

**Bulletin Number:** MSA 18-30

**Distribution:** Durable Medical Equipment Providers, Medicaid Health Plans

**Issued:** August 31, 2018

**Subject:** Labor for Repairs to Manual and Power Wheelchairs and Power Operated Vehicles (POVs)

**Effective:** October 1, 2018

**Programs Affected:** Medicaid, Healthy Michigan Plan, MICHild, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). Medicaid Health Plans (MHP) must provide the full range of covered services described in this policy at a minimum and may choose to provide services over and above those specified. For beneficiaries enrolled in an MHP, the provider must check with the beneficiary's health plan for prior authorization (PA) requirements.

The purpose of this bulletin is to inform DME providers of changes to Michigan Department of Health and Human Services (MDHHS) coverage of labor for repairs to wheelchairs and POVs (referred to as wheelchairs throughout this bulletin). This policy applies to Healthcare Common Procedure Coding System (HCPCS) code K0739. These changes are effective for PA requests received on and after October 1, 2018.

MDHHS has developed a Wheelchair Repair/Labor Guide (Attachment A) for DME providers to reference when requesting units of labor for wheelchair repairs. The guide lists maximum allowed units of labor for identified replacement parts and accessories. Providers may request no more than the allowable number of units listed in the guide for each replacement part regardless of actual repair time.

The provider must include all costs to repair the wheelchair on the PA request, including cost for parts and labor. To request labor, report K0739 and total requested units on the authorization. One unit is equivalent to 15 minutes. In addition, the estimated cost to repair versus replace the wheelchair must be included with the PA request.

A new Certificate of Medical Necessity (CMN) and/or physician's order is not necessary for repairs if MDHHS paid for the original wheelchair and if the DME provider is the same provider that supplied the wheelchair to the beneficiary. The treating physician or the DME provider must document that the repair is reasonable and necessary. The DME provider must document the reason for the repair(s), submit this information with the PA request, and keep a copy of the documentation in the beneficiary file.

If MDHHS did not pay for the wheelchair, a new CMN and physician order, as well as other required documentation indicated in policy, must be completed and submitted with the PA request. Refer to the Medical Supplier Chapter of the Medicaid Provider Manual for additional information. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Providers must document the specific reason for the repair on the PA request. Generalized statements, such as "item worn out," are not specific enough to confirm the need for the repair(s).

MDHHS will not pay for repairs to parts/accessories that are not typically covered by Medicaid or that were not approved for the initial purchase of the wheelchair/accessory.

MDHHS does not reimburse for labor and repairs for:

- initial purchases,
- during rental periods, or
- for items under warranty.

Refer to the Medical Supplier chapter of the Medicaid Provider Manual for additional repair policy.


## **Manual Maintenance**

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-979-4662.

Approved



Kathy Stiffler, Acting Director  
Medical Services Administration

Attachment

## Michigan Medicaid Wheelchair Repair/Labor Guide

**K0739** (labor) 1 unit = 15 minutes

The warranty must be expired before Medicaid will cover the repair.  
All repairs include screws, nuts and bolts unless otherwise stipulated.

**Routine cleaning of wheelchairs or parts are not covered.**

**RO = Replacement Only**

### Batteries:

Unit includes testing and cleaning

| Part/Component                        | Allowed Unit(s) | HCPCS Code   |
|---------------------------------------|-----------------|--|
| Power wheelchair batteries (Any Type) | 2               | E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2371, E2372 |

### Power Wheelchair Only:

| Part/Component  | Allowed Unit(s) | HCPCS Code  |
|---|-----------------|---|
| Joystick (programming not covered/repair only)  | 1               | E2312, E2321, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2373, E2374 |
| Harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each   | 2               | E2313   |
| Electronic connection between wheelchair controller, power seating system motors (any number of motors), includes all related electronics, including fixed hardware | 2               | E2310, E2311  |
| Power controllers or actuators (any type)   | 2               | E2375 (RO), E2376(RO), E2377, E2378   |
| Power w/c accessory, electronic interface to operate speech generating device using control interface   | 2               | E2351   |
| Charger   | 1               | E2366, E2367  |
| Drive wheel motors (single/pair)/gearbox and combos   | 2 single/3 pair | E2368 (RO only), E2369(RO), E2370 (RO), E2394   |
| Drive belt  | 2               | K0098   |
| Shroud/cowling  | 1               |   |

