

**NEW YORK STATE MEDICAID
WHEELED MOBILITY
EQUIPMENT GUIDELINES**

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Contents

Introduction	1
I. General Clinical Criteria for Wheeled Mobility Equipment	2
II. Wheeled Mobility Equipment Coverage Criteria	5
III. Wheeled Mobility Equipment Documentation Requirements	12
IV. General Coverage and Payment Rules	15
V. Unacceptable Practices	17
VI. Definitions	18

Introduction

The purpose of these guidelines is to provide detailed coverage criteria for wheeled mobility equipment to all stakeholders so that medically necessary equipment is provided to Medicaid patients in a timely manner. These guidelines are the product of extensive collaboration with practitioners, therapists, medical equipment providers, advocates and NYS Medicaid medical review staff, utilizing state and national standards. This document is a companion to the Wheeled Mobility Seating and Positioning Component Guidelines published in October 2006, which is available at: <http://www.emedny.org/ProviderManuals/DME/PDFS/DMEWheeledMobilityGuidelines.pdf>

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

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(Attn: Wheeled Mobility Guidelines)

I. General Clinical Criteria for Wheeled Mobility Equipment

The term wheeled mobility equipment (WME) describes manual wheelchairs (MWC), power mobility devices (PMD) including power wheelchairs (PWC), power operated vehicles (POV) and push rim activated power assist devices (PAD).

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

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

1. Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs? A mobility limitation is one that:
 - A. Prevents the patient from accomplishing the MRADLs entirely, or,
 - B. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,
 - C. Prevents the patient from completing the MRADLs within a reasonable time frame.

2. Are there other conditions that limit the patient's ability to participate in MRADLs?
 - A. Some examples are significant impairment of cognition or judgment and/or vision.
 - B. For these beneficiaries, the provision of WME might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with WME.

3. If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of WME will be reasonably expected to significantly improve the patient's ability to perform or obtain assistance to participate in MRADLs?
 - A. A caregiver, for example a family member, may be compensatory, if consistently available and willing and able to safely operate and transfer the patient to and from the wheelchair and to transport the patient using the wheelchair. The caregiver's need to use a wheelchair to assist the patient in the MRADLs is to be considered in this determination.

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

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

8. Does the patient have sufficient strength and postural stability to operate a POV/scooter?
 - A. A covered POV is a 4-wheeled device with tiller steering and limited seat modification capabilities. The patient must be able to maintain stability and position for adequate operation.
 - B. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.
 - C. Assess the patient's ability to safely use a POV/scooter.

9. Are the additional features provided by a power wheelchair needed to allow the patient to participate in one or more MRADLs?
 - A. The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
 - B. The type of wheelchair and options provided should be appropriate for the degree of the patient's functional impairments.
 - C. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.
 - D. Assess the patient's ability to safely use a power wheelchair.

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

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

II. Wheeled Mobility Equipment Coverage Criteria

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

1. Manual Wheelchairs are covered when:

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

H. A standard wheelchair is covered when

- the patient is able to self-propel the wheelchair, or
- Propel with assistance.

I. A standard hemi-wheelchair is covered

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

J. A lightweight wheelchair is covered

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

K. A high strength lightweight wheelchair is covered when

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

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

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

M. A heavy duty wheelchair is covered when:

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

N. An extra heavy duty wheelchair is covered when

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

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

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

2. Powered Mobility Devices are covered when

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

A. The patient has a mobility limitation that impairs his or her ability to participate in one or more MRADL, and

B. The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker, and

C. The patient does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair to perform MRADLs during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

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

D. The patient is able to:

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

- E. The patient's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home, and
- F. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided, and
- G. The patient's weight is less than or equal to the weight capacity of the POV that is provided, and
- H. Use of a POV will significantly improve the patient's ability to participate in MRADLs, and
- I. The patient has not expressed an unwillingness to use a POV.

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

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

- The patient does not meet coverage criterion D, E, or F for a POV; and
 - Criterion J-M are met; and
 - Any coverage criteria pertaining to the specific wheelchair grouping (see below) are met.
- J. The patient has the mental and physical capabilities to safely operate the power wheelchair that is provided, and
 - K. The patient's weight is less than or equal to the weight capacity of the power wheelchair that is provided, and
 - L. The patient's home and community environments provide adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided, and
 - M. The patient has not expressed an unwillingness to use a power wheelchair.

PWCs are segmented into the following groupings:

- N. A Group 1 PWC (K0813-K0816) or a Group 2 (K0820-K0829) is covered if all of the coverage criteria (A-C, J-M) for a PWC are met and the wheelchair is appropriate for the patient's weight.

