

**Washington Apple Health (Medicaid)**

# **Complex Rehabilitation Technology (CRT) Products & Related Services Billing Guide**

**April 1, 2024**

## Disclaimer

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict arises between this document and a governing statute or Health Care Authority rule, the governing statute or HCA rule applies.

Billing guides are updated on a regular basis. Due to the nature of content change on the internet, we do not fix broken links in past guides. If you find a broken link, please check the most recent version of the guide. If the broken link is the most recent guide, please notify us at [askmedicaid@hca.wa.gov](mailto:askmedicaid@hca.wa.gov).

## About this guide\*

This publication takes effect **April 1, 2024**, and supersedes earlier billing guides to this program. Unless otherwise specified, the program in this guide is governed by the rules found in [chapter 182-543 WAC](#).

The Health Care Authority is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-562-3022. People who have hearing or speech disabilities, please call 711 for relay services.

Washington Apple Health means the public health insurance programs for eligible Washington residents. Washington Apple Health is the name used in Washington State for Medicaid, the children's health insurance program (CHIP), and state-only funded health care programs. Washington Apple Health is administered by the Washington State Health Care Authority.

Refer also to HCA's [ProviderOne billing and resource guide](#) for valuable information to help you conduct business with the Health Care Authority.

## How can I get HCA Apple Health provider documents?

To access provider alerts, go to HCA's [provider alerts webpage](#).

To access provider documents, go to HCA's [provider billing guides and fee schedules webpage](#).

## Confidentiality toolkit for providers

The [Washington State Confidentiality Toolkit for Providers](#) is a resource for providers required to comply with health care privacy laws.

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## Where can I download HCA forms?

To download an HCA form, see HCA's [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: 13-835).

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## What has changed?

The table below briefly outlines how this publication differs from the previous one. This table is organized by subject matter. Each item in the *Subject* column is a hyperlink that, when clicked, will take you to the specific change summarized in that row of the table.

| Subject  | Change  | Reason for Change               |
|--|---|---------------------------------|
| <a href="#">Managed care enrollment – Checking eligibility</a> | Revised first bullet to update the webpage which clients can refer to for help with enrolling | To fix broken hyperlink         |
| <a href="#">Confidentiality toolkit for providers</a>          | Add new resource for health care providers required to comply with health care privacy laws.  | New resource as of October 2022 |

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| Subject   | Change  | Reason for Change  |
|---|---|--|
| <p>When does the Health Care Authority pay for CRT products and related services?</p> | <p>Changed the “medically necessary” definition citation from WAC 182-500-0005 to <a href="#">WAC 182-500-0070</a></p> <p>Added the underlined language to the following paragraph:</p> <p>The Health Care Authority requires prior authorization (PA) for <u>all individually configured</u> CRT products and related services. The Health Care Authority evaluates requests requiring PA on a case-by-case basis to determine medical necessity, <u>as defined in <a href="#">WAC 182-500-0070</a></u>, according to the process found in <a href="#">WAC 182-501-0165</a>.</p> | <p>To cite to the rule that defines “medically necessary”</p> <p>To more specifically identify the products and services to which PA applies, and cite to HCA’s medical necessity definition</p> |

| Subject   | Change  | Reason for Change  |
|---|---|--|
| <p>CRT Coverage Table</p>                           | <p>Amended the following paragraph by striking the lined-through text and adding the underlined text:</p> <p>The Health Care Authority covers, <b>with prior authorization (PA)</b>, the <u>following all individually configured complex rehabilitation technology (CRT) products and related services listed in the coverage table below when provided to eligible clients with complex needs, when medically necessary as defined in <a href="#">WAC 182-500-0070</a>.</u></p> | <p>To more specifically identify the products and services to which PA applies, and expressly state that coverage is contingent on medical necessity</p> |
| <p>Coverage Table<br/>Wheelchairs - Accessories</p> | <p>Replaced HCPCS code E2300 with E2298, pwr seat elev sys for crt</p>  | <p>To reflect a CMS decision to discontinue an HCPCS code and add a new code</p>   |

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## Definitions

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This list defines terms and abbreviations, including acronyms, used in this guide. Refer to [chapter 182-500 WAC](#) and [WAC 182-543-1000](#) for a complete list of definitions for Washington Apple Health.

**Assignment** – A process in which a doctor or supplier agrees to accept the Medicare program’s payment as payment in full, except for specific deductible and coinsurance amounts required of the patient.

**Authorized practitioner –**

- A physician, nurse practitioner, clinical nurse specialist, or physician assistant who may order and conduct home health services, including face-to-face encounter services; or
- A certified nurse midwife under [42 C.F.R. 440.70](#) when furnished by a home health agency that meets the conditions of participation for Medicare who may conduct home health services, including face-to-face encounter services.

**Complex needs patient** – A person with a diagnostic or medical condition that results in significant physical or functional needs and capacities.

**Complex rehabilitation technology (CRT)** – Means wheelchairs and seating systems classified as medical equipment within the Medicare program that:

1. Are individually configured for people to meet their specific and unique medical, physical, and functional needs and capacities for basic activities as medically necessary to prevent hospitalization or institutionalization of a complex needs patient.
2. Are primarily used to serve a medical purpose and generally not useful to a person in the absence of an illness or injury.
3. Require certain services to allow for appropriate design, configuration, and use of such item, including patient evaluation and equipment fitting and configuration.

**Date of delivery** – The date the client actually took physical possession of an item or equipment.

**Health care common procedure coding system (HCPCS)** – A coding system established by the Centers for Medicare and Medicaid Services (CMS).

**Individually configured** – A device has a combination of features, adjustments, or modifications specific to complex needs patient that a qualified complex rehabilitation technology supplier provides by measuring, fitting, programming, adjusting, and adapting the device as appropriate so that the device is consistent with an assessment or evaluation of the complex needs patient by a health care professional and consistent with the complex needs patient’s medical condition, physical and functional needs and capacities, body size, period of need, and intended use.

**Manual wheelchair** – See “Wheelchair – Manual.”

**Medically necessary** – See [WAC 182-500-0070](#).

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**Power-drive wheelchair** – See “Wheelchair – Power.”

**Prior authorization** – See [WAC 182-500-0085](#).

**Qualified complex rehabilitation technology supplier** – A company or entity that:

1. Is accredited by a recognized accrediting organization as a supplier of CRT.
2. Meets the supplier and quality standards established for medical equipment suppliers under the Medicare program.
3. For each site that it operates, employs at least one CRT professional, who has been certified by the Rehabilitation Engineering and Assistive Technology Society of North America as an assistive technology professional, to analyze the needs and capacities, and provider training in the use of the selected covered CRT items.
4. Has the CRT professional physically present for the evaluation and determination of the appropriate individually configured complex rehabilitation technologies for the complex needs patient.
5. Provides service and repairs by qualified technicians for all CRT products it sells.
6. Provides written information to the complex needs patient at the time of delivery about how the person may receive service and repair.

