service that meets the client's medical needs;
(b) The client's physician must certify that the less costly alternatives have been tried and failed or could be reasonably expected to fail or is inappropriate for the client;
(c) In no case may a requested service or item be approved unless it is medically appropriate as defined in OAR 410-120-0000 and 410-141-0000 and meets all requirements of this rule;
(d) Requests under this section shall be directed in accordance with OAR 410-122-0040(2).
(21) See General Rules OAR 410-120-1200 Excluded Services and Limitations for more information on general scope of coverage and limitations.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: 414.065

ADOPT: 410-122-0090

REPEAL: Temporary 410-122-0090 from DMAP 36-2017(TEMP)

RULE TITLE: Face-to-Face Encounter Requirements (for Fee-For-Service Clients)

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) For initial ordering of DME items identified in section (5) of this rule, an in-person face-to-face encounter that is related to the primary reason the client requires the medical equipment or supplies must occur no more than six months prior to the start of services:

(a) The face-to-face encounter shall be conducted and documented by the treating physician (MD or DO) or an authorized non-physician practitioner (NPP);

(b) Authorized non-physician practitioners (NPP) for medical equipment and supplies are nurse practitioners, clinical nurse specialists working in collaboration with a physician, or physician assistants under the supervision of a physician;

(c) The physician or NPP conducting the face-to-face encounter shall document that the client was evaluated or treated for a condition that supports the need for the DME item ordered within six months prior to completing the written order for the equipment;

(d) If the NPP performing the face-to-face encounter does not have prescribing authority, the NPP shall communicate the clinical findings to the ordering physician;

(e) The ordering physician shall incorporate the clinical findings into a written or electronic document included in the client's medical record.

(2) If a dually eligible client is evaluated for medical equipment or supplies under Medicare and transitions to Medicaid, the Medicare face-to-face encounter documentation shall meet the Medicaid face-to-face requirement.

(3) The DME supplier shall maintain documentation of the qualifying face-to-face encounter and provide the documentation when the item requires prior authorization or at the Division's request.

(4) The DME supplier shall have documentation on file that supports all coverage criteria in the DMEPOS rules are met.

(5) The table at https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DME_List_of_Specified_Covered_Items_updated_March_26_2015.pdf identifies the DME items subject to these face-to-face requirements.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

AMEND: 410-122-0184

REPEAL: Temporary 410-122-0184 from DMAP 36-2017(TEMP)

RULE TITLE: Repairs, Servicing, Replacement, Delivery, and Dispensing

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) For indications and limitations of coverage and medical appropriateness, the Division may cover reasonable and necessary repairs, servicing, and replacement of medically appropriate, covered durable medical equipment, prosthetics, and orthotics, including those items purchased or in use before the client enrolled with the Division:

(a) Repairs:

(A) To repair means to fix or mend and to put the equipment back in good condition after damage or wear to make the equipment serviceable;

(B) If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment may be made for the amount of the excess;

(C) Payment for repairs is not covered when:

(i) The skill of a technician is not required;

(ii) The equipment has been previously denied;

(iii) Equipment is being rented, including separately itemized charges for repair;

(iv) Parts and labor are covered under a manufacturer's or supplier's warranty.

(D) Code K0739 may not be used on an initial claim for equipment. Payment for any labor involved in assembling, preparing, or modifying the equipment on an initial claim is included in the allowable rate.

(b) Servicing:

(A) Additional payment for routine periodic servicing, such as testing, cleaning, regulating, and checking the client's equipment is not covered. However, more extensive servicing that, based on the manufacturers' recommendations may only be performed by authorized technicians, may be covered for medically appropriate client-owned equipment;

(B) Payment for maintenance/service is not covered for rented equipment. The Division may authorize payment for covered servicing of capped rental items after six months have passed from the end of the final paid rental month. Use the corresponding Healthcare Common Procedure Coding System (HCPCS) code for the equipment in need of servicing at no more than the rental fee schedule allowable amount;

(C) Up to one month's rental shall be reimbursed at the level of either the equipment provided or the equipment being repaired, whichever is less costly;

(D) Maintenance and servicing that includes parts and labor covered under a manufacturer's or supplier's warranty is not covered.

(c) Replacement refers to the provision of an identical or nearly identical item:

(A) Temporary Replacement: One month's rental of temporary replacement equipment (K0462) may be reimbursed when client-owned equipment, such as a wheelchair, is being repaired. The equipment in need of repair must be unavailable for use for more than one day;

(B) Permanent Replacement: Situations involving the provision of medically appropriate items when there is a change in the client's condition that warrants a new device or when reasonable wear and tear renders the item non-functioning and not repairable, and there is coverage for the specific item identified in chapter 410, division 122;

(C) Equipment that the client owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster. Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to

irreparable wear takes into consideration the reasonable useful lifetime of the equipment:
(i) Reasonable useful lifetime of DME is no less than five years;
(ii) Computation of the useful lifetime is based on when the equipment is delivered to the client, not the age of the equipment;
(iii) Replacement due to wear is not covered during the reasonable useful lifetime of the equipment;
(iv) During the reasonable useful lifetime, repair up to the cost of replacement (but not actual replacement for medically appropriate equipment owned by the client) may be covered.
(D) Cases suggesting malicious damage, culpable neglect, or wrongful disposition of equipment may not be covered.
(d) Delivery:
(A) Providers may deliver directly to the client or the authorized designee;
(B) Providers, their employees, or anyone else having a financial interest in the delivery of an item may not sign and accept an item on behalf of a client;
(C) A provider may deliver DMEPOS to a client in a hospital or nursing facility for the purpose of fitting or training the client in its proper use. This may be done up to two days prior to the client's anticipated discharge to home. On the claim, bill the date of service as the date of discharge and specify the place of service as the client's home. The item must be for subsequent use in the client's home;
(D) A provider may deliver DMEPOS to a client's home in anticipation of a discharge from a hospital or nursing facility. The provider may arrange for actual delivery approximately two days prior to the client's anticipated discharge to home. On the claim, bill the date of service as the date of discharge and specify the place of service as the client's home;
(E) No payment is made on dates of service the client receives training or fitting in the hospital or nursing facility for a particular DMEPOS item.
(e) For Dispensing Refills:
(A) For DMEPOS products that are supplied as refills to the original order, providers must contact the client or designee prior to dispensing the refill to check the quantity on hand and continued need for the product;
(B) Contact with the client or designee regarding refills may only take place no sooner than approximately seven days prior to the delivery/shipping date;
(C) For subsequent deliveries of refills, the provider may deliver the DMEPOS product no sooner than approximately fifteen days prior to the end of usage for the current product. This is regardless of which delivery method is utilized. The Division shall allow for the processing of claims for refills delivered/shipped prior to the client exhausting their supply, but the provider must not dispense supplies that exceed a client's expected utilization;
(D) Supplies dispensed are based on the practitioner's order. Regardless of utilization, a provider may not dispense more than a three-month quantity of supplies at a time. This three-month dispensing restriction for supplies may be further limited by rule limitations of coverage;
(E) The provider may not automatically ship, dispense, or deliver a quantity of supplies on a predetermined regular basis, even if the client or designee has "authorized" this in advance;
(F) Shipping and handling charges are not covered.
(f) The following services are not covered:
(A) Pick-up, delivery, shipping, and handling charges for DMEPOS, whether rented or purchased including travel time:
(i) These costs are included in the calculations for allowable rates;
(ii)These charges are not billable to the client.
(B) Supplies used with DME or a prosthetic device prior to discharge from a hospital or nursing facility;
(C) Surgical dressings, urological supplies, or ostomy supplies applied in the hospital or nursing facility, including items worn home by the client.
(2) Documentation Requirements:
(a) For repairs, servicing, and temporary replacement, a new CMN or physician's order is not required;
(b) Submit the following documentation with the prior authorization request:
(A) For repairs and servicing:

(i) Narrative description, manufacturer and brand name/model name and number, serial number, and original date of purchase for the covered equipment in need of repair;
(ii) Itemized statement of parts needed for repair including the estimated date of service, manufacturer's name (if billing for parts, include manufacturer's name and part number for each part), product name, part number, manufacturer's suggested retail price or manufacturer's invoice price, and estimated labor time; and
(iii) Justification of the client's medical need for the item and statement that the client owns the equipment in need of repair.
(B) For temporary replacement:
(i) Narrative description, manufacturer and brand name/model name and number, serial number, and original date of purchase for the covered equipment in need of repair;
(ii) Narrative description, manufacturer and brand name/model name, and number of the replacement equipment;
(iii) Itemized statement of parts needed for repair including the estimated date of service, manufacturer's name (if billing for parts, include manufacturer's name and part number for each part), product name, part number, manufacturer's suggested retail price or manufacturer's invoice price, and estimated labor time;
(iv) Justification of the client's medical need for the item and statement that the client owns the equipment in need of repair; and
(v) Description of why the repair takes more than one day to complete.
(C) For permanent replacement, see specific coverage criteria in chapter 410, division 122 for more information;
(D) For proof of delivery, DMEPOS providers shall:
(i) Maintain proof of delivery documentation to the client in their records for seven years;
(ii) Maintain documentation that supports conditions of coverage in this rule are met;
(iii) Make proof of delivery documentation available to the Division upon request.
(c) Proof of delivery requirements are based on the method of delivery;
(d) A signed and dated delivery slip is required for items delivered directly by the provider to the client or designee. The delivery slip must include the following:
(A) When a designee signs the delivery slip, their relationship to the client must be noted and the signature legible;
(B) The client or designee's signature with the date the items were received;
(C) Client's name;
(D) Quantity, brand name, serial number, and a detailed description of the items being delivered;
(E) The date of signature on the delivery slip must be the date the DMEPOS item is received by the client or designee; and
(F) The date the client receives the item is the date of service.
(e) If the provider uses a delivery or shipping service or mail order, an example of proof of delivery would include the service's tracking slip and the provider's own shipping invoice:
(A) The provider's shipping invoice must include the:
(i) Client's name;
(ii) Quantity, brand name, serial number, and a detailed description of the items being delivered;
(iii) Delivery service's package identification number associated with each individual client's package with a unique identification number and delivery address, including the actual date of delivery, if possible; and
(iv) The shipping date must be used as the date of service, unless the actual date of delivery is available, then use this date as the date of service.
(B) The delivery service's tracking slip must reference:
(i) Each client's packages; and
(ii) The delivery address and corresponding package identification number given by the delivery service.
(f) Providers may utilize a signed and dated return postage-paid delivery or shipping invoice from the client or designee as a form of proof of delivery that must contain the following information:
(A) Client's name;

(B) Quantity, brand name, serial number, and a detailed description of items being delivered;
(C) Required signatures from either the client or the designee.
(g) Delivery to nursing facilities or hospitals:
(A) The date of service is the date the DMEPOS item is received by the nursing facility if delivered by the DMEPOS provider;
(B) The date of service is the shipping date (unless the actual delivery date is known and documented) if the DMEPOS provider uses a delivery or shipping service.
(h) For those clients who are residents of an assisted living facility, a twenty-four hour residential facility, an adult foster home, a child foster home, a private home or other similar living environment, providers must ensure supplies are identified and labeled for use only by the specific client for whom the supplies or items are intended.
(3) Procedure codes:
(a) Replacement parts for wheelchair repair are billed using the specific HCPCS code, if one exists, or code K0108 (other accessories);
(b) K0739:
(A) Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes;
(B) This code is used for services not covered by other codes or combination of codes in reference to the repairs of DMEPOS.
(c) K0108 – Other wheelchair accessories - PA;
(d) K0462 – Temporary replacement for client-owned equipment being repaired, any type – Prior authorization (PA) required – PA.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

AMEND: 410-122-0320

REPEAL: Temporary 410-122-0320 from DMAP 36-2017(TEMP)

RULE TITLE: Manual Wheelchair Base

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division may cover a manual wheelchair when conditions of coverage in OAR 410-122-0080(1) and all of the following criteria are met:

(A) The client has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) in or out of the home. MRADLs include but are not limited to tasks such as eating, toileting, grooming, dressing, and bathing. A mobility limitation is one that:

(i) Prevents the client from accomplishing an MRADL entirely;

(ii) Places the client at reasonably determined heightened risk of morbidity or mortality secondary to attempts to perform an MRADL; or

(iii) Prevents the client from completing an MRADL within a reasonable time frame.

