





September 2006

Provider Bulletin Number 695

General Providers

October 2006 Quarterly Healthcare Common Procedure Coding System Updates

Effective with dates of service on and after October 1, 2006, the following updates to the Healthcare Common Procedure Coding System (HCPCS) codes will be made. There is no overlapping grace period.

The following codes will be added:

K0738	K0825	K0836	K0848	K0854	K0861	K0877
K0815	K0826	K0837	K0849	K0855	K0862	K0878
K0816	K0827	K0838	K0850	K0856	K0868	K0879
K0822	K0828	K0841	K0851	K0857	K0869	K0884
K0823	K0829	K0842	K0852	K0858	K0870	K0885
K0824	K0835	K0843	K0853	K0859	K0871	S0147

Note: Procedure code K0738 will be covered only when it is billed with an RR modifier. Power options for wheelchairs are not covered.

Information about the Kansas Medical Assistance Program, as well as provider manuals and other publications, are on the KMAP Web site at https://www.kmap-state-ks.us. For the changes resulting from this provider bulletin, select the *Durable Medical Equipment Provider Manual*, pages 8-23, AI-3, and AI-8 through AI-14.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in state providers) or (785)274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

8410. Updated 9/06

Power Wheelchair Rental

- Diagnosis code
- Date, Height, Weight
- Is condition stable?
- Manufacturer and Model
- Manufacturer's retail pricing, including wheelchair options (or invoice if renting a used in stock wheelchair)
- Signed/dated prescription including medical necessity for any wheelchair options requested
- Signed/dated verification of school or work including the number of hours attending or working.
- Does the beneficiary need the wheelchair to be mobile?
- What distance can the beneficiary ambulate?
- Will the power wheelchair eliminate the need for a para-professional or an attendant?
- How many hours per day will the power wheelchair be used?
- Does the beneficiary have a manual wheelchair? Age?
- How many hours per day is the manual wheelchair used?
- Can beneficiary operate the manual wheelchair without the help of attendant?
- How long will the power wheelchair be needed?
- Does beneficiary reside in an Adult Care Home?
- What type of work does beneficiary do? (employment, volunteer, sheltered workshop-therapy)
- Can beneficiary operate the power wheelchair controls independently?
- How does the use of a manual vs. power wheelchair prevent school attendance or the beneficiary's ability to work?
- How has the beneficiary been managing without a power wheelchair until now?
- What are the plans/options for beneficiary if wheelchair is not provided?

The reimbursement approved includes the assembly of the wheelchair and all components of the wheelchair. Wheelchair rental includes all repairs or modifications needed.

Note: Power options for wheelchairs are not covered.

Wheelchair Cushions:

Seating cushions for wheelchairs are covered with PA. A prescription from a physician or physical therapist must be maintained in the provider's files. Beneficiaries residing in a nursing home or head injury facility are considered part of the per diem rate and are the responsibility of the facility.

Batteries:

Power wheelchair batteries require PA and are considered content of service if the wheelchair is rented. Power wheelchair batteries are limited to two per year.

Tires:

Wheelchair tire replacement requires PA and is considered content of service if the wheelchair is rented. Tire replacement is limited to one set every six months.

KANSAS MEDICAL ASSISTANCE DURABLE MEDICAL EQUIPMENT PROVIDER MANUAL BENEFITS & LIMITATIONS

COV.	RENTAL COV.	PROC. CODE	PURCH. COV.	Updated 9/06 NOMENCLATURE
	NC	E0443	MN	AYGEN CONTENTS Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is
	NC	E0444	C	used; one months supply =1unit Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used; 1 months supply = 1 unit.
	C	E0424	OXYGEN NC	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier,
	C	E0431	NC	nebulizer, cannula or mask, and tubing;1 unit = 50 cubic ft.) Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask,
	C	E0434	NC	and tubing Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill
	С	E0439	NC	adaptor, contents gauge, cannula or mask, and tubing Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
	C	E1390	NC	Oxygen concentrator, single delivery port, capable of delivering 85 % or greater oxygen concentration at the prescribed flow rate.
	C	E1391	NC	Oxygen concentrator, dual delivery port, capable of delivering 85 % or greater oxygen concentration at the prescribed flow rate.
	\mathbf{C}	K0738	NC	Portable gaseous oxygen system, rental; home compressor
		110/30		used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing
			DACCIME	MOTION EXERCISE DEVICE
	C	E0935	NC	Continuous passive motion exercise device for use on knee only
	NC	E0625	С	PATIENT LIFTS Patient lift, bathroom or toilet, not otherwise classified
	C	E0630	NC	Patient lift, hydraulic, with seat or sling
	PA	E0639	PA	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories

COV.	RENTAL COV.	PROC. CODE	PURCH. COV.	Updated 9/06 NOMENCLATURE
			WH	IEELCHAIRS, POWER
	PA	K0010	NC	Standard-weight frame motorized/power wheelchair
	PA	K0011	NC	Standard-weight frame motorized/power wheelchair with
				programmable control parameters for speed adjusting, tremor
				dampening, acceleration control and braking
	PA	K0012	NC	Lightweight portable motorized/power wheelchair
	PA	K0014	NC	Other motorized/power wheelchair base
	PA	K0815	PA	Power wheelchair, group 1 standard, sling/solid seat/back,
				patient weight capacity up to and including 300 pounds
	PA	K0816	PA	Power wheelchair, group 1 standard, captains chair, patient
				weight capacity up to and including 300 pounds
	PA	K0822	PA	Power wheelchair, group 2 standard, sling/solid seat/back,
				patient weight capacity up to and including 300 pounds
	PA	K0823	PA	Power wheelchair, group 2 standard, captains chair, patient
				weight capacity up to and including 300 pounds
	PA	K0824	PA	Power wheelchair, group 2 heavy duty, sling/solid seat/back,
				patient weight capacity 301 to 450 pounds
	PA	K0825	PA	Power wheelchair, group 2 heavy duty, captains chair, patient
				weight capacity 451 to 600 pounds
	PA	K0826	PA	Power wheelchair group 2 very heavy duty, sling/solid
				seat/back, patient weight capacity 451 to 600 pounds
	PA	K0827	PA	Power wheelchair, group 2 very heavy duty, captains chair,
				patient weight capacity 451 to 600 pounds
	PA	K0828	PA	Power wheelchair, group 2 extra heavy duty, sling/solid
				seat/back, patient weight capacity 601 pounds or more
	PA	K0829	PA	Power wheelchair, group 2 extra heavy duty, captains chair,
				patient weight capacity 601 pounds or more
	PA	K0835	PA	Power wheelchair, group 2 standard, single power option,
				sling/solid seat/back, patient weight capacity up to and
				including 300 pounds
	PA	K0836	PA	Power wheelchair, group 2 standard, single power option,
				captains chair, patient weight capacity up to and including 300
				pounds
	PA	K0837	PA	Power wheelchair, group 2 heavy duty, single power option,
				sling/solid seat/back, patient weight capacity 301 to 450 pounds
	PA	K0838	PA	Power wheelchair, group 2 heavy duty, single power option,
				captains chair, patient weight capacity 301 to 450 pounds
	PA	K0841	PA	Power wheelchair, group 2 standard, multiple power option,
				sling/solid seat/back, patient weight capacity up to and
				including 300 pounds
	PA	K0842	PA	Power wheelchair, group 2 standard, multiple power option,
				captains chair, patient weight capacity up to and including 300
				pounds
	PA	K0843	PA	Power wheelchair, group 2 heavy duty, multiple power option,
				sling/solid seat/back, patient weight capacity 301 to 450 pounds

COV.	COV.	CODE	COV.	NOMENCLATURE
	D. 1	¥70040		LCHAIRS, POWER (cont.)
	PA	K0848	PA	Power wheelchair, group 3 standard, sling/solid seat/back,
	D.4	1700.40	D.A	patient weight capacity up to and including 300 pounds
	PA	K0849	PA	Power wheelchair, group 3 standard, captains chair, patient
	7 .	*****		weight capacity up to and including 300 pounds
	PA	K0850	PA	Power wheelchair, group 3 heavy duty, sling/solid seat/back,
		*******		patient weight capacity 301 to 450 pounds
	PA	K0851	PA	Power wheelchair, group 3 heavy duty, captains chair, patient
				weight capacity 301 to 450 pounds
	PA	K0852	PA	Power wheelchair, group 3 very heavy duty, sling/solid
				seat/back, patient weight capacity 451 to 600 pounds
	PA	K0853	PA	Power wheelchair, group 3 very heavy duty, captains chair,
				patient weight capacity, 451 to 600 pounds
	PA	K0854	PA	Power wheelchair, group 3 extra heavy duty, sling/solid
				seat/back patient weight capacity 601 pounds or more
	PA	K0855	PA	Power wheelchair, group 3 extra heavy duty, captains chair,
				patient weight capacity 601 pounds or more
	PA	K0856	PA	Power wheelchair, group 3 standard, single power option,
				sling/solid seat/back, patient weight capacity up to and
				including 300 pounds
	PA	K0857	PA	Power wheelchair, group 3 standard, single power option,
		11000,		captains chair, patient weight capacity up to and including
				300 pounds
	PA	K0858	PA	Power wheelchair, group 3 heavy duty, single power option,
	171	10030	111	sling/solid seat/back, patient weight capacity 301 to 450
				pounds
	PA	K0859	PA	Power wheelchair, group 3 heavy duty, single power option,
	IA	KUUSI	IA	captains chair, patient weight capacity 301 to 450 pounds
	PA	K0861	PA	Power wheelchair, group 3 standard, multiple power option,
	ra	K0001	rA	
				sling/solid seat/back, patient weight capacity up to and
	D.A	170070	D.A	including 300 pounds
	PA	K0862	PA	Power wheelchair, group 3 heavy duty, multiple power
				option, sling/solid seat/back, patient weight capacity 301 to
		****		450 pounds
	PA	K0868	PA	Power wheelchair, group 4 standard, sling/solid seat/back,
				patient weight capacity up to and including 300 pounds
	PA	K0869	PA	Power wheelchair, group 4 standard, captains chair, patient
				weight capacity up to and including 300 pounds
	PA	K0870	PA	Power wheelchair, group 4 heavy duty, sling/solid seat/back,
				patient weight capacity 301 to 450 pounds
	PA	K0871	PA	Power wheelchair, group 4 very heavy duty, sling/solid
				seat/back, patient weight capacity 451 to 600 pounds
	PA	K0877	PA	Power wheelchair, group 4 standard, single power option,
				sling/solid seat/back, patient weight capacity up to and