**Usual and customary charge** – See [WAC 182-500-0100](#).

**Warranty-period** – A guarantee or assurance, according to manufacturers’ or provider’s guidelines, of set duration from the date of purchase.

**Wheelchair – Manual** – A federally-approved, non-motorized wheelchair that is capable of being independently propelled and fits one of the following categories:

- **Standard:**
  - Usually is not capable of being modified
  - Accommodates a person weighing up to 250 pounds
  - Has a warranty period of at least one year
- **Lightweight:**
  - Composed of lightweight materials
  - Capable of being modified
  - Accommodates a person weighing up to 250 pounds
  - Usually has a warranty period of at least three years

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- **High-strength lightweight:**
  - Is usually made of a composite material
  - Is capable of being modified
  - Accommodates a person weighing up to 250 pounds
  - Has an extended warranty period of over three years
  - Accommodates the very active person
- **Hemi:**
  - Has a seat-to-floor height lower than 18" to enable an adult to propel the wheelchair with one or both feet
  - Is identified by its manufacturer as "Hemi" type with specific model numbers that include the "Hemi" description
- **Pediatric:** Has a narrower seat and shorter depth more suited to pediatric patients, usually adaptable to modifications for a growing child.
- **Recliner:** Has an adjustable, reclining back to facilitate weight shifts and provide support to the upper body and head.
- **Tilt-in-space:** Has a positioning system, which allows both the seat and back to tilt to a specified angle to reduce shear or allow for unassisted pressure releases.
- **Heavy duty** meets one of the following:
  - Is specifically manufactured to support a person weighing up to 300 pounds
  - Accommodates a seat width of up to 22" wide (not to be confused with custom manufactured wheelchairs)
- **Rigid:** Is an ultra-lightweight material with a rigid (nonfolding) frame.
- **Custom heavy duty** meets one of the following:
  - Is specifically manufactured to support a person weighing over 300 pounds
  - Accommodates a seat width of over 22" wide (not to be confused with custom manufactured wheelchairs).
- **Custom manufactured specially built:**
  - Ordered for a specific client from custom measurements
  - Is assembled primarily at the manufacturer's facility

**Wheelchair – Power** – A federally-approved, motorized wheelchair that can be independently driven by a client and fits one of the following categories:

- **Custom power adaptable** to:
  - Alternative driving controls
  - Power recline and tilt-in-space systems
- **Non-custom power:** Does not need special positioning or controls and has a standard frame.
- **Pediatric:** Has a narrower seat and shorter depth that is more suited to pediatric patients. Pediatric wheelchairs are usually adaptable to modifications for a growing child.

## About CRT

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### What is the purpose of the complex rehabilitation technology (CRT) billing guide?

The purpose of this billing guide is to provide billing information for individually configured, complex rehabilitation technology (CRT) products and related services provided to eligible clients with complex needs.

**Note:** For clients who require a wheelchair but who do not meet the Health Care Authority's requirements in this billing guide for an individually configured CRT product, see the Health Care Authority's [Medical Equipment \(ME\)/Non-CRT Wheelchairs Billing Guide](#).

### When does the Health Care Authority pay for CRT products and related services?

The Health Care Authority covers CRT products and related services according to Health Care Authority rules and subject to the limitations and requirements within this guide.

The Health Care Authority pays for CRT products and related services including modifications, accessories, and repairs when they are all the following:

- Covered
- Within the client's medical program scope (see [WAC 182-501-0060](#) and [182-501-0065](#))
- Medically necessary, as defined in [WAC 182-500-0070](#)
- Prescribed by an authorized practitioner, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer and the Health Care Authority is billed for a co pay and/or deductible only
- Authorized, as required in this billing guide, and per the following:
  - [Chapter 182-501 WAC](#)
  - [Chapter 182-502 WAC](#)
  - [Chapter 182-543 WAC](#)
- Provided and used within accepted medical or physical medicine community standards of practice

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The Health Care Authority requires prior authorization (PA) for all individually configured CRT products and related services. The Health Care Authority evaluates requests requiring PA on a case-by-case basis to determine medical necessity, as defined in [WAC 182-500-0070](#), according to the process found in [WAC 182-501-0165](#).

**Note:** See [Authorization](#) for specific details regarding authorization for CRT.

The Health Care Authority evaluates a request for any CRT product or related service under the provisions of [WAC 182-501-0160](#). When EPSDT applies, the Health Care Authority evaluates a noncovered product or service according to the process in [WAC 182-501-0165](#) to determine if it is all of the following:

- Medically necessary
- Safe
- Effective
- Not experimental (refer to the Health Care Authority's [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Billing Guide](#) for more information)

The Health Care Authority evaluates a request for a service that is in a covered category, but has been determined to be experimental or investigational as defined by [WAC 182-531-0050](#), under the provisions of [WAC 182-501-0165](#) that relate to medical necessity.

## Does the Health Care Authority follow the National Correct Coding Initiative (NCCI) policy?

**Yes.** The Health Care Authority follows the National Correct Coding Initiative (NCCI) policy. The

Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists the Health Care Authority to control improper coding that may lead to inappropriate payment.

The Health Care Authority bases coding policies on the following:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT®) manual
- National and local policies and edits
- Coding guidelines developed by national professional societies
- The analysis and review of standard medical and surgical practices
- Review of current coding practices

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**Medically Unlikely Edits (MUEs)** - Part of the NCCI policy are MUEs. MUEs are the maximum unit of service per HCPC or CPT code that can be reported by a provider under most circumstances for the same patient on the same date of service. Items billed above the established number of units are automatically denied as a "Medically Unlikely Edit." Not all HCPCS or CPT codes are assigned an MUE. The Health Care Authority adheres to the CMS MUEs for all codes.

The Health Care Authority may have units of service edits that are more restrictive than MUEs.

The Health Care Authority may perform a post-pay review on any claim to ensure compliance with NCCI. NCCI rules are enforced by the ProviderOne payment system.

## Client Eligibility

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Most Apple Health clients are enrolled in an HCA-contracted managed care organization (MCO). This means that Apple Health pays a monthly premium to an MCO for providing preventative, primary, specialty, and other health services to Apple Health clients. Clients in managed care must see only providers who are in their MCO's provider network, unless prior authorized or to treat urgent or emergent care. See HCA's [Apple Health managed care page](#) for further details.

**It is important to always check a client's eligibility prior to providing any services because it affects who will pay for the services.**

### How do I verify a client's eligibility?

Check the client's Services Card or follow the two-step process below to verify that a client has Apple Health coverage for the date of service and that the client's benefit package covers the applicable service. This helps prevent delivering a service HCA will not pay for.

#### Verifying eligibility is a two-step process:

- Step 1. Verify the patient's eligibility for Apple Health.** For detailed instructions on verifying a patient's eligibility for Apple Health, see the *Client Eligibility, Benefit Packages, and Coverage Limits* section in HCA's [ProviderOne Billing and Resource Guide](#).  
  