(B) An appropriately fitted cane or walker cannot sufficiently resolve the client's mobility limitation;

(C) If the client will be using the wheelchair in the home, the home provides adequate maneuvering space, maneuvering surfaces, and access between rooms for use of the manual wheelchair that is being requested;

(D) Use of a manual wheelchair will significantly improve the client's ability to participate in their MRADLs. For clients with severe cognitive or physical impairments, participation in MRADLs may require the assistance of a caregiver;

(E) The client is willing to use the requested manual wheelchair on a regular basis;

(F) The client has either:

(i) Sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the requested manual wheelchair during a typical day. Proper assessment of upper extremity function shall consider limitations of strength, endurance, range of motion, coordination, presence of pain, and deformity or absence of one or both upper extremities; or

(ii) A caregiver who is available, willing, and able to provide assistance with the wheelchair.

(b) The Division may authorize a manual wheelchair for any of the following situations, only when conditions of coverage as specified in section (1)(a) of this rule are met:

(A) When the wheelchair can be reasonably expected to improve the client's ability to complete MRADLs by compensating for other limitations in addition to mobility deficits, and the client is compliant with treatment:

(i) Besides MRADLs deficits, when other limitations exist, and these limitations can be ameliorated or compensated sufficiently such that the additional provision of a manual wheelchair will be reasonably expected to significantly improve the client's ability to perform or obtain assistance to participate in MRADLs, a manual wheelchair may be considered for coverage;

(ii) If the amelioration or compensation requires the client's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of manual wheelchair coverage if it results in the client continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of a manual wheelchair.

(B) For a purchase request, when a client's current wheelchair is no longer medically appropriate, or repair and modifications to the wheelchair exceed replacement cost;

(C) When a covered, client-owned wheelchair is in need of repair, the Division may pay for one month's rental of a

wheelchair. (See OAR 410-122-0184 Repairs, Maintenance, Replacement, Delivery and Dispensing.)
(c) The Division may not reimburse for another wheelchair if the client has a medically appropriate wheelchair, regardless of payer;
(d) If the client will be using the wheelchair in the home, the home must be able to accommodate and allow for the effective use of the requested wheelchair. The Division does not reimburse for adapting living quarters;
(e) The Division may not cover services or upgrades that primarily allow performance of leisure or recreational activities. Such services include but are not limited to backup wheelchairs, backpacks, accessory bags, awnings, additional positioning equipment if wheelchair meets the same need, custom colors, and wheelchair gloves;
(f) Reimbursement for wheelchair codes includes all labor charges involved in the assembly of the wheelchair, as well as support services such as emergency services, delivery, set-up, pick-up and delivery for repairs/modifications, education, and ongoing assistance with the use of the wheelchair;
(g) The Division may cover an adult tilt-in-space wheelchair (E1161) when a client meets all of the following conditions:
(A) A standard base with a reclining back option will not meet the client's needs;
(B) Requires assistance with transfers;
(C) The client's plan of care addresses the need to change position at frequent intervals, and the client is not left in the tilt position most of the time; and
(D) Has one of the following:
(i) High risk of skin breakdown;
(ii) Poor postural control, especially of the head and trunk;
(iii) Hyper/hypotonia;
(iv) Need for frequent changes in position and has poor upright sitting.
(h) One month's rental for a manual adult tilt-in-space wheelchair (E1161) may be covered for a client residing in a nursing facility when all of the following conditions are met:
(A) The anticipated nursing facility length of stay is 30 days or less;
(B) The conditions of coverage for a manual tilt-in-space wheelchair as described in section (1) (g) (A) (E) are met;
(C)The client is expected to have an ongoing need for this same wheelchair after discharge from the nursing facility;
(D) Coverage is limited to one month's rental.
(i) The Division may cover a standard hemi (low seat) wheelchair (K0002) when a client requires a lower seat height (17" to 18") because of short stature or needing assistance to place his feet on the ground for propulsion;
(j) The Division may cover a lightweight wheelchair (K0003) when a client:
(A) Cannot self-propel in a standard wheelchair using arms or legs; and
(B) Can and does self-propel in a lightweight wheelchair.
(k) High-strength lightweight wheelchair (K0004):
(A) The Division may cover a high-strength lightweight wheelchair (K0004) when a client:
(i) Self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; or
(ii) Requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair and spends at least two hours per day in the wheelchair.
(B) If the expected duration of need is less than three months (e.g., postoperative recovery), a high-strength lightweight wheelchair is rarely medically appropriate.
(L) The Division may cover an ultra-lightweight wheelchair (K0005) when a client has medical needs that require determination on a case-by-case basis;
(m) The Division may cover a heavy-duty wheelchair (K0006) when a client weighs more than 250 pounds or has severe spasticity;
(n) The Division may cover an extra heavy-duty wheelchair (K0007) when a client weighs more than 300 pounds;
(o) For a client residing in a nursing facility, an extra heavy-duty wheelchair (K0007) may only be covered when a client weighs more than 350 pounds;

(p) For more information on coverage criteria regarding repairs and maintenance, see 410-122-0184 Repairs, Maintenance, Replacement and Delivery;
(q) The wheelchair requested must be the most appropriate and least costly alternative that will meet the client's medical and functional needs.
(2) Coding Guidelines:
(a) Adult manual wheelchairs (K0001-K0007, K0009, E1161) have a seat width and a seat depth of 15" or greater;
(b) For codes K0001-K0007 and K0009, the wheels must be large enough and positioned so that the user can self-propel the wheelchair;
(c) In addition, specific codes are defined by the following characteristics:
(A) Adult tilt-in-space wheelchair (E1161):
(i) Ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining the same back-to-seat angle; and
(ii) Lifetime warranty on side frames and crossbraces.
(B) Standard wheelchair (K0001):
(i) Weight: Greater than 36 pounds;
(ii) Seat height: 19" or greater; and
(iii) Weight capacity: 250 pounds or less.
(C) Standard hemi (low seat) wheelchair (K0002):
(i) Weight: Greater than 36 pounds;
(ii) Seat height: Less than 19"; and
(iii) Weight capacity: 250 pounds or less.
(D) Lightweight wheelchair (K0003):
(i) Weight: 34-36 pounds; and
(ii) Weight capacity: 250 pounds or less.
(E) High strength, lightweight wheelchair (K0004):
(i) Weight: Less than 34 pounds; and
(ii) Lifetime warranty on side frames and crossbraces.
(F) Ultra-lightweight wheelchair (K0005):
(i) Weight: Less than 30 pounds;
(ii) Adjustable rear axle position; and
(iii) Lifetime warranty on side frames and crossbraces.
(G) Heavy duty wheelchair (K0006) has a weight capacity greater than 250 pounds;
(H) Extra heavy duty wheelchair (K0007) has a weight capacity greater than 300 pounds.
(d) Coverage of all adult manual wheelchairs includes the following features:
(A) Seat width: 15"-19";
(B) Seat depth: 15"-19";
(C) Arm style: Fixed, swing-away, or detachable, fixed height;
(D) Footrests: Fixed, swing-away, or detachable.
(e) Codes K0003-K0007 and E1161 include any seat height;
(f) For individualized wheelchair features that are medically appropriate to meet the needs of a particular client, use the correct codes for the wheelchair base, options and accessories (see OAR 410-122-0340 Wheelchair Options/Accessories);
(g) For wheelchair frames that are modified in a unique way to accommodate the client, submit the code for the wheelchair base used and submit the modification with code K0108 (wheelchair component or accessory, not otherwise specified).
(3) Documentation requirements:
(a) Functional mobility evaluation:

(A) Providers must submit medical documentation that supports conditions of coverage in this rule are met for purchase and modifications of all covered, client-owned manual wheelchairs except for K0001, K0002, or K0003 (unless modifications are required);
(B) Information must include but is not limited to:
(i) Medical justification needs assessment, order, and specifications for the wheelchair completed by a physical therapist (PT), occupational therapist (OT), treating physician, or nurse practitioner. The person who provides this information must have no direct or indirect financial relationship, agreement, or contract with the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider requesting authorization;
(ii) Client identification and rehab technology supplier identification information that may be completed by the DMEPOS provider; and
(iii) Signature and date by the treating physician or nurse practitioner and the PT or OT.
(C) If the information on this form includes all the elements of an order, the provider may submit the completed form in lieu of an order.
(b) Additional documentation:
(A) Information from a PT, OT, treating physician, or nurse practitioner that specifically indicates:
(i) A brief description of the client's impairment in functional mobility that establishes that they have a mobility limitation and how it interferes with the performance of activities of daily living;
(ii) Why an appropriately fitted cane or walker cannot sufficiently resolve the client's mobility limitation.
(B) Pertinent information from a PT, OT, treating physician, or nurse practitioner about the following elements that support coverage criteria are met for a manual wheelchair; only relevant elements need to be addressed:
(i) Symptoms;
(ii) Related diagnoses;
(iii) History:
(I) How long the condition has been present;
(II) Clinical progression;
(III) Interventions that have been tried and the results;
(IV) Past use of walker, manual wheelchair, power-operated vehicle (POV), or power wheelchair and the results.
(iv) Physical exam:
(I) Weight;
(II) Impairment of strength, range of motion, sensation, or coordination of arms and legs;
(III) Presence of abnormal tone or deformity of arms, legs, or trunk;
(IV) Neck, trunk, and pelvic posture and flexibility;
(V) Sitting and standing balance.
(v) Functional assessment indicating any problems with performing the following activities including the need to use a cane, walker, or the assistance of another individual:
(I) Transferring between a bed, chair, and a manual wheelchair or power mobility device;
(II) Walking around their home or community including information on distance walked, speed, and balance.
(C) Documentation from a PT, OT, treating physician, or nurse practitioner that clearly distinguishes the client's abilities and needs within the home and community;
(D) For all requested equipment and accessories, the manufacturer's name, product name, model number, standard features, specifications, dimensions, and options;
(E) Detailed information about client-owned equipment (including serial numbers), as well as any other equipment being used or available to meet the client's medical needs, including how long it has been used by the client and why it cannot be grown (expanded) or modified, if applicable;
(F) If the client will be using the wheelchair in the home, the DMEPOS provider or practitioner must perform an on-site, written evaluation of the client's living quarters prior to delivery of the wheelchair. This assessment must support that the client's home can accommodate and allow for the effective use of a wheelchair. This assessment must include but is

not limited to evaluation of physical layout, doorway widths, doorway thresholds, surfaces, counter/table height, accessibility (e.g., ramps), electrical service, etc.; and
(G) All HCPCS codes, including the base, options and accessories, whether prior authorization (PA) is required or not, that will be billed separately.
(c) A written order by the treating physician or nurse practitioner identifying the specific type of manual wheelchair needed. If the order does not specify the type requested by the DMEPOS provider on the authorization request, the provider must obtain another written order that lists the specific manual wheelchair that is being ordered and any options and accessories requested. The DMEPOS provider may enter the items on this order. This order must be signed and dated by the treating physician or nurse practitioner, received by the DMEPOS provider, and submitted to the authorizing authority;
(d) For purchase of K0001, K0002 or K0003 (without modifications), send documentation listed in (3) (b)(A-E);
(e) For an ultralight wheelchair (K0005), documentation from a PT, OT, treating physician, or nurse practitioner that includes a description of the client's mobility needs within the home. This may include what types of activities the client frequently encounters and whether the client is fully independent in the use of the wheelchair. Describe the features of the K0005 base that are needed compared to the K0004 base;
(f) When code K0009 is requested, send all information from a PT, OT, treating physician, or nurse practitioner that justifies the medical appropriateness for the item;
(g) Any additional documentation that supports indications of coverage are met as specified in this policy;
(h) For a manual wheelchair rental, submit all of the following:
(A) A written order from the treating physician or nurse practitioner identifying the specific type of manual wheelchair needed:
(i) If the order does not specify the type of wheelchair requested by the DMEPOS provider on the authorization request, the provider must obtain another written order that lists the specific manual wheelchair that is being ordered and any options and accessories requested;
(ii) The DMEPOS provider may enter the items on this order;
(iii) This order must be signed and dated by the treating physician or nurse practitioner, received by the DMEPOS provider, and submitted to the authorizing authority.
(B) HCPCS codes;
(C) Documentation from the DMEPOS provider that supports the client’s home can accommodate and allow for the effective use of the requested wheelchair.
(i) All documentation listed in section (3) of this rule must be kept on file by the DMEPOS provider;
(j) Documentation that coverage criteria have been met must be present in the client’s medical records, and this documentation must be made available to the Division upon request.
(4) Table 122-0320 – Manual Wheelchair Base.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