**Power/Manual Wheelchair:**

| <b>Part/Component</b>   | <b>Allowed Unit(s)</b> | <b>HCPCS Code</b>  |
|---|------------------------|--|
| Wheel/Tire/Tubes/inserts (any type, per wheel) removal of original included in the unit | 1                      | E2211, E2212, E2213, E2216, E2220, E2224, E2382, E2383, E2386, E2388, E2390, E2395 |
| Wheel assembly (any type), each   | 1                      | K0069, K0070   |
| Bearings, any type, REPLACEMENT ONLY, each  | 1                      | E2210  |
| Armrest/Armpad (any type, each)   | 1                      | E0973, K0015, K0017, K0018, K0019, K0020   |
| Arm trough, with or without hand support, each  | 1                      | E2209  |
| Positioning belt/safety belt/pelvic strap (each)  | 1                      | E0978  |
| Safety vest (any type)  | 1                      | E0980  |
| Ratchet assembly  | 1                      | K0050  |
| Spoke protectors regardless of the number   | 1                      | K0065  |

**Manual Wheelchair Only:**

| <b>Part/Component</b>   | <b>Allowed Unit(s)</b> | <b>HCPCS Code</b> |
|---|------------------------|-------------------|
| Anti-tipping device   | 1                      | E0971             |
| Handrim replacement (per wheel)   | 1                      |                   |
| Hand rim with projections (any type), each  | 1                      | E0967             |
| Handrim without projections (includes contoured or ergonomic), any type, REPLACEMENT ONLY, each | 1                      | E2205             |
| Push activated power assist (each)  | 1                      | E0986             |
| One arm drive attachment (each)   | 1                      | E0958             |
| Adapter for amputee (each)  | 1                      | E0959             |
| Solid seat insert   | 1                      | E0992             |
| Wheel lock brake extension (handle), each   | 1                      | E0961             |
| Wheel lock assembly, complete, each   | 1                      | E2206             |

| Part/Component   | Allowed Unit(s) | HCPCS Code |
|--|-----------------|------------|
| Wheel braking system and lock, complete, manual, disc brakes, each | 1               |            |
| Anti-rollback device, each   | 1               | E0974      |

**Casters and Forks:**

| Part/Component                             | Allowed Unit(s)  | HCPCS Code  |
|--|------------------|---|
| Replace caster/fork assembly (each side)   | 1                | E2226 (RO only), E2384 (RO), E2385 (RO), E2396, K0071, K0072, K0077                   |
| Replace caster wheel                       | See wheels/tires |   |
| Caster tire/tube, any type, any size, each | 1                | E2214, E2215, E2217, E2219, E2221, E2222, E2225 (RO only), E2387, E2389, E2391, E2392 |
| Replace wheel lock (any type, each)        | 2                |   |
| Caster pin lock, each                      | 1                | K0073   |

**Leg rests/Foot rests:**

| Part/Component                                       | Allowed Unit(s) | HCPCS Code                               |
|--|-----------------|--|
| Replace non-power elevating leg rest assembly (each) | 1               |  |
| Replace leg rest or foot rest assembly (each)        | 1               | K0045, K0052, K0053                      |
| Replace footplate (any type, each)                   | 1               | K0037, K0040, K0041, K0042, K0043, K0044 |
| Elevating leg rest, complete assembly (each)         |                 | E0990, K0195                             |
| Calf rest/pad (any type) each                        | 1               | E0995                                    |
| Leg rest parts (any type)                            | 1               | K0046, K0047                             |
| Cam release assembly, foot rest or leg rests, each   | 1               | K0051                                    |

**Headrests:**

| Part/Component   | Allowed Unit(s) | HCPCS Code |
|--|-----------------|------------|
| Replace headrest assembly (any type, includes removal of previous) | 1               | E0955      |
| Replace headrest pad (any type)                                    | 1               | E0955      |
| Headrest extension (any type)                                      | 1               | E0966      |