If the patient is eligible for Apple Health, proceed to **Step 2**. If the patient is **not** eligible, see the note box below.
- Step 2. Verify service coverage under the Apple Health client's benefit package.** To determine if the requested service is a covered benefit under the Apple Health client's benefit package, see HCA's [Program Benefit Packages and Scope of Services](#) webpage.

**Note:** Patients who are not Apple Health clients may apply for health care coverage in one of the following ways:

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button. For patients age 65 and older, or on Medicare, go to [Washington Connections](#) – select the "Apply Now" button.
- **Mobile app:** Download the [WAPlanfinder app](#) – select "sign in" or "create an account".
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633 or 855-627-9604 (TTY).
- **Paper:** By completing an *Application for Health Care Coverage (HCA 18-001P)* form. To download an HCA form, see HCA's Free or Low Cost Health Care, [Forms & Publications](#) webpage. Type only the form number into the Search box (Example: **18-001P**). For patients age 65 and older, or on Medicare, complete the *Washington Apple Health Application for Age, Blind, Disabled/Long-Term Services and Supports (HCA 18-005)* form.
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage. See the [Health Benefit Exchange Navigator](#).

## Are clients enrolled in an HCA-contracted managed care organization (MCO) eligible?

**Yes.** Most Medicaid-eligible clients are enrolled in one of HCA's contracted managed care organizations (MCOs). For these clients, managed care enrollment will be displayed on the client benefit inquiry screen in ProviderOne.

All medical services covered under an HCA-contracted MCO must be obtained by the client through designated facilities or providers. The MCO is responsible for:

- Payment of covered services
- Payment of services referred by a provider participating with the plan to an outside provider

**Note:** A client's enrollment can change monthly. Providers who are not contracted with the MCO must receive approval from **both** the MCO and the client's primary care provider (PCP) prior to serving a managed care client.



**Send claims to the client's MCO for payment.** Call the client's MCO to discuss payment prior to providing the service. Providers may bill clients only in very limited situations as described in [WAC 182-502-0160](#).

The Health Care Authority does not pay for complex rehabilitation technology (CRT) products or related services provided to a client who is enrolled in an HCA-contracted MCO, but who did not use one of the MCO's participating providers.

## Managed care enrollment

Apple Health (Medicaid) places clients into an HCA-contracted MCO the same month they are determined eligible for managed care as a new or renewing client. This eliminates a person being placed temporarily in FFS while they are waiting to be enrolled in an MCO or reconnected with a prior MCO. This enrollment policy also applies to clients in FFS who have a change in the program they are eligible for. However, some clients may still start their first month of eligibility in the FFS program because their qualification for MC enrollment is not established until the month following their Medicaid eligibility determination.

New clients are those initially applying for benefits or those with changes in their existing eligibility program that consequently make them eligible for Apple Health managed care. Renewing clients are those who have been enrolled with an MCO but have had a break in enrollment and have subsequently renewed their eligibility.

### Checking eligibility

- Providers must check eligibility and know when a client is enrolled and with which MCO. For help with enrolling, clients can refer to HCA's [Apply for or renew coverage webpage](#), under *How to apply for or renew Apple Health (Medicaid) coverage*.
- MCOs have retroactive authorization and notification policies in place. The provider must know the MCO's requirements and be compliant with the MCO's policies.

Clients have a variety of options to change their plan:

- **Available to clients with a Washington Healthplanfinder account:**
  - Go to [Washington Healthplanfinder website](#).
- **Available to all Apple Health clients:**
  - Visit the [ProviderOne Client Portal website](#):
  - Call Apple Health Customer Service at 1-800-562-3022. The automated system is available 24/7.
  - Request a change online at [ProviderOne Contact Us](#) (this will generate an email to Apple Health Customer Service). Select the topic "Enroll/Change Health Plans."

For online information, direct clients to HCA's [Apple Health Managed Care](#) webpage.

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## Clients who are not enrolled in an HCA-contracted managed care plan for physical health services

Some Medicaid clients do not meet the qualifications for managed care enrollment. These clients are eligible for services under the FFS Medicaid program. In this situation, each Integrated Managed Care (IMC) plan will have Behavioral Health Services Only (BHSO) plans available for Apple Health clients who are not in managed care. The BHSO covers only behavioral health treatment for those clients. Eligible clients who are not enrolled in an HCA-contracted managed care plan are automatically enrolled in a BHSO except for American Indian/Alaska Native clients. If the client receives Medicaid-covered services before being automatically enrolled in a BHSO, the FFS Medicaid program will reimburse providers for the covered services. Some examples of populations that may be exempt from enrolling into a managed care plan are Medicare dual-eligible, American Indian/Alaska Native, Adoption support and Foster Care alumni.

### Integrated managed care

Clients qualified for enrollment in an integrated managed care plan receive all physical health services, mental health services, and substance use disorder treatment through their HCA-contracted managed care organization (MCO).

For full details on integrated managed care, see HCA's [Apple Health managed care webpage](#) and scroll down to "Changes to Apple Health managed care."

### Integrated Apple Health Foster Care (AHFC)

Children and young adults in the Foster Care, Adoption Support and Alumni programs who are enrolled in Coordinated Care of Washington's (CCW) Apple Health Foster Care program receive both medical and behavioral health services from CCW.

Clients under this program are:

- Under the age of 18 who are in foster care (out of home placement)
- Under the age of 21 who are receiving adoption support
- Age 18-21 years old in extended foster care
- Age 18 to 26 years old who aged out of foster care on or after their 18th birthday (alumni)

These clients are identified in ProviderOne as "**Coordinated Care Healthy Options Foster Care.**"

The Apple Health Customer Services staff can answer general questions about this program. For specific questions about Adoption Support, Foster Care or Alumni clients, contact HCA's Foster Care and Adoption Support (FCAS) at 1-800-562-3022, Ext. 15480.

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## Fee-for-service Apple Health Foster Care

Children and young adults in the fee-for-service Apple Health Foster Care, Adoption Support and Alumni programs receive behavioral health services through the regional Behavioral Health Services Organization (BHSO). For details, see HCA's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

## American Indian/Alaska Native (AI/AN) Clients

**American Indian/Alaska Native (AI/AN)** clients have two options for Apple Health coverage:

- Apple Health Managed Care
- Apple Health coverage without a managed care plan (also referred to as fee-for-service [FFS])

If an AI/AN client does not choose a managed care plan, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the Health Care Authority's (HCA) [American Indian/Alaska Native webpage](#).

## What if a client has third-party liability (TPL)?

If the client has third-party liability (TPL) coverage (excluding Medicare), prior authorization must be obtained before providing any service requiring prior authorization. For more information on TPL, refer to HCA's [ProviderOne Billing and Resource Guide](#).