Table 410-122-0320 – Manual Wheelchair Base

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
E1161	Manual adult size wheelchair, includes tilt-in-space	PA	PC	RT	13	RP	
K0001	Standard wheelchair	PA	PC	RT	13	RP	
K0002	Standard hemi (low seat) wheelchair	PA	PC	RT	13	RP	
K0003	Light-weight wheelchair	PA	PC	RT	13	RP	
K0004	High strength, light-weight wheelchair	PA	PC	RT	13	RP	
K0005	Ultra-light-weight wheelchair	PA	PC	RT	13	RP	
K0006	Heavy-duty wheelchair	PA	PC	RT	13	RP	
K0007	Extra heavy-duty wheelchair	PA	PC	RT	13	RP	NF
K0009	Other manual wheelchair/base	PA	PC	RT	13	RP	NF

AMEND: 410-122-0325

REPEAL: Temporary 410-122-0325 from DMAP 36-2017(TEMP)

RULE TITLE: Power Wheelchair Base

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division may cover a power wheelchair (PWC) when conditions of coverage in OAR 410-122-0080(1) and all of the following criteria are met:

(A) The client has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) in or out of the home. MRADLs include but are not limited to tasks such as toileting, feeding, dressing, grooming, and bathing. A mobility limitation is one that:

(i) Prevents the client from accomplishing an MRADL entirely; or

(ii) Places the client at reasonably determined heightened risk of morbidity or mortality secondary to attempts to perform an MRADL; or

(iii) Prevents the client from completing an MRADL within a reasonable time frame.

(B) An appropriately fitted cane or walker cannot sufficiently resolve the client's mobility limitation;

(C) The client does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair to perform MRADLs during a typical day:

(i) Assessment of upper extremity function shall consider limitations of strength, endurance, range of motion or coordination, presence of pain, and deformity or absence of one or both upper extremities;

(ii) An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.

(D) If the client will be using the PWC in the home, the home provides adequate maneuvering space, maneuvering surfaces, and access between rooms for the operation of the PWC that is being requested;

(E) Use of a PWC will significantly improve the client's ability to participate in MRADLs. For clients with severe cognitive and physical impairments, participation in MRADLs may require the assistance of a caregiver;

(F) The client is willing to use the requested PWC on a regular basis;

(G) There is objective evidence that demonstrates that the client cannot use a power-operated vehicle (POV);

(H) The client has sufficient mental and physical capabilities to safely operate the PWC;

(I) If the client is unable to safely operate the PWC and has a caregiver, the Division may cover the PWC if the caregiver is unable to adequately propel an optimally-configured manual wheelchair and is available, willing, and able to safely operate the PWC being requested;

(J) The client's weight is less than or equal to the weight capacity of the PWC requested.

(b) Only when conditions of coverage as specified in section (1) (a) of this rule are met may the Division authorize a PWC for any of the following situations:

(A) When the PWC can be reasonably expected to improve the client's ability to complete MRADLs by compensating for other limitations in addition to mobility deficits, and the client is compliant with treatment:

(i) Besides MRADLs deficits, when other limitations exist, and these limitations can be ameliorated or compensated sufficiently such that the additional provision of a PWC will be reasonably expected to significantly improve the client's ability to perform or obtain assistance to participate in MRADLs, a PWC may be considered for coverage;

(ii) If the amelioration or compensation requires the client's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of PWC coverage if it

results in the client continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of a PWC.
(B) When a client's current wheelchair is no longer medically appropriate, or repair and modifications to the wheelchair exceed replacement costs;
(C) When a covered client-owned wheelchair is in need of repair, the Division may pay for one month's rental of a wheelchair.
(c) For a PWC to be covered, the treating physician or nurse practitioner must conduct a face-to-face examination of the client before writing the order, and the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider must receive a written report of this examination within 45 days after the face-to-face examination and prior to delivery of the device:
(A) When this examination is performed during a hospital or nursing facility stay, the DMEPOS provider must receive the report of the examination within 45 days after date of discharge;
(B) The physician or nurse practitioner may refer the client to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), to perform part of this face-to-face examination. This individual may not be an employee of the DMEPOS provider or have any direct or indirect financial relationship, agreement, or contract with the DMEPOS provider. When the DMEPOS provider is owned by a hospital, a PT/OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination:
(i) If the client was referred to the PT/OT before being seen by the physician or nurse practitioner, then once the physician or nurse practitioner has received and reviewed the written report of this examination, the physician or nurse practitioner must see the client and perform any additional examination that is needed. The physician's or nurse practitioner's report of the visit should state concurrence or any disagreement with the PT/OT examination. In this situation, the physician or nurse practitioner must provide the DMEPOS provider with a copy of both examinations within 45 days of the face-to-face examination with the physician or nurse practitioner;
(ii) If the physician or nurse practitioner examined the client before referring the client to a PT/OT, then again in person after receiving the report of the PT/OT examination, the 45-day period begins on the date of that second physician or nurse practitioner visit. However, it is also acceptable for the physician or nurse practitioner to review the written report of the PT/OT examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the physician or nurse practitioner must send a copy of the note from his initial visit to evaluate the client plus the annotated, signed, and dated copy of the PT/OT examination to the DMEPOS provider. The 45-day period begins when the physician or nurse practitioner signs and dates the PT/OT examination;
(iii) If the PWC is a replacement of a similar item that was previously covered by the Division or when only PWC accessories are being ordered and all other coverage criteria in this rule are met, a face-to-face examination is not required.
(d) The Division does not reimburse for another chair if a client has a medically appropriate wheelchair, regardless of payer;
(e) If the client will be using the PWC in the home, the home must be able to accommodate and allow for the effective use of the requested PWC. The Division does not reimburse for adapting the living quarters;
(f) The equipment must be supplied by a DMEPOS provider that employs a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the client;
(g) The provider's ATP must be employed by a provider in a full-time, part-time, or contracted capacity as is acceptable by state law. The provider's ATP, if part-time or contracted, must be under the direct control of the provider;
(h) Documentation must be complete and detailed enough so a third party would be able to understand the nature of the provider's ATP involvement, if any, in the licensed/certified medical professional (LCMP) specialty evaluation;
(i) The provider's ATP may not conduct the provider evaluation at the time of delivery of the power mobility device to the client's residence;
(j) Reimbursement for wheelchair codes includes all labor charges involved in the assembly of the wheelchair and all

covered additions or modifications. Reimbursement also includes support services such as emergency services, delivery, set-up, pick-up and delivery for repairs/modifications, education, and ongoing assistance with use of the wheelchair;
(k) The delivery of the PWC must be within 120 days following completion of the face-to-face examination;
(L) A PWC may not be ordered by a podiatrist;
(m) The following services are not covered:
(A) A PWC for functionally ambulatory clients;
(B) A PWC used to replace private or public transportation such as automobile, bus, or taxi;
(C) A PWC with a captain's chair for a client who needs a separate wheelchair seat and/or back cushion;
(D) Items or upgrades that primarily allow performance of leisure or recreational activities including but not limited to backup wheelchairs, backpacks, accessory bags, awnings, additional positioning equipment if wheelchair meets the same need, custom colors, wheelchair gloves, head lights, and tail lights;
(E) Power mobility devices, not coded by the Pricing, Data Analysis and Coding (PDAC) contractor or does not meet criteria;
(F) Power wheelchairs, not otherwise classified (K0898).
(2) Coding Guidelines:
(a) Specific types of PWCs:
(A) A Group 1 PWC (K0813-K0816) or a Group 2 Heavy Duty (HD), Very Heavy Duty (VHD), or Extra Heavy Duty (EHD) wheelchair (K0824-K0829) may be covered when the coverage criteria for a PWC are met;
(B) A Group 2 Standard PWC with a sling or solid seat (K0820, K0822) may be covered when:
(i) The coverage criteria for a PWC are met; and
(ii) The client is using a skin protection and/or positioning seat and/or back cushion that meets the coverage criteria defined in OAR 410-122-0340 Wheelchair Options/Accessories.
(C) A Group 2 Single Power Option PWC (K0835 – K0840) may be covered when the coverage criteria for a PWC are met; and
(i) The client either:
(I) 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
(II) Meets the coverage criteria for a power tilt or recline seating system and the system is being used on the wheelchair.
(ii) The client has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, nurse practitioner, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical appropriateness for the wheelchair and its special features (see Documentation Requirements in section (3) of this rule). The PT, OT, nurse practitioner, or physician may have no financial relationship with the DMEPOS provider.
(D) A Group 2 Multiple Power Option PWC (K0841-K0843) may be covered when the coverage criteria for a PWC are met, and:
(i) The client either:
(I) Meets the coverage criteria for a power tilt or recline seating system; or
(II) Uses a ventilator that is mounted on the wheelchair.
(ii) The client has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT, OT, nurse practitioner, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical appropriateness for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, nurse practitioner, or physician may have no financial relationship with the DMEPOS provider.
(E) A Group 3 PWC with no power options (K0848-K0855) may be covered when:
(i) The coverage criteria for a PWC are met; and
(ii) The client's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
(iii) The client has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a

PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, physician, or nurse practitioner may have no financial relationship with the DMEPOS provider.
(F) A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) may be covered when:
(i) The Group 3 criteria in section (2)(a)(E) (i-ii) are met; and
(ii) The Group 2 Single Power Option in section (2)(a)(C)(i)(I) or (II) and section (2)(a)(C)(ii) or Multiple Power Options section (2)(a)(D)(i)(I) or (II) and section (2)(a)(D)(ii) (respectively) are met.
(G) Requests for Group 4 PWCs will be reviewed on a case-by-case basis. Client specific clinical documentation must be submitted that supports the medical need for this level of PWC and demonstrates that there is no equally effective, less costly PWC that meets the client's medical needs.
(b) PWC Basic Equipment Package: Each PWC code is required to include the following items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted):
(A) Lap belt or safety belt;
(B) Battery charger single mode;
(C) Complete set of tires and casters any type;
(D) Legrests. There is no separate billing/payment if fixed or swingaway detachable non-elevating legrests with/without calf pad are provided. Elevating legrests may be billed separately;
(E) Fixed/swingaway detachable footrests with/without angle adjustment footplate/platform;
(F) K0040 may be billed separately with K0848 through K0864;
(G) Armrests. There is no separate billing or payment if fixed or swingaway detachable non-adjustable armrests with arm pad are provided. Adjustable height armrests may be billed separately;
(H) Upholstery for seat and back of proper strength and type for patient weight capacity of the power wheelchair;
(I) Weight specific components (braces, bars, upholstery, brackets, motors, gears) as required by patient weight capacity;
(J) Controller and Input Device. There is no separate billing or payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a non-standard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.
(c) If a client needs a seat and/or back cushion but does not meet coverage criteria for a skin protection and/or positioning cushion, it may be appropriate to request a captain's chair seat rather than a sling/solid seat/back and a separate general use seat and/or back cushion;
(d) A PWC with a seat width or depth of 14" or less is considered a pediatric PWC base and is coded E1239, PWC, pediatric size, not otherwise specified (see OAR 410-122-0720 Pediatric Wheelchairs);
(e) Contact the Medicare Pricing, Data Analysis and Coding (PDAC) contractor regarding correct coding. See 410-122-0180 Healthcare Common Procedure Coding System (HCPCS) Level II Coding for more information.
(3) Documentation Requirements: Submit all of the following documentation with the prior authorization (PA) request:
(a) A copy of the written report of the face-to-face examination of the client by the physician or nurse practitioner:
(A) This report must include information related to the following:
(i) This client's mobility limitation and how it interferes with the performance of activities of daily living;
(ii) Why a cane or walker cannot sufficiently resolve the client's mobility limitation;
(iii) Why a manual wheelchair cannot sufficiently resolve the client's mobility limitation;
(iv) Why a POV/scooter cannot sufficiently resolve the client's mobility limitation;
(v) The client's physical and mental abilities to operate a PWC safely:
(I) Besides a mobility limitation, if other conditions exist that limit a client's ability to participate in activities of daily living (ADLs), how these conditions will be ameliorated or compensated by use of the wheelchair;
(II) How these other conditions will be ameliorated or compensated sufficiently such that the provision of a PWC will be reasonably expected to significantly improve the client's ability to perform or obtain assistance to participate in

MRADLs.
(B) The face-to-face examination should provide pertinent information about the following elements, but may include other details. Only relevant elements need to be addressed:
(i) Symptoms;
(ii) Related diagnoses;
(iii) History:
(I) How long the condition has been present;
(II) Clinical progression;
(III) Interventions that have been tried and the results;
(IV) Past use of walker, manual wheelchair, POV, or PWC and the results.
(iv) Physical exam:
(I) Weight;
(II) Impairment of strength, range of motion, sensation, or coordination of arms and legs;
(III) Presence of abnormal tone or deformity of arms, legs, or trunk;
(IV) Neck, trunk, and pelvic posture and flexibility;
(V) Sitting and standing balance.
(v) Functional assessment indicating any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person:
(I) Transferring between a bed, chair, and power mobility device;
(II) Walking around their home or community including information on distance walked, speed, and balance.
(C) The examination must clearly distinguish the client's abilities and needs within the home and community.
(b) The physician's or nurse practitioner's written order received by the DMEPOS provider within 45 days (date stamp or equivalent must be used to document receipt date) after the physician's or nurse practitioner's face-to-face examination. The order must include all of the following elements:
(A) Client's name;
(B) Description of the item that is ordered. This may be general (e.g., "power wheelchair" or "power mobility device") or may be more specific:
(i) If this order does not identify the specific type of PWC that is being requested, the DMEPOS provider must clarify this by obtaining another written order that lists the specific PWC that is being ordered and any options and accessories requested;
(ii) The items on this clarifying order may be entered by the DMEPOS provider. This subsequent order must be signed and dated by the treating physician or nurse practitioner, received by the DMEPOS provider, and submitted to the authorizing authority, but does not have to be received within 45 days following the face-to-face examination.
(C) Date of the face-to-face examination;
(D) Pertinent diagnoses/conditions and diagnosis codes that relate specifically to the need for the PWC;
(E) Length of need;
(F) Physician's or nurse practitioner's signature;
(G) Date of physician's or nurse practitioner's signature.
(c) For all requested equipment and accessories, the manufacturer's name, product name, model number, standard features, specifications, dimensions, and options;
(d) Detailed information about client-owned equipment (including serial numbers) as well as any other equipment being used or available to meet the client's medical needs, including how long it has been used by the client and why it cannot be grown (expanded) or modified, if applicable;
(e) If the client will be using the PWC in the home, the DMEPOS provider or practitioner must perform an on-site, written evaluation of the client's living quarters, prior to delivery of the PWC. This assessment must support that the client's home can accommodate and allow for the effective use of a PWC. Assessment must include but is not limited to evaluation of physical layout, doorway widths, doorway thresholds, surfaces, counter or table height, accessibility (e.g.,

ramps), electrical service, etc.;
(f) A written document (termed a detailed product description) prepared by the DMEPOS provider and signed and dated by the physician or nurse practitioner that includes:
(i) The specific base (HCPCS code and manufacturer name/model) and all options and accessories (including HCPCS codes), whether PA is required or not, that will be billed separately;
(ii) The DMEPOS provider's charge and the Division fee schedule allowance for each separately billed item;
(iii) If there is no Division fee schedule allowance, the DMEPOS provider must enter "not applicable";
(iv)The DMEPOS provider must receive the signed and dated detailed product description from the physician or nurse practitioner prior to delivery of the PWC;
(v) A date stamp or equivalent must be used to document receipt date of the detailed product description.
(g) Any additional documentation that supports indications of coverage are met as specified in this rule;
(h) The DMEPOS provider must keep the above documentation on file;
(i) Documentation that the coverage criteria have been met must be present in the client's medical records and made available to the Division upon request.
(4) Prior Authorization:
(a) All codes in this rule require PA and may be purchased, rented, and repaired;
(b) Codes specified in this rule are not covered for clients residing in nursing facilities;
(c) Reimbursement on standard Group 1 and Group 2 wheelchairs without power option (K0813-K0816, K0820-K0829) shall only be made on a monthly rental basis;
(d) Rented equipment is considered purchased when the Division fee schedule allowable for purchase is met or the actual charge from the provider is met, whichever is the lowest.
(5) Table 122-0325.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

Table 410-122-0325

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	PA		RT	13	RP	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	PA		RT	13	RP	
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	PA		RT	13	RP	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	PA		RT	13	RP	

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	PA		RT	13	RP	
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	PA		RT	13	RP	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight 601 pounds or more	PA		RT	13	RP	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	PA	PC	RT	13	RP	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	PA	PC	RT	13	RP	
K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	PA	PC	RT	13	RP	
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	PA	PC	RT	13	RP	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0843	Power wheelchair, group 2 heavy duty, multiple power option,	PA	PC	RT	13	RP	

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
	sling/solid seat/back, patient weight capacity 301 to 450 pounds						
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	PA	PC	RT	13	RP	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	PA	PC	RT	13	RP	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	PA	PC	RT	13	RP	
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	PA	PC	RT	13	RP	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	PA	PC	RT	13	RP	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	PA	PC	RT	13	RP	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	PA	PC	RT	13	RP	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's	PA	PC	RT	13	RP	

For the code legend see OAR 410-122-0182.

Code	Description	PA	PC	RT	MR	RP	NF
	chair, patient weight capacity 301 to 450 pounds						
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	PA	PC	RT	13	RP	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	PA	PC	RT	13	RP	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	PA	PC	RT	13	RP	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	PA	PC	RT	13	RP	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	PA	PC	RT	13	RP	

AMEND: 410-122-0330

REPEAL: Temporary 410-122-0330 from DMAP 36-2017(TEMP)

RULE TITLE: Power-Operated Vehicle

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division may cover a power-operated vehicle (POV) when conditions of coverage in OAR 410-122-0080(1) and all of the following criteria are met:

(A) The client has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) in or out of the home. MRADLs include but are not limited to tasks such as toileting, feeding, dressing, grooming, and bathing. A mobility limitation is one that:

(i) Prevents the client from accomplishing an MRADL entirely; or

(ii) Places the client at reasonably determined heightened risk of morbidity or mortality secondary to attempts to perform an MRADL; or

(iii) Prevents the client from completing an MRADL within a reasonable time frame.

(B) An appropriately fitted cane or walker cannot resolve the client's mobility limitation;

(C) The client does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair to perform MRADLs during a typical day:

(i) Assessment of upper extremity function should consider limitations of strength, endurance, range of motion, or coordination, presence of pain, and deformity or absence of one or both upper extremities;

(ii) An optimally-configured manual wheelchair features an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.

(D) The client has sufficient strength, postural stability, or other physical or mental capabilities needed to safely operate a POV;

(E) If the client will be using the POV in the home, the client's home provides adequate maneuvering space, maneuvering surfaces, and access between rooms for the operation of the POV being requested. The Division does not reimburse for adapting living quarters;

(F) The client is able to:

(i) Safely transfer to and from the POV;

(ii) Operate the tiller steering system, and

(iii) Maintain postural stability and position while operating the POV.

(G) Use of a POV will significantly improve the client's ability to participate in their MRADLs;

(H) The client is willing to use the requested POV on a regular basis;

(I) The Division does not cover services or upgrades that primarily allow performance of leisure or recreational activities. Such services include but are not limited to backup POVs, backpacks, accessory bags, awnings, additional positioning equipment if the POV meets the same need, custom colors, and wheelchair gloves.

(b) For a POV to be covered, the treating physician or nurse practitioner must conduct a face-to-face examination of the client before writing the order:

(A) The durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider must receive a written report of this examination within 45 days after the face-to-face examination and prior to delivery of the device;

(B) When this examination is performed during a hospital or nursing facility stay, the DMEPOS provider must receive the report of the examination within 45 days after date of discharge;

(C) The physician or nurse practitioner may refer the client to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), to perform part of this face-to-face examination. This person may not be an employee of the DMEPOS provider or have any direct or indirect financial relationship, agreement, or contract with the DMEPOS provider. When the DMEPOS provider is owned by a hospital, a PT/OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination:
(i) If the client was referred to the PT/OT before being seen by the physician or nurse practitioner, then once the physician or nurse practitioner has received and reviewed the written report of this examination, the physician or nurse practitioner must see the client and perform any additional examination that is needed. The physician's or nurse practitioner's report of the visit shall state concurrence or any disagreement with the PT/OT examination. In this situation, the physician or nurse practitioner must provide the DMEPOS provider with a copy of both examinations within 45 days of the face-to-face examination with the physician or nurse practitioner;
(ii) If the physician or nurse practitioner examined the client before referring the client to a PT/OT, then again in person after receiving the report of the PT/OT examination, the 45-day period begins on the date of that second physician or nurse practitioner visit. However, it is also acceptable for the physician or nurse practitioner to review the written report of the PT/OT examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the physician or nurse practitioner must send a copy of the note from his initial visit to evaluate the client plus the annotated, signed, and dated copy of the PT/OT examination to the DMEPOS provider. The 45-day period begins when the physician or nurse practitioner signs and dates the PT/OT examination;
(iii) If the POV is a replacement of a similar item that was previously covered by the Division or when only POV accessories are being ordered and all other coverage criteria in this rule are met, a face-to-face examination is not required.
(c) The Division may authorize a new POV when a client's existing POV is no longer medically appropriate or repair and modifications to the POV exceed replacement costs;
(d) If a client has a medically appropriate POV regardless of payer, the Division may not reimburse for another POV;
(e) The cost of the POV includes all options and accessories that are provided at the time of initial purchase, including but not limited to batteries, battery chargers, weight appropriate upholstery and seating system, tiller steering, non-expandable controller with proportional response to input, complete set of tires, and all accessories needed for safe operation;
(f) Reimbursement for the POV includes all labor charges involved in the assembly of the POV and all covered additions or modifications. Reimbursement also includes support services such as emergency services, delivery, set-up, pick-up and delivery for repairs/modifications, education, and on-going assistance with use of the POV;
(g) If a client-owned POV meets coverage criteria, medically appropriate replacement items including but not limited to batteries may be covered;
(h) If a POV is covered, a manual or power wheelchair provided at the same time or subsequently shall be denied as not medically appropriate;
(i) The Division shall cover one month's rental of a POV if a client-owned POV is being repaired;
(j) The following services are not covered:
(A) POV for functionally ambulatory clients;
(B) A POV used to replace private or public transportation such as an automobile, bus, or taxi;
(C) A POV for a client residing in a nursing facility.
(2) Coding guidelines:
(a) Group 1 POVs (K0800 — K0802) are typically used only inside the home;
(b) Group 2 POVs (K0806 –K0808) have added capabilities not needed for in home use. Client specific clinical documentation must be submitted that supports the medical need for this level of POV and demonstrates that there is no equally effective, less costly alternative that meets the client's medical needs;
(c) A replacement item including but not limited to replacement batteries shall be requested using the specific wheelchair option or accessory code if one exists (see 410-122-0340, Wheelchairs Options/Accessories). If a specific