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

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

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

III. Wheeled Mobility Equipment Documentation Requirements

- A.** All services must be supported by the original, signed written order from a qualified licensed practitioner. In the event an order has been telephoned or faxed to the vendor, it is the vendor's responsibility to obtain the signed fiscal order from the ordering practitioner within 30 calendar days. A written, faxed or telephone order must be received prior to delivery of the service.
- B.** The fiscal order must be specific to the item being requested. Generic orders such as "wheelchair" or "wheelchair repairs" are not acceptable. The order must clearly and specifically state the type of item being requested or the specific repairs being requested.
- C.** The minimum information required on a fiscal order is:
 - 1. Name, address and telephone number of the ordering practitioner;
 - 2. Name and Medicaid identification number of the patient;
 - 3. Date ordered;
 - 4. Original signature of the ordering practitioner; and
 - 5. Name of the item, quantity ordered, size, catalog number as necessary and directions for use.
- D.** In addition to the fiscal order, the supplier must maintain the following written documentation of medical necessity in the patient's file and/or submit to the Department for review:
 - 1. A description of, and cost quote for, the equipment and accessories as ordered (e.g., HCPCS code, make, model, size, seat and back dimensions), relevant patient measurements (e.g., height, weight, chest, shoulders, thighs, legs).
 - 2. A statement of the alternatives considered or attempted (e.g., manual versus power, single versus multiple power option) and why these alternatives do not meet the medical need.
 - 3. A description of the customary environment and caregiver supports (e.g., skilled nursing facility, OMRDD-certified residence, private home, home health or waiver services); give details of the results of trial of equipment in this environment (e.g., fitting through doorways, access to home, transportable, ability to safely operate).
 - 4. The patient's medical records reflecting the need for the services provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. Examples of medical records include but are not limited to:

History

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

Physical exam

- Symptoms
- Related diagnoses
- Impairment of strength, range of motion, sensation, or coordination of arms and legs
- Presence of abnormal tone or deformity of arms, legs, or trunk
- Neck, trunk, and pelvic posture and flexibility
- Sitting and standing balance
- Physicians shall document the examination in a detailed narrative note in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility examination.

Functional assessment

- Any problems with performing MRADLs, including the need to use a cane, walker, or the assistance of another person
- Transferring between a bed, chair, and WME
- Walking around customary environment – provide information on distance walked, speed, and balance.

Plan of Care

- Intended use, amount of time daily the equipment is used (e.g., degree of ambulation in customary environment, medical conditions, intended use, amount of time daily the equipment is used)
- What MRADLs will be patient participate in with the new WME
- A narration of medical necessity for the WME and related accessories
- An estimate of how long the equipment will be needed.

5. For patients who receive a Group 2 Single Power Option or Multiple Power Options PWC, any Group 3 or Group 4 PWC, or a push-rim activated power assist device, the evaluation must provide detailed information explaining why each specific option or accessory is needed to address the patient's mobility limitation.
6. Prior to or at the time of delivery of a POV or PWC, the supplier, practitioner, or case manager must perform an on-site evaluation of the patient's home to verify that the patient can adequately maneuver the device that is provided considering physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available on request.

E. Assessment, Evaluation and Template Forms

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

IV. General Coverage and Payment Rules

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

- E.** Suppliers are required to report accurate procedure codes when requesting prior approval or submitting claims and are encouraged to utilize product classification lists published by Medicare's coding contractor, SADMERC.
- F.** Reimbursement for the wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Reimbursement also includes support services, such as delivery, set-up, and education about the use of the WME.
- G.** Accessories, features or parts that are included with the delivery of a new WME device, as noted in the DME Provider Manual, or for which the supplier pays no charge, are not reimbursable separately until the warranty period has passed.
- H.** Delivery for all standard items must be within 30 days of the receipt of the order or prior approval determination (if applicable), for customized items delivery must be within 60 days, and for custom made items delivery must be within 90 days. Exceptions beyond the supplier's control must be documented (e.g., hospitalization or missed fitting appointments).

V. Unacceptable Practices

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

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

VI. Definitions

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

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

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

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

Crash Testing - Successful completion of WC-19 testing.

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

Custom-fitted/customized means componentry made or added to already existing model or device that is assembled, adjusted or modified in order to fit the patient's body.

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

Durable medical equipment are devices and equipment, other than prosthetic or orthotic appliances, which have been ordered by a practitioner in the treatment of a specific medical condition and which have all the following characteristics:

- Can withstand repeated use for a protracted period of time;
- Are primarily and customarily used for medical purposes;
- Are generally not useful in the absence of an illness or injury;
- Are not usually fitted, designed or fashioned for a particular individual's use;
- Where equipment is intended for use by only one patient, it may be either custom-made or customized.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Standard components are those components that are not made solely for one individual. They are prefabricated and readily available on the commercial market (off the shelf) and can be utilized by a variety of patients.

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

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