## Provider/Manufacturer Information

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### Who is eligible to provide complex rehabilitation technology (CRT) products and related services?

To be eligible to provide CRT and related services on a fee-for-service basis to clients, providers must:

- Meet the definition of a qualified CRT supplier.
- Employ at each site that a company operates, at least one CRT professional who is certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).
- Be enrolled with Medicaid and Medicare.
- Be registered with the appropriate taxonomy number (**332BC3200X**) to bill for CRT and related services.

The client must be evaluated by a licensed health care provider who performs specialty evaluations within that provider's scope of practice (occupational or physical therapists) and who does not have a financial relationship with the supplier.

### What are the Health Care Authority's requirements for CRT providers?

CRT providers must:

- Be present at the client's evaluation to assist in selection of the appropriate CRT product(s) and provide training in the use of the selected items.
- Provide written information to the client at the time of delivery as to how the client may receive services and repairs.
- Provide service and repairs by a qualified technician for all CRT products it sells.
- Meet the general provider requirements in [chapter 182-502 WAC](#).
- Obtain prior authorization before delivering the CRT product to the client.
- Furnish to clients only new CRT products that include full manufacturer and dealer warranties.
- Furnish, upon Health Care Authority request, documentation of proof of delivery.
- (See [What are the Health Care Authority's requirements for proof of delivery?](#))

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- Have a valid prescription. To be valid, a prescription must meet all the following:
  - Be written on the Health Care Authority's Prescription form, HCA #13-794. See [Where can I download HCA forms?](#)
  - Be written by an authorized practitioner or naturopathic physician
  - Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day or before delivery of the supply, equipment, or device (prescriptions must not be back-dated)
  - Be no older than one year from the date the prescriber signs the prescription
  - State the specific item or service requested, diagnosis, estimated length of need (weeks, months, or years), and quantity

**Note:** The above does not apply to dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the Health Care Authority is being billed for the copay and/or deductible only.

- Deliver the CRT product to the client before the provider bills the Health Care Authority.
- Bill the Health Care Authority using only the allowed procedure codes listed within this billing guide.

## When does the Health Care Authority not pay for CRT products or related services?

The Health Care Authority does not pay for CRT products or related services furnished to eligible clients when:

- The medical professional who provides medical justification to the Health Care Authority for the item provided to the client is an employee of, has a contract with, or has any financial relationship with the provider of the item.
- The medical professional who performs a client evaluation is an employee of, has a contract with, or has any financial relationship with a provider of CRT.
- The CRT products or related services have been delivered to a client without PA from the Health Care Authority.

## What are the Health Care Authority's requirements for proof of delivery?

When a provider delivers an item directly to the client or the client's authorized representative, the provider must furnish the proof of delivery when the Health Care Authority requests that information. All the following apply:

- The proof of delivery must:
  - Be signed and dated by the client or the client's authorized representative (the date of signature must be the date the item was received by the client).
  - Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name.
  - For CRT products that may require future repairs, include the serial number.
  - When the provider or supplier submits a claim for payment to the Health Care Authority, the date of service on the claim must be the date the item was received by the client or authorized representative.
- When billing the Health Care Authority, use the actual date of delivery as the date of service on the claim if the provider/supplier does the delivery.

**Note:** A provider must not use a delivery/shipping service to deliver items which must be fitted to the client.

## What are habilitative services under this program?

Habilitative services are those medically necessary services provided to help a client partially or fully attain or maintain developmental age-appropriate skills that were not fully acquired due to a congenital, genetic, or early-acquired health condition. Such services are required to maximize the client's ability to function in his or her environment.

Applicable to those clients in the expanded population and covered by the Alternative Benefit Plan (ABP) only, the Health Care Authority will cover CRT used to treat one of the qualifying conditions listed in the Health Care Authority's [Habilitative Services Billing Guide](#), under *Client Eligibility*.

All other program requirements are applicable to a habilitative service and should be followed unless otherwise directed (e.g., prior authorization).

## Billing for habilitative services

Habilitative services must be billed using one of the qualifying diagnosis codes listed in the Health Care Authority's *Habilitative Services Billing Guide* in the primary diagnosis field on the claim.

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## CRT Coverage Table

The Health Care Authority covers, **with prior authorization (PA)**, all individually configured complex rehabilitation technology (CRT) products and related services listed in the coverage table below when provided to eligible clients with complex needs, when medically necessary as defined in [WAC 182-500-0070](#).

**Reminder:** see [CRT Fee Schedule](#) for payment requirements.

### Legend:

| Code Status Indicator | Modifier             |
|-----------------------|----------------------|
| <b>BR</b> = By report | <b>NU</b> = Purchase |

**Note:** Billing provision limited to a one-month supply. One month equals 30 days.

## Wheelchairs - Manual

| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | K0004      | NU       | High strength ltwt whlchr    |                 |
|                       | K0005      | NU       | Ultralightweight wheelchair  |                 |
|                       | K0006      | NU       | Heavy duty wheelchair        |                 |
|                       | K0007      | NU       | Extra heavy duty wheelchair  |                 |
|                       | K0009      | NU       | Other manual wheelchair/base |                 |
|                       | K0195      | NU       | Elevating leg rests, pair    |                 |
|                       | E1161      | NU       | Manual adult wc w tiltinspac |                 |
|                       | E1225      | NU       | Manual semi-reclining back   |                 |
|                       | E1226      | NU       | Manual fully reclining back  |                 |
|                       | E1227      | NU       | Wheelchair spec sz spec ht a |                 |
|                       | E1228      | NU       | Wheelchair spec sz spec ht b |                 |
| <b>BR</b>             | E1229      | NU       | Pediatric wheelchair nos     |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
| <b>BR</b>             | E1231      | NU       | Rigid ped w/c tilt-in-space  |                 |
|                       | E1232      | NU       | Folding ped wc tilt-in-space |                 |
|                       | E1233      | NU       | Rig ped wc tltnspc w/o seat  |                 |
|                       | E1234      | NU       | Fld ped wc tltnspc w/o seat  |                 |
|                       | E1235      | NU       | Rigid ped wc adjustable      |                 |
|                       | E1236      | NU       | Folding ped wc adjustable    |                 |
|                       | E1237      | NU       | Rgd ped wc adjstabl w/o seat |                 |
|                       | E1238      | NU       | Fld ped wc adjstabl w/o seat |                 |
| <b>BR</b>             | E1239      | NU       | Ped power wheelchair nos     |                 |