code does not exist, use code K0108 (wheelchair component or accessory, not otherwise specified);
(d) For guidance on correct coding, DMEPOS providers shall contact the Pricing, Data Analysis and Coding (PDAC) Contractor by the Centers for Medicare and Medicaid Services. See 410-122-0180 Healthcare Common Procedure Coding System (HCPCS) Level II Coding for more information.
(3) Documentation requirements: Submit all of the following documentation with the prior authorization (PA) request:
(a) A copy of the written report of the face-to-face examination of the client by the physician or nurse practitioner:
(A) The report must include information related to the following:
(i) The client's mobility limitation and how it interferes with the performance of activities of daily living;
(ii) Why a cane or walker cannot sufficiently resolve the client's mobility limitations;
(iii) Why a manual wheelchair cannot sufficiently resolve the client's mobility limitations;
(iv) The client's physical and mental abilities to operate a POV (scooter):
(I) Besides a mobility limitation, if other conditions exist that limit a client's ability to participate in MRADLs, how these conditions will be ameliorated or compensated;
(II) How these other conditions will be ameliorated or compensated sufficiently such that the additional provision of mobility assistive equipment (MAE) will be reasonably expected to significantly improve the client's ability to perform or obtain assistance to participate in MRADLs.
(B) The face-to-face examination shall provide pertinent information about the following elements but may include other details. Only relevant elements need to be addressed:
(i) Symptoms;
(ii) Related diagnoses;
(iii) History:
(I) How long the condition has been present;
(II) Clinical progression;
(III) Interventions that have been tried and the results;
(IV) Past use of walker, manual wheelchair, POV, or power wheelchair and the results;
(iv) Physical exam:
(I) Weight;
(II) Impairment of strength, range of motion, sensation, or coordination of arms and legs;
(III) Presence of abnormal tone or deformity of arms, legs, or trunk;
(IV) Neck, trunk, and pelvic posture and flexibility;
(V) Sitting and standing balance.
(v) Functional assessment indicating any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person:
(I) Transferring between a bed, chair, and power mobility device;
(II) Walking around their home or community including information on distance walked, speed, and balance.
(b) The physician's or nurse practitioner's written order, received by the DMEPOS provider within 30 days after the physician's or nurse practitioner's face-to-face examination that includes all of the following elements:
(A) Client's name;
(B) Description of the item that is ordered. This may be general (e.g., "POV" or "power mobility device") or may be more specific:
(i) If this order does not identify the specific type of POV that is being requested, the DMEPOS provider must clarify this by obtaining another written order that lists the specific POV that is being ordered and any options and accessories requested;
(ii) The items on this order may be entered by the DMEPOS provider. This subsequent order must be signed and dated by the treating physician or nurse practitioner, received by the DMEPOS provider, and submitted to the authorizing authority, but does not have to be received within 45 days following the face-to-face examination.
(C) Most significant ICD-10 diagnosis code that relates specifically to the need for the POV;

(D) Length of need;
(E) Physician's or nurse practitioner's signature;
(F) Date of physician's or nurse practitioner's signature.
(c) For all requested equipment and accessories, include the manufacturer's name, product name, model number, standard features, specifications, dimensions, and options;
(d) Detailed information about client-owned equipment (including serial numbers) as well as any other equipment being used or available to meet the client's medical needs, including the age of the equipment and why it cannot be grown (expanded) or modified, if applicable;
(e) A written evaluation of the client's living quarters performed by the DMEPOS provider. This assessment must support that the client's home can accommodate and allow for the effective use of a POV, including but is not limited to evaluation of door widths, counter/table height, accessibility (e.g., ramps), electrical service, etc.;
(f) All HCPCS to be billed on this claim (both codes that require authorization and those that do not require authorization);
(g) Any additional documentation that supports indications of coverage are met as specified in this rule;
(h) The above documentation must be kept on file by the DMEPOS provider;
(i) Documentation that the coverage criteria have been met must be present in the client's medical record. This documentation and any additional medical information from the DMEPOS provider must be made available to the Division upon request.
(4) Billing:
(a) Procedure Codes:
(A) K0800 Power operated vehicle, Group 1 standard, patient weight capacity up to and including 300 pounds — PA;
(B) K0801 Power operated vehicle, Group 1 heavy duty, patient weight capacity, 301 to 450 pounds — PA;
(C) K0802 Power operated vehicle, Group 1 very heavy duty, patient weight capacity, 451 to 600 pounds — PA.
(b) The Division shall purchase, rent, and repair;
(c) Item considered purchased after 13 months of rent or the Division fee schedule purchase price is met, whichever is less.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

AMEND: 410-122-0340

REPEAL: Temporary 410-122-0340 from DMAP 36-2017(TEMP)

RULE TITLE: Wheelchair Options/Accessories

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division may cover options and accessories for covered wheelchairs when the following criteria are met:

(A) The client has a wheelchair that meets Division coverage criteria; and

(B) The client requires the options/accessories to participate in one or more mobility-related activities of daily living (MRADLs) in the home, community or any non-institutional setting in which normal life activities take place. See OAR 410-122-0010, Definitions for definition of MRADLs.

(b) The Division does not cover options/accessories whose primary benefit is allowing the client to perform leisure or recreational activities;

(c) Arm of Chair:

(A) Adjustable arm height option (E0973, K0017, K0018, and K0020) may be covered when the client:

(i) Requires an arm height that is different than what is available using nonadjustable arms; and

(ii) Spends at least two hours per day in the wheelchair.

(B) An arm trough (E2209) is covered if the client has quadriplegia, hemiplegia, or uncontrolled arm movements.

(d) Footrest/Legrest:

(A) Elevating legrests (E0990, K0046, K0047, K0053, and K0195) may be covered when:

(i) The client has a musculoskeletal condition or the presence of a cast or brace that prevents 90 degree flexion at the knee;

(ii) The client has significant edema of the lower extremities that requires having an elevating legrest; or

(iii) The client meets the criteria for and has a reclining back on the wheelchair.

(B) Elevating legrests that are used with a wheelchair that is purchased or owned by the patient are coded E0990. This code is per legrest;

(C) Elevating legrests that are used with a capped rental wheelchair base shall be coded K0195. This code is per pair of legrests.

(e) Nonstandard Seat Frame Dimensions:

(A) For all adult wheelchairs, the Division includes payment for seat widths or seat depths of 15-19 inches in the payment for the base code. These seat dimensions may not be billed separately;

(B) Codes E2201-E2204 and E2340-E2343 describe seat widths or depths of 20 inches or more for manual or power wheelchairs;

(C) A nonstandard seat width or depth (E2201-E2204 and E2340-E2343) is covered only if the patient's dimensions justify the need.

(f) Rear Wheels for Manual Wheelchairs. Code E2213 (flat free insert) is used to describe either:

(A) A removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured; or

(B) Non-removable foam material in a foam filled rubber tire;

(C) E2213 is not used for a solid self-skinning polyurethane tire.

(g) Batteries/Chargers:

(A) Up to two batteries (E2360-E2365) at any one time are allowed if required for a power wheelchair;

(B) Batteries/chargers for power wheelchairs are payable separately from the purchased wheelchair base.
(h) Seating:
(A) The Division may cover a general use seat cushion and a general-use wheelchair back-cushion for a client whose wheelchair meets Division coverage criteria;
(B) A skin protection seat cushion may be covered for a client who meets both of the following criteria:
(i) The client has a wheelchair that meets Division coverage criteria; and
(ii) The client has either of the following:
(I) Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; or
(II) Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift.
(C) A positioning seat cushion, positioning back cushion, and positioning accessory (E0955-E0957, E0960) may be covered for a client who meets both of the following criteria:
(i) The client has a wheelchair that meets Division coverage criteria; and
(ii) The client has any significant postural asymmetries.
(D) A combination skin protection and positioning seat cushion may be covered when a client meets the criteria for both a skin protection seat cushion and a positioning seat cushion;
(E) Separate payment is allowed for a seat cushion solid support base (E2231) with mounting hardware when it is used on an adult manual wheelchair (K0001-K0009, E1161);
(F) There is no separate payment for a solid insert (E0992) 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;
(G) There is no separate payment for mounting hardware for a seat or back cushion;
(H) There is no separate payment for a headrest (E0955, E0966) on a captain's seat on a power wheelchair;
(I) A custom fabricated seat cushion (E2609) and a custom fabricated back cushion (E2617) are cushions that are individually made for a specific patient:
(i) Basic materials include liquid foam or a block of foam and sheets of fabric or liquid coating material:
(I) A custom fabricated cushion may include certain prefabricated components (e.g., gel or multi-cellular air inserts). These components may not be billed separately;
(II) The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface.
(ii) The cushion must be fabricated using molded-to-patient-model technique, direct molded-to-patient technique, computer-aided design and computer-aided manufacturing (CAD-CAM) technology, or detailed measurements of the patient used to create a configured cushion:
(I) If foam-in-place or other material is used to fit a substantially prefabricated cushion to an individual client, the cushion must be billed as a prefabricated cushion, not custom fabricated;
(II) The cushion must have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion.
(iii) If a custom fabricated seat and back are integrated into a one-piece cushion, code as E2609 plus E2617.
(J) A custom fabricated seat cushion may be covered if criteria in subparagraph (i) and (iii) are met. A custom fabricated back cushion may be covered if criteria subparagraph (ii) and (iii) are met:
(i) Client meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
(ii) Client meets all of the criteria for a prefabricated positioning back cushion;
(iii) There is a comprehensive written evaluation by a licensed clinician who is not an employee of or otherwise paid by a durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provider that clearly explains why a prefabricated seating system is not sufficient to meet the client's seating and positioning needs.
(K) A prefabricated seat cushion, a prefabricated positioning back cushion, or a brand name custom fabricated seat or back cushion that has not received a written coding verification as published by the Pricing, Data Analysis and Coding (PDAC) contractor by the Centers for Medicare and Medicaid Services; or that does not meet the criteria stated in this rule is not covered;