**Miscellaneous:**

| <b>Part/Component</b>  | <b>Allowed Unit(s)</b> | <b>HCPCS Code</b>          |
|--|------------------------|----------------------------|
| Wheelchair tray (any type)   | 1                      | E0950                      |
| Heel loop/holder (any type)  | 1                      | E0951                      |
| Toe loop/holder (any type)   |                        | E0952                      |
| Foot box, any type, includes attachment and mounting hardware, each foot   | 1                      | E0954                      |
| Lateral trunk or hip support (any type, including fixed mounting hardware), each   | 1                      | E0956                      |
| Lateral thigh or knee support, any type, including fixed mounting hardware, each   | 1                      | E0953                      |
| Medial thigh support (any type, including fixed mounting hardware) each  | 1                      | E0957                      |
| Shoulder harness/straps or chest straps, including any type mounting hardware  | 1                      | E0960                      |
| Narrowing device (any type)  | 1                      | E0969                      |
| Seat upholstery or back upholstery, replacement only, each   | 1                      | E0981, E0982               |
| Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)                 | 2                      | E1011                      |
| Reclining back, addition to pediatric size wheelchair  | 2                      | E1014                      |
| Shock absorber manual/power (each)   | 1                      | E1015, E1016, E1017, E1018 |
| Residual limb support system for any type wheelchair, each   | 1                      | E1020                      |
| Manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory | 2                      | E1028                      |
| Ventilator tray fixed or gimballed   | 2                      | E1029, E1030               |
| Crutch and cane holder, each   | 1                      | E2207                      |
| IV hanger, each  | 1                      | K0105                      |
| Cylinder tank carrier, each  | 1                      | E2208                      |
| Manual wheelchair, manual standing system  | 2                      | E2230                      |

| Part/Component                    | Allowed Unit(s) | HCPSC Code |
|-----------------------------------|-----------------|------------|
| Arm support accessories, any type | 1               | E2626      |

**Seating Systems:**

| Part/Component  | Allowed Unit(s) | HCPSC Code |
|---|-----------------|------------|
| Power seating system, tilt only   | 2               | E1002      |
| Power seating system, recline only, without shear reduction   | 2               | E1003      |
| Power seating system, recline only, with mechanical shear reduction   | 2               | E1004      |
| Power seating system, recline only, with power shear reduction  | 2               | E1005      |
| Power seating system, combo tilt and recline without shear reduction  | 3               | E1006      |
| Power seating system, combo tilt and recline, with mechanical shear reduction                                   | 3               | E1007      |
| Power seating system, combo tilt and recline with power shear reduction   | 3               | E1008      |
| Addition to power seating system, mechanically linked leg elevation system including pushrod and leg rest, each | 1               | E1009      |
| Addition to power seating system, power leg elevation system, including leg rest, pair                          | 3               | E1010      |
| Manual w/c nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches             | 2               | E2201      |
| Manual wheelchair nonstandard seat frame width, 24-27 inches  | 2               | E2202      |
| Manual wheelchair nonstandard seat frame depth, 20 to less than 22 inches                                       | 2               | E2203      |

| <b>Part/Component</b>   | <b>Allowed Unit(s)</b> | <b>HCPCS Code</b>   |
|---|------------------------|---|
| Manual wheelchair nonstandard seat frame depth, 22 to 25 inches   | 2                      | E2204   |
| Manual wheelchair solid seat support base (replaces sling seat), includes any type mounting hardware  | 2                      | E2231   |
| Back, planar or contoured, for pediatric size wheelchair including fixed attaching hardware   | 2                      | E2291, E2293  |
| Seat, planar or contoured, for pediatric size wheelchair including fixed attaching hardware   | 2                      | E2292, E2294  |
| Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features | 2                      | E2295   |
| Power seat elevation system, any type   | 4                      | E2300   |
| Power standing system, any type   | 4                      | E2301   |
| Power wheelchair accessory, nonstandard seat frame widths, depths   | 2                      | E2340, E2341, E2342, E2343  |
| Cushions, positioning, seats, any type, any size, any material  | 2                      | E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2622, E2623, E2624, E2625 |
| Cushions, positioning, backs, any type, any size, any material  | 2                      | E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619 (RO), E2620, E2621                 |
| Seat height <17" or equal to or greater than 21" for a high strength, lightweight, or ultra-lightweight wheelchair                              | 2                      | K0056   |
| Semi-recline back and fully recline   | 2                      | E1225, E1226  |



This booklet is for reference purposes only and does not guarantee services will be covered. Providers must consult the Michigan Medicaid Provider Manual, MSA bulletins and the Medicaid Code and Rate Reference Tool for specific coverage and reimbursement policies.