## Wheelchairs – Power

| Code Status Indicator | HCPCS Code | Modifier | Short Description           | Policy/Comments  |
|-----------------------|------------|----------|-----------------------------|--|
|                       | K0813      | NU       | Pwc gp 1 std port seat/back | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0814      | NU       | Pwc gp 1 std port cap chair | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description           | Policy/Comments  |
|-----------------------|------------|----------|-----------------------------|--|
|                       | K0815      | NU       | Pwc gp 1 std seat/back      | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0816      | NU       | Pwc gp 1 std cap chair      | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0820      | NU       | Pwc gp 2 std port seat/back | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0821      | NU       | Pwc gp 2 std port cap chair | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0822      | NU       | Pwc gp 2 std seat/back      | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description      | Policy/Comments  |
|-----------------------|------------|----------|------------------------|--|
|                       | K0823      | NU       | Pwc gp 2 std cap chair | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0824      | NU       | Pwc gp 2 hd seat/back  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0825      | NU       | Pwc gp 2 hd cap chair  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0826      | NU       | Pwc gp 2 vhd seat/back | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0827      | NU       | Pwc gp vhd cap chair   | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments  |
|-----------------------|------------|----------|------------------------------|--|
|                       | K0828      | NU       | Pwc gp 2 xtra hd seat/back   | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0829      | NU       | Pwc gp 2 xtra hd cap chair   | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0830      | NU       | Pwc gp2 std seat elevate s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0831      | NU       | Pwc gp2 std seat elevate cap | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0835      | NU       | Pwc gp2 std sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments  |
|-----------------------|------------|----------|------------------------------|--|
|                       | K0836      | NU       | Pwc gp2 std sing pow opt cap | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0837      | NU       | Pwc gp 2 hd sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0838      | NU       | Pwc gp 2 hd sing pow opt cap | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0839      | NU       | Pwc gp2 vhd sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0840      | NU       | Pwc gp2 xhd sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments  |
|-----------------------|------------|----------|------------------------------|--|
|                       | K0841      | NU       | Pwc gp2 std mult pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0842      | NU       | Pwc gp2 std mult pow opt cap | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0843      | NU       | Pwc gp2 hd mult pow opt s/b  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0848      | NU       | Pwc gp 3 std seat/back       | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0849      | NU       | Pwc gp 3 std cap chair       | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description      | Policy/Comments  |
|-----------------------|------------|----------|------------------------|--|
|                       | K0850      | NU       | Pwc gp 3 hd seat/back  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0851      | NU       | Pwc gp 3 hd cap chair  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0852      | NU       | Pwc gp 3 vhd seat/back | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0853      | NU       | Pwc gp 3 vhd cap chair | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0854      | NU       | Pwc gp 3 xhd seat/back | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments  |
|-----------------------|------------|----------|------------------------------|--|
|                       | K0855      | NU       | Pwc gp 3 xhd cap chair       | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0856      | NU       | Pwc gp3 std sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0857      | NU       | Pwc gp3 std sing pow opt cap | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0858      | NU       | Pwc gp3 hd sing pow opt s/b  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0859      | NU       | Pwc gp3 hd sing pow opt cap  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments  |
|-----------------------|------------|----------|------------------------------|--|
|                       | K0860      | NU       | Pwc gp3 vhd sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0861      | NU       | Pwc gp3 vhd sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0862      | NU       | Pwc gp3 hd mult pow opt s/b  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | K0863      | NU       | Pwc gp3 vhd mult pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
| <b>BR</b>             | K0890      | NU       | Pwc gp5 ped sing pow opt s/b | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description   | Policy/Comments  |
|-----------------------|------------|----------|---|--|
| <b>BR</b>             | K0891      | NU       | Pwc gp5 ped mult pow opt s/b  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
| <b>BR</b>             | K0898      | NU       | Power wheelchair noc  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340–E2343, E2381–E2396 K0056, E0978, E2366, K0099, K0051, K0052, E0995, K0037, K0041–K0045, K0052, K0015, K0019, K0020, E0981 & E0982 |
|                       | E0950      | NU       | Tray  |  |
|                       | E0951      | NU       | Loop heel   |  |
|                       | E0952      | NU       | Toe loop/holder, each   |  |
|                       | E0953      | NU       | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each |  |
|                       | E0954      | NU       | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot        |  |
|                       | E0955      | NU       | Cushioned headrest  |  |
|                       | E0956      | NU       | W/c lateral trunk/hip support   |  |
|                       | E0957      | NU       | W/c medial thigh support  |  |
|                       | E0958      | NU       | Whlchr att- conv 1 arm drive  |  |
|                       | E0960      | NU       | W/c shoulder harness/straps   |  |
|                       | E0961      | NU       | Wheelchair brake extension  |  |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | E0966      | NU       | Wheelchair head rest extensi |                 |
|                       | E0967      | NU       | Manual wc hand rim w project |                 |
|                       | E0971      | NU       | Wheelchair anti-tipping devi |                 |
|                       | E0973      | NU       | W/ch access det adj armrest  |                 |
|                       | E0974      | NU       | W/ch access anti-rollback    |                 |
|                       | E0978      | NU       | W/c acc,saf belt pelv strap  |                 |
|                       | E0980      | NU       | Wheelchair safety vest       |                 |
|                       | E0981      | NU       | Seat upholstery, replacement |                 |
|                       | E0982      | NU       | Back upholstery, replacement |                 |
|                       | E0983      | NU       | Add pwr joystick             |                 |
|                       | E0984      | NU       | Add pwr tiller               |                 |
|                       | E0985      | NU       | W/c seat lift mechanism      |                 |
|                       | E0986      | NU       | Man w/c push-rim pow assist  |                 |
|                       | E0990      | NU       | Wheelchair elevating leg res |                 |
|                       | E0992      | NU       | Wheelchair solid seat insert |                 |
|                       | E0994      | NU       | Wheelchair arm rest          |                 |
|                       | E0995      | NU       | Wheelchair calf rest         |                 |
|                       | E1002      | NU       | Pwr seat tilt                |                 |
|                       | E1003      | NU       | Pwr seat recline             |                 |
|                       | E1004      | NU       | Pwr seat recline mech        |                 |
|                       | E1005      | NU       | Pwr seat recline pwr         |                 |
|                       | E1006      | NU       | Pwr seat combo w/o shear     |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description  | Policy/Comments |
|-----------------------|------------|----------|--|-----------------|
|                       | E1007      | NU       | Pwr seat combo w/shear   |                 |
|                       | E1008      | NU       | Pwr seat combo pwr shear   |                 |
|                       | E1010      | NU       | Add pwr leg elevation  | Pair            |
| <b>BR</b>             | E1011      | NU       | Ped wc modify width adjust   |                 |
|                       | E1012      | NU       | Ctr mount pwr elev leg rest  |                 |
|                       | E1014      | NU       | Reclining back add ped w/c   |                 |
|                       | E1015      | NU       | Shock absorber for man w/c   |                 |
|                       | E1016      | NU       | Shock absorber for power w/c   |                 |
| <b>BR</b>             | E1017      | NU       | Hd shck absrbr for hd man wc   |                 |
| <b>BR</b>             | E1018      | NU       | Hd shck absrbr for hd pwr w/c  |                 |
|                       | E1020      | NU       | Residual limb support system, for wheelchair, any type   |                 |
|                       | E1028      | NU       | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory. |                 |
|                       | E1030      | NU       | W/c vent tray gimbaled   |                 |