(L) A headrest extension (E0966) is a sling support for the head. Code E0955 describes any type of cushioned headrest;
(M) 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;
(N) A solid insert (E0992) is a separate rigid piece of wood or plastic that is inserted in the cover of a cushion to provide additional support and is included in the allowance for a seat cushion;
(O) A solid support base for a seat cushion is a rigid piece of plastic or other material that 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. Use code E2231 for this solid support base.
(i) The Division shall only cover accessories billed under the following codes when PDAC makes written confirmation of use of the code for the specific product being billed: E2601-E2608, E2611-E2616, E2620, E2621; E2609 and E2617 (brand-name products); K0108 (for wheelchair cushions):
(A) Information concerning the documentation that must be submitted to PDAC for a Coding Verification Request can be found on the PDAC website or by contacting PDAC;
(B) A product classification list with products that have received a coding verification can be found on the PDAC website.
(j) Code E1028 (swingaway or removable mounting hardware upgrade) may be billed in addition to codes E0955-E0957. It may not be billed in addition to code E0960. It may not be used for mounting hardware related to a wheelchair seat cushion or back cushion code;
(k) Power seating systems:
(A) A power-tilt seating system (E1002):
(i) Includes all the following:
(I) A solid seat platform and a solid back; any frame width and depth;
(II) Detachable or flip-up fixed height or adjustable height armrests;
(III) Fixed or swingaway detachable legrests;
(IV) Fixed or flip-up footplates;
(V) Motor and related electronics with or without variable speed programmability;
(VI) Switch control that is independent of the power wheelchair drive control interface;
(VII) Any hardware that is needed to attach the seating system to the wheelchair base.
(ii) It does not include a headrest;
(iii) It must have the following features:
(I) Ability to tilt to greater than or equal to 45 degrees from horizontal;
(II) Ability for the supplier to adjust the seat to back angle;
(III) Ability to support patient weight of at least 250 pounds.
(B) A power recline seating system (E1003-E1005):
(i) Includes all the following:
(I) A solid seat platform and a solid back;
(II) Any frame width and depth;
(III) Detachable or flip-up fixed height or adjustable height arm rests;
(IV) Fixed or swingaway detachable legrests;
(V) Fixed or flip-up footplates;
(VI) A motor and related electronics with or without variable speed programmability;
(VII) A switch control that is independent of the power wheelchair drive control interface;
(VIII) Any hardware that is needed to attach the seating system to the wheelchair base.
(ii) It does not include a headrest;
(iii) It must have the following features:
(I) Ability to recline to greater than or equal to 150 degrees from horizontal;
(II) Back height of at least 20 inches;

(III) Ability to support patient weight of at least 250 pounds.
(C) A power tilt and recline seating system (E1006-E1008):
(i) Includes the following:
(I) A solid seat platform and a solid back;
(II) Any frame width and depth; detachable or flip-up fixed height or adjustable height armrests;
(III) Fixed or swing-away detachable legrests; fixed or flip-up footplates;
(IV) Two motors and related electronics with or without variable speed programmability;
(V) Switch control that is independent of the power wheelchair drive control interface;
(VI) Any hardware that is needed to attach the seating system to the wheelchair base.
(ii) It does not include a headrest;
(iii) It must have the following features:
(I) Ability to tilt to greater than or equal to 45 degrees from horizontal;
(II) Ability to recline to greater than or equal to 150 degrees from horizontal;
(III) Back height of at least 20 inches; ability to support patient weight of at least 250 pounds.
(D) A mechanical shear reduction feature (E1004 and E1007) consists of two separate back panels. As the posterior back panel reclines or raises, a mechanical linkage between the two panels allows the client's back to stay in contact with the anterior panel without sliding along that panel;
(E) A power shear reduction feature (E1005 and E1008) consists of two separate back panels. As the posterior back panel reclines or raises, a separate motor controls the linkage between the two panels and allows the client's back to stay in contact with the anterior panel without sliding along that panel;
(F) A power leg elevation feature (E1010) involves a dedicated motor and related electronics with or without variable speed programmability that allows the legrest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control that may or may not be integrated with the power tilt and recline controls.
(L) Codes E2310 and E2311 (Power Wheelchair Accessory):
(A) Describe the electronic components that allow the client to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or non-proportional interface): Power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing;
(B) Include a function selection switch that allows the client to select the motor that is being controlled and an indicator feature to visually show which function has been selected;
(C) When the wheelchair drive function is selected the indicator feature may also show the direction that is selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface;
(D) Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box (if present);
(E) When a switch is medically appropriate and a client has adequate hand motor skills, a switch shall be considered the least costly alternative;
(F) E2310 or E2311 may be considered for coverage when a client does not have hand motor skills or presents with cognitive deficits, contractures, or limitation of movement patterns that prevents operation of a switch;
(G) In addition, an alternate switching system must be medically appropriate and not hand controlled (not running through a joystick).
(m) Power Wheelchair Drive Control Systems:
(A) The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include but are not limited to joystick, sip and puff, chin control, head control, etc.;
(B) A proportional interface is one in which the direction and amount of movement by the client controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick;
(C) A non-proportional interface is one that involves a number of switches. Selecting a particular switch determines the

direction of the wheelchair, but the speed is pre-programmed. One example of a non-proportional interface is a sip-and-puff mechanism;
(D) The term controller describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output to the motor and gears in the power wheelchair base;
(E) A switch is an electronic device that turns power to a particular function either “on” or “off.” The external component of a switch may be either mechanical or non-mechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include but are not limited to toggle, button, ribbon, etc. Examples of the external components of non-mechanical switches include but are not limited to proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component, or multiple functional switches may be integrated into a single external switch component, or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component;
(F) A stop switch allows for an emergency stop when a wheelchair with a non-proportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the patient having to continually activate the interface.) This switch is sometimes referred to as a kill switch;
(G) A direction change switch allows the client to change the direction that is controlled by another separate switch or by a mechanical proportional head control interface. For example, it allows a switch to initiate forward movement one time and backward movement another time;
(H) A function selection switch allows the client to determine what operation is being controlled by the interface at any particular time. Operations may include but are not limited to drive forward, drive backward, tilt forward, recline backward, etc.;
(I) An integrated proportional joystick and controller is an electronics package in which a joystick and controller electronics are in a single box that is mounted on the arm of the wheelchair;
(J) The interfaces described by codes E2321-E2322, E2325, and E2327-E2330 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking;
(K) A remote joystick (E2321) is one in which the joystick is in one box that is mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair;
(L) When code E2321 is used for a chin control interface, the chin cup is billed separately with code E2324;
(M) Code E2322 describes a system of 3-5 mechanical switches that are activated by the client touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch, if provided, are included in the allowance for the code;
(N) Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick, e.g., U shape or T shape or that have some other nonstandard feature, e.g., flexible shaft;
(O) A sip and puff interface (E2325) is a non-proportional interface in which the client holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit that is described by code E2326;
(P) A proportional, mechanical head control interface (E2327) is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the client’s head pressing on the headrest control the direction and speed of the wheelchair. A mechanical direction control switch is included in the code;
(Q) A proportional, electronic head control interface (E2328) is one in which a client’s head movements are sensed by a box placed behind the client’s head. The direction and amount of movement of the client’s head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the client’s arm or leg control the direction and speed of the wheelchair;
(R) A non-proportional, contact switch head control interface (E2329) is one in which a client activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the

head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code;
(S) A non-proportional, proximity switch head control interface (E2330) is one in which a client activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code;
(T) The KC modifier (replacement of special power wheelchair interface):
(i) Is used in the following situations:
(I) Due to a change in the client's condition an integrated joystick and controller is being replaced by another drive control interface, e.g., remote joystick, head control, sip and puff, etc.; or
(II) The client has a drive control interface described by codes E2320-E2322, E2325, or E2327-E2330 and both the interface (e.g., joystick, head control, sip and puff), and the controller electronics are being replaced due to irreparable damage.
(ii) The KC modifier is never used at the time of initial issue of a wheelchair;
(iii) The KC modifier specifically states replacement; therefore, the RP modifier is not required.
(n) Other power wheelchair accessories. An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface may be covered if the client has a covered speech generating device (See chapter 410, division 129, Speech-Language Pathology, Audiology and Hearing Aid Services.);
(o) Miscellaneous accessories:
(A) Anti-rollback device (E0974) is covered if the client propels himself and needs the device because of ramps;
(B) A safety belt/pelvic strap (E0978) is covered if the client has weak upper body muscles, upper body instability, or muscle spasticity that requires use of this item for proper positioning;
(C) A shoulder harness/straps or chest strap (E0960) and a safety belt/pelvic strap (E0978) are covered only to treat a client's medical symptoms:
(i) A medical symptom is defined as an indication or characteristic of a physical or psychological condition;
(ii) E0960 and E0978 are not covered when intended for use as a physical restraint or for purposes intended for discipline or convenience of others.
(D) One example (not all-inclusive) of a covered indication for swingaway, retractable, or removable hardware (E1028) would be to move the component out of the way so that a client could perform a slide transfer to a chair or bed;
(E) A fully reclining back option (E1226) is covered if the client spends at least two hours per day in the wheelchair and has one or more of the following conditions/needs:
(i) Quadriplegia;
(ii) Fixed hip angle;
(iii) Trunk or lower extremity casts/braces that require the reclining back feature for positioning;
(iv) Excess extensor tone of the trunk muscles; or
(v) The need to rest in a recumbent position two or more times during the day, and transfer between wheelchair and bed is very difficult.
(2) Documentation Requirements. Submit documentation that supports coverage criteria in this rule are met and the specified information as follows with the prior authorization (PA) request:
(a) When code K0108 is billed, a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical appropriateness for the item;
(b) Options/accessories for individual consideration might include documentation on the client's diagnosis, the client's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the client performs, etc.), the duration of the condition, the expected prognosis, past experience using similar equipment;
(c) For a custom-fabricated seat cushion:

(A) A comprehensive written evaluation by a licensed clinician (who is not an employee of or otherwise paid by a DMEPOS provider) that clearly explains why a prefabricated seating system is not sufficient to meet the client's seating and positioning needs;
(B) Diagnostic reports that support the medical condition;
(C) Dated and clear photographs;
(D) Body contour measurements.
(d) Documentation that the coverage criteria in this rule have been met must be present in the client's medical record. This documentation and any additional medical information from the DMEPOS provider must be made available to the Division upon request.
(3) Table 122-0340 – 1.
(4) Table 122-0340 – 2.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

Table 122-0340-1

Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
Power Operated Vehicle (K0800-K0802)	All options and accessories
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power Wheelchair Base Groups 1 and 2 (K0813-K0816, K0820–K0829, K0835-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2387, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3 and 5 (K0848-K0864)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2368, E2369, E2370, E2374, E2375, E2376, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0020, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047

Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Table 122-0340 – 2 Wheelchair Options/Accessories

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
Arm of Chair							
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each		PC	RT	13	RP	*
E2209	Wheelchair accessory, arm trough, with or without hand support, each		PC	RT	13	RP	*
K0015	Detachable, non-adjustable height armrest, each		PC	RT	13	RP	*
K0017	Detachable, adjustable height armrest, base, each		PC	RT	13	RP	*
K0018	Detachable, adjustable height armrest, upper portion, each		PC	RT	13	RP	*
K0019	Arm pad, each		PC	RT	13	RP	*
K0020	Fixed, adjustable height armrest, pair		PC	RT	13	RP	*
E2626	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, adjustable, prefabricated, includes fitting and adjustment	PA	PC				
E2627	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment	PA	PC				
E2628	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, reclining, prefabricated, includes fitting and adjustment	PA	PC				
E2629	Shoulder elbow orthosis, mobile arm support attached to w/c, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment	PA	PC				
E2630	Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment	PA	PC				