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RENTAL PROC.

KANSAS MEDICAL ASSISTANCE DURABLE MEDICAL EQUIPMENT PROVIDER MANUAL APPENDIX I

including 300 pounds

COV.	RENTAL COV.	PROC. CODE	PURCH. COV.	Updated 9/06 NOMENCLATURE
WHEELCHAIRS, POV				LCHAIRS, POWER (cont.)
	PA	K0878	PA	Power wheelchair, group 4 standard, single power option,
				captains chair, patient weight capacity up to and including 300 pounds
	PA	K0879	PA	Power wheelchair, group 4 heavy duty, single power option,
				sling/solid seat/back, patient weight capacity 301 to 450 pounds
	PA	K0884	PA	Power wheelchair, group 4 standard, multiple power option,
				sling/solid seat/back, patient weight capacity up to and including 300 pounds
	PA	K0885	PA	Power wheelchair, group 4 standard, multiple power option,
				captains chair, weight capacity up to and including 300 pounds
	PA	E1230	NC	Power operated vehicle (three of four wheel non-highway) specify brand name and model number.
	NC	E2368	PA	Power wheelchair component, motor, replacement only
	NC	E2369	PA	Power wheelchair component, gear box, replacement only
	NC	E2370	PA	Power wheelchair component, motor and gear box
				combination, replacement only
			WHEI	ELCHAIR ACCESSORIES
	NC	K0056	PA	Seat height less than 17 inches or equal to or greater than 21
				inches for a high strength, lightweight, or ultra lightweight wheelchair
	NC	E2211	PA, INV	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
	NC	E2212	PA, INV	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
	NC	E2213	PA, INV	Manual wheelchair accessory, insert for pneumatic propulsion
				tire (removable), any type, any size, each
	NC	E2214	PA, INV	Manual wheelchair accessory, pneumatic caster tire, any size, each
	NC	E2215	PA, INV	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
	NC	E2216	PA, INV	Manual wheelchair accessory, foam filled propulsion tire, any size, each
	NC	E2217	PA, INV	Manual wheelchair accessory, foam filled caster tire, any size, each
	NC	E2218	PA, INV	Manual wheelchair accessory, foam propulsion tire, any size, each
	NC	E2219	PA, INV	Manual wheelchair accessory, foam caster tire, any size, each
	NC	E2220	PA, INV	Manual wheelchair accessory, solid (rubber/plastic)
			•	propulsion tire, any size, each

cov.	RENTAL COV.	PROC. CODE	PURCH. COV.	Updated 9/06 NOMENCLATURE
			WHEELO	CHAIR ACCESSORIES, (continued)
	NC	E2221	PA, INV	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
	NC	E2222	PA, INV	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each
	NC	E2223	PA, INV	Manual wheelchair accessory, valve, any type, replacement only, each
	NC	E2224	PA, INV	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
	NC	E2225	PA, INV	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
	NC	E2226	PA, INV	Manual wheelchair accessory, caster fork, any size, replacement only, each
	NC	K0065	PA, INV	Spoke protectors, each
	NC	E0981	PA	Wheelchair accessory, seat upholstery, replacement only, each
	NC	E0982	PA	Wheelchair accessory, back upholstery, replacement only, each
KBH	NC	E1011	PA	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
KBH	PA	E1014	PA	Reclining back, addition to pediatric size wheelchair
KBH	PA	E1020	PA	Residual limb support system for wheelchair
KBH	PA	E1802	PA	Dynamic adjustable forearm pronation/supination device Includes soft interface material
	NC	E2601	PA	General use wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2602	PA	General use wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2603	PA	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2604	PA	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2605	PA	positioning wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2606	PA	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2607	PA	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
	NC	E2608	PA	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
	NC	E2609	PA	Custom fabricated wheelchair seat cushion, any size
	NC	E2611	PA	General use wheelchair back cushion, width less than 22
	NC	E2612	PA	inches, any height, including any type mounting hardware General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware

COV C	RENTAL COV.	PROC. CODE	PURCH. COV.	Updated 9/06 NOMENCLATURE
			WHEELC	HAIR ACCESSORIES, (continued)
N	IC	E2613	PA	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting
N	IC	E2614	PA	hardware Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting
N	IC	E2615	PA	hardware Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
N	IC	E2616	PA	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
N	IC	E2617	PA	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
N	IC	E2619	PA	Replacement cover for wheelchair seat cushion or back cushion, each
N	IC	E2620	PA	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
N	IC	E2621	PA	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
N	IC	K0734	PA	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
N	IC	K0735	PA	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
N	IC	K0736	PA	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
N	IC	K0737	PA	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
			SAFETY	BELTS AND HARNESSES
N	IC	E0978	C	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
N	IC	E0980	C	Safety vest, wheelchair
N	IC	E0960	PA	Wheelchair Accessory, shoulder harness/straps or chest strap, including any type of mounting hardware

COV.	RENTAL COV.	PROC. CODE	PURCH. COV.	Updated 9/06 NOMENCLATURE
			SPEECH	DEVICES
	NC	E1902	PA	Communication board, non-electronic augmentative or
	NC	E2500	MN, PA	alternative communication device Speech generating device, digitized speech, using pre- recorded messages, less than or equal to 8 minutes recording time
	NC	E2502	MN, PA	Speech generating device, digitized speech, using pre- recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
	NC	E2504	MN, PA	Speech generating device, digitized speech, using pre- recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
	NC	E2506	MN, PA	Speech generating device, digitized speech, using pre- recorded messages, greater than 40 minutes recording time
	NC	E2508	MN, PA	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
	NC	E2510	MN, PA	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
	NC	E2511	MN, PA	Speech generating software program, for personal computer or personal digital assistant
	NC	E2512	MN, PA	Accessory for speech generating device, mounting system
	NC	E2599	MN, PA	Accessory for speech generating device, not otherwise classified
			Ml	ISCELLANEOUS DME
	NC	E0607	C	Home blood glucose monitor
	NC	E2100	PA	Blood glucose monitor with integrated voice synthesizer
	PA, INV	E1399	PA, INV	Durable Medical Equipment, Miscellaneous
	NC	S8999	С	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)
	NC	A4230	PA	Infusion set for external insulin pump, non needle cannula type
	NC	A4231	PA	Infusion set for external insulin pump, needle type
	NC	A4232	PA	Syringe with needle for external insulin pump, sterile, 3 cc
	PA	E0784	PA	External ambulatory infusion pump, insulin
	NC	A4253-KS		Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
	NC	A4253-K2	XC	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips
	NC	A4255-KS	SC	Platforms for home glucose monitor, 50 per box
	NC	A4255-K2		Platforms for home glucose monitor, 50 per box
	NC	A4256-KS		Normal, low, and high calibrator solution/chips

	RENTAL	PROC.	PURCH.	Updated 9/06
COV.	COV.	CODE	COV.	<u>NOMENCLATURE</u>
			MISC:	ELLANEOUS DME (cont.)
	NC	A4256-K	XC	Normal, low, and high calibrator solution/chips
	NC	A4258	C	Spring-powered device for lancet, each
	NC	A4259-K	SC	Lancets, per box of 100
	NC	A4259-K	XC	Lancets, per box of 100
	NC	E0607	C	Home blood glucose monitor
	NC	S5560	PA	Insulin delivery device, reusable pen, 1.5 ml size
	NC	S5561	PA	Insulin delivery device, reusable pen, 3 ml size
	PA, INV	E0911	PA, INV	Trapeze bar, heavy duty, for patient weight capacity greater
				than 250 pounds, attached to bed, with grab bar
	PA, INV	E0912	PA, INV	Trapeze bar, heavy duty, for patient weight capacity greater
				than 250 pounds, free standing, complete with grab bar

^{****}KS Modifier = Non-insulin dependent

REPAIR/DELIVERY/INSTALLATION/MAINTENANCE

NC E1340 PA Repair or non-routine service (e.g., breaking down sealed components) requiring the skill of a technician, labor component, per 15 minutes

^{****}KX Modifier = Insulin dependent