## Wheelchairs – Accessories

| Code Status Indicator | HCPCS Code | Modifier | Short Description             | Policy/Comments |
|-----------------------|------------|----------|-------------------------------|-----------------|
|                       | E2201      | NU       | Man w/ch acc seat w>=20" <24" |                 |
|                       | E2202      | NU       | Seat width 24-27 in           |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description                 | Policy/Comments |
|-----------------------|------------|----------|-----------------------------------|-----------------|
|                       | E2203      | NU       | Frame depth 20 to less than 22 in |                 |
|                       | E2204      | NU       | Frame depth 22 to 25 in           |                 |
|                       | E2205      | NU       | Manual wc accessory, handrim      |                 |
|                       | E2206      | NU       | Complete wheel lock assembly      |                 |
|                       | E2207      | NU       | Crutch and cane holder            |                 |
|                       | E2208      | NU       | Cylinder tank carrier             |                 |
|                       | E2209      | NU       | Arm trough each                   |                 |
|                       | E2210      | NU       | Wheelchair bearings               |                 |
|                       | E2211      | NU       | Pneumatic propulsion tire         |                 |
|                       | E2212      | NU       | Pneumatic prop tire tube          |                 |
|                       | E2213      | NU       | Pneumatic prop tire insert        |                 |
|                       | E2214      | NU       | Pneumatic caster tire each        |                 |
|                       | E2215      | NU       | Pneumatic caster tire tube        |                 |
| <b>BR</b>             | E2216      | NU       | Foam filled propulsion tire       |                 |
| <b>BR</b>             | E2217      | NU       | Foam filled caster tire each      |                 |
| <b>BR</b>             | E2218      | NU       | Foam propulsion tire each         |                 |
|                       | E2219      | NU       | Foam caster tire any size ea      |                 |
|                       | E2220      | NU       | Solid propulsion tire each        |                 |
|                       | E2221      | NU       | Solid caster tire each            |                 |
|                       | E2222      | NU       | Solid caster integrated whl       |                 |
|                       | E2224      | NU       | Propulsion whl excludes tire      |                 |
|                       | E2225      | NU       | Caster wheel excludes tire        |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | E2226      | NU       | Caster fork replacement only |                 |
|                       | E2227      | NU       | Gear reduction drive wheel   |                 |
|                       | E2231      | NU       | Solid seat support base      |                 |
| <b>BR</b>             | E2291      | NU       | Planar back for ped size wc  |                 |
| <b>BR</b>             | E2292      | NU       | Planar seat for ped size wc  |                 |
| <b>BR</b>             | E2293      | NU       | Contour back for ped size wc |                 |
| <b>BR</b>             | E2294      | NU       | Contour seat for ped size wc |                 |
| <b>BR</b>             | E2298      | NU       | Pwr seat elev sys for crt    |                 |
| <b>BR</b>             | E2301      | NU       | Pwr standing                 |                 |
|                       | E2310      | NU       | Electro connect btw control  |                 |
|                       | E2311      | NU       | Electro connect btw 2 sys    |                 |
|                       | E2312      | NU       | Mini-prop remote joystick    |                 |
|                       | E2313      | NU       | Pwc harness, expand control  |                 |
|                       | E2321      | NU       | Hand interface joystick      |                 |
|                       | E2322      | NU       | Mult mech switches           |                 |
|                       | E2323      | NU       | Special joystick handle      |                 |
|                       | E2324      | NU       | Chin cup interface           |                 |
|                       | E2325      | NU       | Sip and puff interface       |                 |
|                       | E2326      | NU       | Breath tube kit              |                 |
|                       | E2327      | NU       | Head control interface mech  |                 |
|                       | E2328      | NU       | Head/extremity control inter |                 |
|                       | E2329      | NU       | Head control nonproportional |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | E2330      | NU       | Head control proximity switc |                 |
|                       | E2340      | NU       | W/c wdth 20-23 in seat frame |                 |
|                       | E2341      | NU       | W/c wdth 24-27 in seat frame |                 |
|                       | E2342      | NU       | W/c dpth 20-21 in seat frame |                 |
|                       | E2343      | NU       | W/c dpth 22-25 in seat frame |                 |
|                       | E2351      | NU       | Electronic sgd interface     |                 |
| <b>BR</b>             | E2358      | NU       | Gr 34 nonsealed leadacid     |                 |
|                       | E2359      | NU       | Gr34 sealed leadacid battery |                 |
|                       | E2360      | NU       | 22nf nonsealed leadacid      |                 |
|                       | E2361      | NU       | 22nf sealed leadacid battery |                 |
|                       | E2363      | NU       | Gr24 sealed leadacid battery |                 |
|                       | E2365      | NU       | U1 sealed leadacid battery   |                 |
|                       | E2366      | NU       | Battery charger, single mode |                 |
|                       | E2367      | NU       | Battery charger, dual mode   |                 |
|                       | E2368      | NU       | Pwr wc drivewheel motor repl |                 |
|                       | E2369      | NU       | Pwr wc drivewheel gear repl  |                 |
|                       | E2370      | NU       | Pwr wc dr wh motor/gear comb |                 |
|                       | E2371      | NU       | Gr27 sealed leadacid battery |                 |
| <b>BR</b>             | E2372      | NU       | Gr27 non-sealed leadacid     |                 |
|                       | E2373      | NU       | Hand/chin ctrl spec joystick |                 |
|                       | E2374      | NU       | Hand/chin ctrl std joystick  |                 |
|                       | E2375      | NU       | Non-expandable controller    |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description                     | Policy/Comments                     |
|-----------------------|------------|----------|---------------------------------------|-------------------------------------|
|                       | E2376      | NU       | Expandable controller, repl           |                                     |
|                       | E2377      | NU       | Expandable controller, initl          |                                     |
|                       | E2378      | NU       | Pw actuator replacement               |                                     |
|                       | E2381      | NU       | Pneum drive wheel tire                |                                     |
|                       | E2382      | NU       | Tube, pneum wheel drive tire          |                                     |
|                       | E2383      | NU       | Insert, pneum wheel drive             |                                     |
|                       | E2384      | NU       | Pneumatic caster tire                 |                                     |
|                       | E2385      | NU       | Tube, pneumatic caster tire           |                                     |
|                       | E2386      | NU       | Foam filled drive wheel tire          |                                     |
|                       | E2387      | NU       | Foam filled caster tire               |                                     |
|                       | E2388      | NU       | Foam drive wheel tire                 |                                     |
|                       | E2389      | NU       | Foam caster tire                      |                                     |
|                       | E2390      | NU       | Solid drive wheel tire                |                                     |
|                       | E2391      | NU       | Solid caster tire                     |                                     |
|                       | E2392      | NU       | Solid caster tire, integrate          |                                     |
|                       | E2394      | NU       | Drive wheel excludes tire             |                                     |
|                       | E2395      | NU       | Caster wheel excludes tire            |                                     |
|                       | E2396      | NU       | Caster fork                           |                                     |
|                       | E2398      | NU       | Dynamic positioning hardware for back | Limit 1 every 3 years. PA required. |
|                       | K0015      | NU       | Detach non-adjus hght armrest         |                                     |
|                       | K0017      | NU       | Detach adjust armrest base            |                                     |
|                       | K0018      | NU       | Detach adjust armrst upper            |                                     |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | K0019      | NU       | Arm pad each                 |                 |
|                       | K0020      | NU       | Fixed adjust armrest pair    |                 |
|                       | K0037      | NU       | High mount flip-up footrest  |                 |
|                       | K0038      | NU       | Leg strap each               |                 |
|                       | K0039      | NU       | Leg strap h style each       |                 |
|                       | K0040      | NU       | Adjustable angle footplate   |                 |
|                       | K0041      | NU       | Large size footplate each    |                 |
|                       | K0042      | NU       | Standard size footplate each |                 |
|                       | K0043      | NU       | Ftrst lower extension tube   |                 |
|                       | K0044      | NU       | Ftrst upper hanger bracket   |                 |
|                       | K0045      | NU       | Footrest complete assembly   |                 |
|                       | K0046      | NU       | Elevat legrst low extension  |                 |
|                       | K0047      | NU       | Elevat legrst up hangr brack |                 |
|                       | K0050      | NU       | Ratchet assembly             |                 |
|                       | K0051      | NU       | Cam relese assem ftrst/lgrst |                 |
|                       | K0052      | NU       | Swingaway detach footrest    |                 |
|                       | K0053      | NU       | Elevate footrest articulate  |                 |
|                       | K0056      | NU       | Seat ht <17 or >=21 ltwt wc  |                 |
|                       | K0065      | NU       | Spoke protectors             |                 |
|                       | K0069      | NU       | Rear whl complete solid tire |                 |
|                       | K0070      | NU       | Rear whl compl pneum tire    |                 |
|                       | K0071      | NU       | Front castr compl pneum tire |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | K0072      | NU       | Frnt cstr cmpl sem-pneum tir |                 |
|                       | K0073      | NU       | Caster pin lock each         |                 |
|                       | K0077      | NU       | Front caster assem complete  |                 |
|                       | K0098      | NU       | Drive belt power wheelchair  |                 |
|                       | K0105      | NU       | Iv hanger                    |                 |
| <b>BR</b>             | K0108      | NU       | W/c component-accessory nos  |                 |
|                       | K0733      | NU       | 12-24hr sealed lead acid     |                 |