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2631	SEO, addition to mobile arm support, elevating proximal arm	PA	PC				
E2632	SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	PA	PC				
E2633	SEO, addition to mobile arm support, supinator	PA	PC				
Foot rest/Leg rest							
E0951	Heel loop/holder, any type, with or without ankle strap, each		PC	RT	13	RP	*
E0952	Toe loop/holder, any type, each		PC	RT	13	RP	*
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each		PC	RT	13	RP	*
E0995	Wheelchair accessory, calf rest/pad, each		PC	RT	13	RP	*
E1020	Residual limb support system for wheelchair		PC	RT	13	RP	*
K0037	High mount flip-up foot rest, each		PC	RT	13	RP	*
K0038	Leg strap, each		PC	RT	13	RP	*
K0039	Leg strap, H style, each		PC	RT	13	RP	*
K0040	Adjustable angle foot-plate, each		PC	RT	13	RP	*
K0041	Large size foot-plate, each		PC	RT	13	RP	*
K0042	Standard size foot-plate, each		PC	RT	13	RP	*
K0043	Foot rest, lower extension tube, each		PC	RT	13	RP	*
K0044	Foot rest, upper hanger bracket, each		PC	RT	13	RP	*
K0045	Foot rest, complete assembly		PC	RT	13	RP	*
K0046	Elevating leg rest, lower extension tube, each		PC	RT	13	RP	*
K0047	Elevating leg rest, upper hanger bracket, each		PC	RT	13	RP	*
K0050	Ratchet assembly		PC	RT	13	RP	*
K0051	Cam release assembly, foot rest or leg rest, each		PC	RT	13	RP	*
K0052	Swing-away, detachable foot rests, each, replacement		PC	RT	13	RP	*
K0053	Elevating foot rests, articulating (telescoping), each		PC	RT	13	RP	*
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)			RT			*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
Non-standard Seat Frame Dimensions							
E2201	Manual wheelchair accessory, non-standard seat frame, width greater than or equal to 20 inches and less than 24 inches		PC	RT	13	RP	
E2202	Manual wheelchair accessory, non-standard seat frame width, 24-27 inches		PC	RT	13	RP	
E2203	Manual wheelchair accessory, non-standard seat frame depth, 20 to less than 22 inches		PC	RT	13	RP	
E2204	Manual wheelchair accessory, non-standard seat frame depth, 22 to 25 inches		PC	RT	13	RP	
E2340	Power wheelchair accessory, non-standard seat frame width, 20-23 inches		PC	RT	13	RP	*
E2341	Power wheelchair accessory, non-standard seat frame width, 24-27 inches		PC	RT	13	RP	*
E2342	Power wheelchair accessory, non-standard seat frame depth, 20 or 21 inches		PC	RT	13	RP	*
E2343	Power wheelchair accessory, non-standard seat frame depth, 22-25 inches		PC	RT	13	RP	*
K0056	Seat height < 17” or > 21” for a high strength, lightweight or ultra-lightweight wheelchair		PC	RT	13	RP	
Rear Wheels for Manual Wheelchairs							
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each		PC	RT	13	RP	*
E0967	Manual wheelchair accessory, handrim with projections, any type, replacement only, each		PC	RT			
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each		PC	RT			
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each		PC	RT	13	RP	*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2211	Pneumatic propulsion tire, any size, each		PC	RT	13	RP	*
E2212	Tube for pneumatic propulsion tire (removable), any size, each		PC	RT	13	RP	*
E2213	Insert for pneumatic propulsion tire (removable), any size, each		PC	RT	13	RP	*
E2218	Foam propulsion tire, any size, each		PC	RT	13	RP	*
K0065	Spoke protectors, each		PC	RT	13	RP	*
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each		PC	RT	13	RP	*
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each		PC	RT	13	RP	*
Front Casters for Manual Wheelchairs							
E2214	Pneumatic caster tire, any size, each		PC	RT	13	RP	*
E2215	Tube for pneumatic caster tire, any size, each		PC	RT	13	RP	*
E2217	Foam filled caster tire, any size, each		PC	RT	13	RP	*
E2219	Foam caster tire, any size, each		PC	RT	13	RP	*
E2221	Solid caster tire (removable), any size, replacement only, each		PC	RT	13	RP	*
K0071	Front caster assembly, complete, with pneumatic tire, each		PC	RT	13	RP	*
K0072	Front caster assembly, complete, with semi-pneumatic tire, each		PC	RT	13	RP	*
K0073	Caster pin lock, each		PC	RT	13	RP	*
K0077	Front caster assembly, complete, with solid tire, each		PC	RT	13	RP	*
Batteries/Chargers							
E2360	Power wheelchair accessory, 22 NF		PC				*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		PC				*
E2362	Power wheelchair accessory, Group 24 non-sealed lead acid battery, each		PC				*
E2363	Power wheelchair accessory, Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		PC				*
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each		PC				*
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)		PC				*
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each		PC	RT	13	RP	*
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)		PC	RT			*
Power Seating Systems							
E1002	Wheelchair accessory, power seating system, tilt only	PA	PC	RT	13	RP	*
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	PA	PC	RT	13	RP	*
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	PA	PC	RT	13	RP	*
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	PA	PC	RT	13	RP	*
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	PA	PC	RT	13	RP	*
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	PA	PC	RT	13	RP	*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	PA	PC	RT	13	RP	*
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	PA	PC	RT	13	RP	*
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	PA	PC	RT	13	RP	*
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	PA	PC	RT	13	RP	*
Power Wheelchair Drive Control Systems							
E2313	Power wheelchair accessory, harness for upgrade for expandable controller, including all fasteners	PA	PC	RT			
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional	PA	PC	RT	13	RP	*
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional	PA	PC	RT	13	RP	*
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, pre-fabricated		PC	RT	13	RP	*
E2324	Power wheelchair accessory, chin cup for chin control interface		PC	RT	13	RP	*
E2325	Power wheelchair accessory, sip and puff interface, non-proportional	PA	PC	RT	13	RP	*
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	PA	PC	RT	13	RP	*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2327	Power wheelchair accessory, head control interface, mechanical, proportional	PA	PC	RT	13	RP	*
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	PA	PC	RT	13	RP	*
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, non-proportional	PA	PC	RT	13	RP	*
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional	PA	PC	RT	13	RP	*
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	PA	PC	RT	13		
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware replacement only	PA	PC	RT	13		
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	PA	PC	RT	13		
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	PA	PC	RT	13		
Other Power Wheelchair Accessories							
E1016	Shock absorber for power wheelchair, each	PA	PC	RT	13	RP	*
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair	PA	PC	RT	13	RP	*
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	PA	PC	RT	13	RP	*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2368	Power wheelchair component, motor, replacement only,	PA	PC	RT	13	RP	*
E2369	Power wheelchair component, gear box, replacement only	PA	PC	RT	13	RP	*
E2370	Power wheelchair component, motor and gearbox combination, replacement only	PA	PC	RT	13	RP	*
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement, each		PC	RT	13		
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each		PC	RT	13		
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each		PC	RT	13		
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each		PC	RT	13		
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each		PC	RT	13		
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each		PC	RT	13		
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each		PC	RT	13		
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each		PC	RT	13		
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each		PC	RT	13		
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each		PC	RT	13		
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire		PC	RT	13		

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
	(removable), any size, replacement only, each						
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each		PC	RT	13	RP	*
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each		PC	RT	13	RP	*
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each		PC	RT	13	RP	*
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each		PC	RT	13	RP	*
K0098	Drive belt for power wheelchair		PC	RT	13	RP	*

Seat Cushions

E2601	General-use wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2602	General-use wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	PA	PC	RT			
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	PA	PC	RT			
E2609	Custom fabricated wheelchair seat cushion, any size	PA	PC				NF
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth		PC	RT			
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth		PC	RT			
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth		PC	RT			
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth		PC	RT			
Back Cushions							
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			
E2612	General-use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			
E2616	Positioning wheelchair back cushion, posterior-lateral width 22 inches or	PA	PC	RT			

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
	greater, any height, including any type mounting hardware						
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	PA	PC				NF
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	PA	PC	RT			
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	PA	PC	RT			
Miscellaneous & Positioning Accessories							
E0950	Wheelchair accessory, tray, each		PC	RT		RP	
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each		PC	RT		RP	
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each		PC	RT		RP	
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each		PC	RT		RP	*
E0958	Manual wheelchair accessory, one-arm drive attachment, each Covered if the client propels the chair himself/herself with only one hand and the need is expected to last at least six months		PC	RT	13	RP	*
E0959	Manual wheelchair accessory, each, adapter for amputee, each		PC	RT	13	RP	*
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		PC	RT	13	RP	*
E0966	Manual wheelchair accessory, headrest extension, each	PA	PC	RT	13	RP	
E0971	Anti-tipping device, wheelchair		PC	RT	13	RP	
E0705	Wheelchair accessory, transfer board or device, each		PC	RT	13	RP	*

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
E0974	Manual wheelchair accessory, anti-rollback device, each		PC	RT	13	RP	*
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each		PC	RT	13	RP	*
E0981	Wheelchair accessory, seat upholstery, replacement only, each		PC	RT	13	RP	*
E0982	Wheelchair accessory, back upholstery, replacement only, each		PC	RT	13	RP	*
E0985	Wheelchair accessory, seat lift mechanism	PA	PC	RT	13	RP	*
E0992	Manual wheelchair accessory, solid seat insert		PC	RT	13	RP	*
E1015	Shock absorber for manual wheelchair, each	PA	PC	RT	13	RP	*
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	PA	PC	RT	13	RP	*
E1028	Wheelchair accessory, manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory		PC	RT	13	RP	*
E1029	Wheelchair accessory, ventilator tray, fixed		PC	RT	13	RP	*
E1030	Wheelchair accessory, ventilator tray, gimbaled	PA	PC	RT	13	RP	*
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	PA		RT	13		*
E1226	Wheelchair accessory, manual, fully reclining back (recline greater than 80 degrees), each	PA	PC	RT	13	RP	NF
E2208	Wheelchair accessory, cylinder tank carrier, each		PC	RT	13	RP	*
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	PA	PC	RT		RP	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	PA	PC	RT			

For the code legend see OAR 410-122-0182.

**May be covered for a client-owned wheelchair when coverage criteria in this rule are met*

Code	Description	PA	PC	RT	MR	RP	NF
K0105	IV hanger, each		PC	RT	13	RP	*
K0108	Wheelchair component or accessory, not otherwise specified	PA	PC	RT	13	RP	*
E2210	Wheelchair bearings, any type		PC				*

AMEND: 410-122-0720

REPEAL: Temporary 410-122-0720 from DMAP 36-2017(TEMP)

RULE TITLE: Pediatric Wheelchairs

NOTICE FILED DATE: 01/19/2018

RULE SUMMARY: Medicaid regulations at 42 CFR 440.70 were revised consistent with section 6407 of the Affordable Care Act of 2010 and section 504 of the Medicare Access and CHIP Reauthorization Act of 2015 to add requirements that for home health services and certain medical equipment, a face-to-face encounter with the OHP fee-for-service client must be conducted within established timeframes.

RULE TEXT:

(1) Indications and limitations of coverage and medical appropriateness:

(a) The Division may cover a pediatric wheelchair when all of the following criteria are met:

(A) The client has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) in or out of the home. MRADLs include but are not limited to tasks such as toileting, feeding, dressing, grooming, and bathing. A mobility limitation is one that:

(i) Prevents the client from completing an MRADL entirely;

(ii) Places the client at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a MRADL; or

(iii) Prevents the client from completing an MRADL within a reasonable timeframe.

(B) An appropriately fitted cane or walker cannot sufficiently resolve the client's mobility limitation;

(C) If the client will be using the wheelchair in the home, the client's home provides adequate maneuvering space, maneuvering surfaces, and access between rooms for use of the pediatric wheelchair that is being requested;

(D) Use of a pediatric wheelchair will significantly improve the client's ability to participate in MRADLs. For clients with severe cognitive and physical impairments, participation in MRADLs may require the assistance of a caregiver;

(E) The client is willing to use the requested pediatric wheelchair on a regular basis;

(F) The client has either:

(i) Sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the requested pediatric wheelchair in the home and community during a typical day. Proper assessment of upper extremity function should consider limitations of strength, endurance, range of motion, coordination, presence of pain, and deformity or absence of one or both upper extremities; or

(ii) A caregiver who is available, willing, and able to provide assistance with the wheelchair.

(b) Only when conditions of coverage as specified in section (1)(a) of this rule are met may the Division authorize a pediatric wheelchair for any of the following situations:

(A) When the wheelchair can be reasonably expected to improve the client's ability to complete MRADLs by compensating for other limitations in addition to mobility deficits and the client is compliant with treatment:

(i) Besides MRADLs deficits, when other limitations exist, and these limitations can be ameliorated or compensated sufficiently such that the additional provision of a pediatric wheelchair will be reasonably expected to significantly improve the client's ability to perform or obtain assistance to participate in MRADLs, a pediatric wheelchair may be considered for coverage;

(ii) If the amelioration or compensation requires the client's compliance with treatment, for example medications or therapy, substantive non-compliance whether willing or involuntary can be grounds for denial of pediatric wheelchair coverage if it results in the client continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of a pediatric wheelchair.

(B) For a purchase request, when a client's current wheelchair is no longer medically appropriate or repair or modifications to the wheelchair exceed replacement cost;

(C) When a covered, client-owned wheelchair is in need of repair (for one month's rental of a wheelchair). See OAR 410-122-0184 Repairs, Maintenance, Replacement, Delivery and Dispensing.

(c) A pediatric tilt-in-space wheelchair (E1231- E1234) may be covered when a client meets all of the following conditions:
(A) A standard base with a reclining back option will not meet the client's needs;
(B) Requires assistance for transfers;
(C) The plan of care addresses the need to change position at frequent intervals, and the client is not left in the tilt position most of the time; and
(D) Has one of the following:
(i) High risk of skin breakdown;
(ii) Poor postural control, especially of the head and trunk;
(iii) Hyper/hypotonia;
(iv) Need for frequent changes in position and has poor upright sitting.
(d) One month's rental for a manual pediatric tilt-in-space wheelchair (E1231-E1234) may be covered for a client residing in a nursing facility when all of the following conditions are met:
(A) The anticipated nursing facility length of stay is 30 days or less;
(B) The conditions of coverage for a manual tilt-in-space wheelchair as described in section (1) (c) (A) (E) are met;
(C) The client is expected to have an ongoing need for this same wheelchair after discharge from the nursing facility;
(D) Coverage is limited to one month's rental.
(e) The Division does not reimburse for another wheelchair if the client has a medically appropriate wheelchair, regardless of payer;
(f) If the client will be using the wheelchair in the home, the client's living quarters must be able to accommodate and allow for the effective use of the requested wheelchair. The Division does not reimburse for adapting living quarters;
(g) The Division may not cover services or upgrades that primarily allow performance of leisure or recreational activities. Such services include but are not limited to backup wheelchairs, backpacks, accessory bags, clothing guards, awnings, additional positioning equipment if wheelchair meets the same need, custom colors, and wheelchair gloves;
(h) Reimbursement for wheelchair codes includes all labor charges involved in the assembly of the wheelchair, as well as support services such as emergency services, delivery, set-up, pick-up and delivery for repairs/modifications, education, and ongoing assistance with the use of the wheelchair;
(i) Power mobility devices and related options and accessories must be supplied by a DMEPOS provider that employs a Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the client;
(j) The provider's ATP must be employed by a provider in a full-time, part-time, or contracted capacity as is acceptable by state law. The provider's ATP, if part-time or contracted, must be under the direct control of the provider;
(k) Documentation must be complete and detailed enough so a third party would be able to understand the nature of the provider's ATP involvement, if any, in the licensed/certified medical professional (LCMP) specialty evaluation;
(L) The provider's ATP may not conduct the provider evaluation at the time of delivery of the power mobility device to the client's residence;
(m) A Group 5 (Pediatric) power wheelchair (PWC) with Single Power Option (K0890) or with Multiple Power Options (K0891) may be covered when:
(A) The coverage criteria for a PWC in OAR 410-122-0325, Power Wheelchair Base) are met;
(B) The client is expected to grow in height; and
(C) Either of the following criteria is met:
(i) The Group 2 Single Power Option in OAR 410-122-0325, Power Wheelchair Base, (2)(a)(C)(i)(I-II); or
(ii) Multiple Power Options in OAR 410-122-0325, Power Wheelchair Base, (2) (a)(D) (i) (I-II).
(D) The delivery of a PWC must be within 120 days following completion of the face-to-face examination with the physician;
(E) A PWC may not be ordered by a podiatrist.

(n) For more information on coverage criteria regarding repairs and maintenance, see OAR 410-122-0184 Repairs, Maintenance, Replacement, Delivery and Dispensing.
(2) Coding Guidelines:
(a) For individualized wheelchair features that are medically appropriate to meet the needs of a particular client, use the correct codes for the wheelchair base, options, and accessories (see OAR 410-122-0340 Wheelchair Options/Accessories);
(b) For wheelchair frames that are modified in a unique way to accommodate the client, submit the code for the wheelchair base used, and submit the modification with code K0108 (wheelchair component or accessory, not otherwise specified);
(c) Wheelchair "poundage" (pounds) represents the weight of the usual configuration of the wheelchair with a seat and back, but without front riggings.
(3) Documentation requirements:
(a) Functional mobility evaluation:
(A) Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) providers must submit medical documentation that supports conditions of coverage in this rule are met for purchase and modifications of all covered, client-owned pediatric wheelchairs;
(B) Information must include but is not limited to:
(i) Medical justification, needs assessment, order, and specifications for the wheelchair, completed by a PT, OT, or treating physician. The individual who provides this information must have no direct or indirect financial relationship, agreement, or contract with the DMEPOS provider requesting authorization;
(ii) Client identification and rehab technology supplier identification information that may be completed by the DMEPOS provider; and
(iii) Signature and date by the treating physician and PT or OT.
(C) If the information on this form includes all the elements of an order, the provider may submit the completed form in lieu of an order.
(b) Additional documentation:
(A) Information from a PT, OT, or treating physician that specifically indicates:
(i) The client's mobility limitation and how it interferes with the performance of activities of daily living;
(ii) Why a cane or walker cannot sufficiently resolve the client's mobility limitations.
(B) Pertinent information from a PT, OT, or treating physician about the following elements that support coverage criteria are met for a pediatric wheelchair, only relevant elements need to be addressed:
(i) Symptoms;
(ii) Related diagnoses;
(iii) History:
(I) How long the condition has been present;
(II) Clinical progression;
(III) Interventions that have been tried and the results;
(IV) Past use of walker, pediatric wheelchair, power-operated vehicle (POV), or PWC and the results.
(iv) Physical exam:
(I) Weight;
(II) Impairment of strength, range of motion, sensation, or coordination of arms and legs;
(III) Presence of abnormal tone or deformity of arms, legs, or trunk;
(IV) Neck, trunk, and pelvic posture and flexibility;
(V) Sitting and standing balance.
(v) Functional assessment indicating any problems with performing the following activities including the need to use a cane, walker, or the assistance of another individual:
(I) Transferring between a bed, chair, and a wheelchair or power mobility device;

(II) Walking around their home or community including information on distance walked, speed, and balance.
(C) Documentation from a PT, OT, or treating physician that clearly distinguishes the client's abilities and needs within the home from any additional needs for use outside the home;
(D) For all requested equipment and accessories, the manufacturer's name, product name, model number, standard features, specifications, dimensions, and options, including growth capabilities;
(E) Detailed information about client-owned equipment (including serial numbers), as well as any other equipment being used or available to meet the client's medical needs, including how long it has been used by the client and why it cannot be grown (expanded) or modified, if applicable;
(F) If client will be using the wheelchair in the home, the DMEPOS provider or practitioner must perform an on-site, written evaluation of the client's living quarters, prior to delivery of the wheelchair. This assessment must support that the client's home can accommodate and allow for the effective use of a wheelchair. This assessment must include but is not limited to evaluation of physical layout, doorway widths, doorway thresholds, surfaces, counter or table height, accessibility (e.g., ramps), electrical service, etc.; and
(G) All HCPCS codes, including the base, options and accessories, whether prior authorization (PA) is required or not, that will be billed separately.
(c) A written order by the treating physician, identifying the specific type of pediatric wheelchair needed. If the order does not specify the type requested by the DMEPOS provider on the authorization request, the provider must obtain another written order that lists the specific pediatric wheelchair that is being ordered and any options and accessories requested. The DMEPOS provider may enter the items on this order. This order must be signed and dated by the treating physician, received by the DMEPOS provider, and submitted to the authorizing authority;
(d) For a PWC request, see OAR 410-122-0325 Power Wheelchair Base for documentation requirements;
(e) Any additional documentation that supports indications of coverage are met as specified in this policy;
(f) For a manual wheelchair rental, submit all of the following:
(A) A written order from the treating physician, identifying the specific type of manual wheelchair needed:
(i) If the order does not specify the type of wheelchair requested by the DMEPOS provider on the authorization request, the provider must obtain another written order that lists the specific manual wheelchair that is being ordered and any options and accessories requested;
(ii) The DMEPOS provider may enter the items on this order;
(iii) This order must be signed and dated by the treating physician, received by the DMEPOS provider, and submitted to the authorizing authority.
(B) HCPCS codes;
(C) If the client will be using the wheelchair in the home, documentation from the DMEPOS provider that supports that the client's home can accommodate and allow for the effective use of the requested wheelchair.
(g) The above documentation must be kept on file by the DMEPOS provider; and
(h) Documentation that the coverage criteria have been met must be present in the client's medical records, and this documentation must be made available to the Division upon request.
(4) Table 410-122-0720 – Pediatric Wheelchairs.

STATUTORY/OTHER AUTHORITY: ORS 413.042, 414.065

STATUTES/OTHER IMPLEMENTED: ORS 414.065

Table 410-122-0720 – Pediatric Wheelchairs

For the code legend see OAR 410-122-0182.

* May be covered for a client-owned wheelchair when coverage criteria in this rule are met

Code	Description	PA	PC	RT	MR	RP	NF
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)	PA	PC	RT	13	RP	*
E1014	Reclining back, addition to pediatric wheelchair	PA	PC	RT	13	RP	*
E1229	Wheelchair, pediatric size	PA	PC	RT	13	RP	*
E1231	Wheelchair pediatric size, tilt-in- space, rigid, adjustable, with seating system	PA	PC	RT	13	RP	*
E1232	Wheelchair pediatric size, tilt-in- space, folding, adjustable, with seating system	PA	PC	RT	13	RP	*
E1233	Wheelchair pediatric size, tilt-in- space, rigid, adjustable, without seating system	PA	PC	RT	13	RP	*
E1234	Wheelchair pediatric size, tilt-in- space, folding, adjustable, without seating system	PA	PC	RT	13	RP	*
E1235	Wheelchair pediatric size, rigid, adjustable, with seating system	PA	PC	RT	13	RP	*
E1236	Wheelchair pediatric size, folding, adjustable, with seating system	PA	PC	RT	13	RP	*
E1237	Wheelchair pediatric size, rigid, adjustable, without seating system	PA	PC	RT	13	RP	*
E1238	Wheelchair pediatric size, folding, adjustable, without seating system	PA	PC	RT	13	RP	*
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	PA	PC	RT	13	RP	*
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	PA	PC	RT	13	RP	*
E2293	Back, contoured, for pediatric size wheelchair, including fixed attaching hardware	PA	PC	RT	13	RP	*
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	PA	PC	RT	13	RP	*
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	PA	PC	RT	13	RP	*

For the code legend see OAR 410-122-0182.

* May be covered for a client-owned wheelchair when coverage criteria in this rule are met

Code	Description	PA	PC	RT	MR	RP	NF
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	PA	PC	RT	13	RP	*