## Equipment, Replacement, Repair

| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | K0739      | NU       | Repair/svc dme non-oxygen eq |                 |
|                       | E0776      | NU, RR   | IV Pole                      |                 |

## Wheelchairs – Cushion

| Code Status Indicator | HCPCS Code | Modifier | Short Description            | Policy/Comments |
|-----------------------|------------|----------|------------------------------|-----------------|
|                       | E2601      | NU       | Gen w/c cushion wdth < 22 in |                 |
|                       | E2602      | NU       | Gen w/c cushion wdth >=22 in |                 |
|                       | E2603      | NU       | Skin protect wc cus wd <22in |                 |
|                       | E2604      | NU       | Skin protect wc cus wd>=22in |                 |
|                       | E2605      | NU       | Position wc cush wdth <22 in |                 |

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| Code Status Indicator | HCPCS Code | Modifier | Short Description             | Policy/Comments   |
|-----------------------|------------|----------|-------------------------------|-------------------|
|                       | E2606      | NU       | Position wc cush wdth >=22 in |                   |
|                       | E2607      | NU       | Skin pro/pos wc cus wd <22in  |                   |
|                       | E2608      | NU       | Skin pro/pos wc cus wd >=22in |                   |
| <b>BR</b>             | E2609      | NU       | Custom fabricate w/c cushion  |                   |
|                       | E2611      | NU       | Gen use back cush wdth <22in  |                   |
|                       | E2612      | NU       | Gen use back cush wdth >=22in |                   |
|                       | E2613      | NU       | Position back cush wd <22in   |                   |
|                       | E2614      | NU       | Position back cush wd >=22in  |                   |
|                       | E2615      | NU       | Pos back post/lat wdth <22in  |                   |
|                       | E2616      | NU       | Pos back post/lat wdth >=22in |                   |
| <b>BR</b>             | E2617      | NU       | Custom fab w/c back cushion   | Includes hardware |
|                       | E2619      | NU       | Replace cover w/c seat cush   |                   |
|                       | E2620      | NU       | Wc planar back cush wd <22in  |                   |
|                       | E2621      | NU       | Wc planar back cush wd >=22in |                   |
|                       | E2622      | NU       | Adj skin pro w/c cus wd <22in |                   |
|                       | E2623      | NU       | Adj skin pro wc cus wd >=22in |                   |
|                       | E2624      | NU       | Adj skin pro/pos cus <22in    |                   |
|                       | E2625      | NU       | Adj skin pro/pos wc cus >=22  |                   |

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## Wheelchairs – Modifications

| Code Status Indicator | HCPCS Code | Modifier | Short Description             | Policy/Comments |
|-----------------------|------------|----------|-------------------------------|-----------------|
|                       | E1297      | NU       | Wheelchair special seat depth |                 |
|                       | E1298      | NU       | Wheelchair spec seat depth/w  |                 |

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## Modifications, Accessories, and Repairs for CRT Wheelchairs

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### What are the requirements for modifications, accessories, and repairs to complex rehabilitation technology (CRT) wheelchairs?

The Health Care Authority covers, with prior authorization (PA), wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line-item charges. To receive payment, providers must submit all the following to the Health Care Authority:

- A completed *General Information for Authorization* form, HCA 13-835, see [Where can I download HCA forms? \(WAC 182-543-7000 Authorization\)](#)
- A completed *Prescription* form, HCA 13-794
- A completed *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008
- The make, model, and serial number of the wheelchair to be modified
- The modification requested
- Any specific information regarding the client's medical condition that necessitates the modification

**Note:** The date on the *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008, must not be dated prior to the date on the *Prescription* form, HCA 13-794.

### When does the Health Care Authority pay for transit option restraints?

The Health Care Authority pays for transit option restraints only when used for client-owned vehicles.

## When does the Health Care Authority cover CRT wheelchair repairs?

The Health Care Authority covers, with prior authorization (PA), CRT wheelchair repairs. To receive payment, providers must submit all the following to the Health Care Authority:

- *General Information for Authorization* form, HCA 13-835, see [Where can I download HCA forms?](#) (See [Authorization](#) for more information)
- A completed *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 19-0008
- The make, model, and serial number of the wheelchair to be repaired
- The repair requested

**Note:** PA is required for the repair and modification of client-owned equipment

## Authorization

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When a service requires authorization, the provider must properly request authorization in accordance with the Health Care Authority's rules, this billing guide, and any related provider notices.

When authorization is not properly requested, the Health Care Authority rejects and returns the request to the provider for further action. The rejection of the request is not a denial of service.

**Note:** The Health Care Authority's authorization of service(s) does not guarantee payment.

The Health Care Authority may recoup any payment made to a provider if the Health Care Authority later determines that the service was not properly authorized. See [WAC 182 502 0100](#).

### Is authorization required for complex rehabilitation technology (CRT)?

Yes. The Health Care Authority requires complex rehabilitation technology (CRT) providers to obtain prior authorization (PA) for CRT products and related services and deliver the CRT product or related service to the client before billing the Health Care Authority.

### What documentation is required for requesting PA?

Requests for PA must include all the following completed forms:

- General Information for Authorization form, HCA 13-835 (see [WAC 182-543-7000](#) Authorization). This request form must be the initial page when you submit your request.
- Medical Necessity for Wheelchair Purchase (for home clients only) form, HCA 19-0008 or Medical Necessity for Wheelchair Purchase for Nursing Facility Clients form, HCA 19-006 from the client's authorized practitioner or therapist
- The Health Care Authority's Prescription form, HCA 13-794. For nursing facility clients, a copy of the telephone order, signed by the authorized practitioner, for the wheelchair assessment is required in place of the prescription form

See [Where can I download HCA forms?](#)

For PA or limitation extension (LE), providers may submit prior authorization requests online through direct data entry into ProviderOne. See the Health Care Authority's [prior authorization webpage](#) for details. Providers may also fax requests to 866-668-1214.

Facility or therapist letterhead must be used for any documentation that does not appear on a Health Care Authority form.

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**Note:** For more information on requesting authorization, see the Prior Authorization chapter of the Health Care Authority's [ProviderOne Billing and Resource Guide](#).

When the Health Care Authority receives the initial request for PA, the prescription(s) (or telephone order) for those CRT products or related services must not be older than three months from the date the Health Care Authority receives the request.

The Health Care Authority requires certain information from providers to prior authorize the purchase of CRT. This information includes, but is not limited to, the following:

- The manufacturer's name
- The equipment model and serial number
- A detailed description of the item
- Any modifications required, including the CRT product or accessory number as shown in the manufacturer's catalog

For PA requests, the Health Care Authority requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line-item accessory or modification as identified by the manufacturer as a separate charge. The Health Care Authority does not accept general standards of care or industry standards for generalized equipment as justification.

The Health Care Authority considers requests for new CRT products or services that do not have assigned healthcare common procedure coding system (HCPCS) codes and are not listed in this billing guide. These items require PA.

The provider must furnish all the following information to the Health Care Authority to establish medical necessity:

- A detailed description of the item(s) or service(s) to be provided
- The cost or charge for the item(s)
- A copy of the manufacturer's invoice, pricelist, or catalog with the product description for the item(s) being provided (See [WAC 182-543-9000\(4\)](#))
- A detailed explanation of how the requested item(s) differs from an already existing code description

The Health Care Authority does not pay for the purchase or repair of CRT that duplicates equipment the client already owns. If the provider believes the purchase or repair of CRT is not duplicative, the provider must request PA and submit the following to the Health Care Authority, as appropriate:

- Why the existing equipment no longer meets the client's medical needs
- Why the existing equipment could not be repaired or modified to meet those medical needs

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- Upon request, documentation showing how the client's condition met the criteria for PA

A provider may resubmit a request for PA for a CRT product or service that the Health Care Authority has denied. The Health Care Authority requires the provider to include new documentation that is relevant to the request.

### **Submitting photos and x-rays for CRT requests**

For submitting photos and X-rays for medical and medical equipment PA requests, use the FastLook™ and FastAttach™ services provided by Vyne Medical.

Register with [Vyne Medical](#) through their website.

Contact Vyne Medical at 865-293-4111 with any questions.

When this option is chosen, fax the request to the Health Care Authority and indicate the MEA# in box 18 on the *General Information for Authorization* (HCA 13-835) form. **There is an associated cost, which will be explained by the MEA services.**

**Note:** See the Health Care Authority [ProviderOne Billing and Resource Guide](#) and review the Prior Authorization (PA) chapter for more information on requesting authorization.



## Warranty

### What warranty information should I keep?

Complex rehabilitation technology (CRT) providers must make the following warranty information available to the Health Care Authority upon request:

- Date of purchase
- Applicable serial number
- Model number or other unique identifier of the equipment
- Warranty period

### When is the dispensing provider responsible for costs?

The dispensing provider who furnishes the CRT product to a client is responsible for any costs incurred to have a different provider repair the CRT product when the following apply:

- Any CRT product that the Health Care Authority considers purchased requires repair during the applicable warranty period
- The provider refuses or is unable to fulfill the warranty
- The CRT product continues to be medically necessary

### Minimum Warranty Periods

| Wheelchair Frames (Purchased New) and Wheelchair Parts | Warranty                  |
|--|---------------------------|
| <b>Powerdrive (depending on model)</b>                 | One (1) year - lifetime   |
| <b>Ultralight</b>                                      | Lifetime                  |
| <b>Active Duty Lightweight (depending on model)</b>    | Five (5) years - lifetime |
| <b>All Others</b>                                      | One (1) year              |

  

| Electrical Components   | Warranty                |
|---|-------------------------|
| <b>All electrical components whether new or replacement parts including batteries</b> | Six (6) months - 1 year |

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## Billing

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All claims must be submitted electronically to the Health Care Authority, except under limited circumstances.

For more information about this policy change, see [Paperless Billing at HCA](#).

For providers approved to bill paper claims, see the Health Care Authority's [Paper Claim Billing Resource](#).

### What are the general billing requirements?

Providers must follow the Health Care Authority's [ProviderOne Billing and Resource Guide](#). These billing requirements include all the following:

- What time limits exist for submitting and resubmitting claims and adjustments
- When providers may bill a client
- How to bill for services provided to primary care case management (PCCM) clients
- How to bill for clients eligible for both Medicare and Medicaid
- How to handle third-party liability claims
- What standards to use for record keeping

**Note:** For payment, claim must match the authorization.

### What billing requirements are specific to complex rehabilitation technology (CRT)?

A provider must not bill the Health Care Authority for the purchase of CRT products supplied to the provider at no cost by suppliers or manufacturers.

**Note:** HCPCS code E1028 (wheelchair accessory, manual swingaway, retractable or removable mounting hardware) must be submitted on one line for correct payment.

## How do I bill for a managed care client?

If a fee-for-service (FFS) client enrolls in a Health Care Authority-contracted managed care organization (MCO), all the following apply:

- The Health Care Authority-contracted MCO determines the client's continuing need for the CRT products and related services and is responsible for paying the provider.
- A client may become an MCO enrollee before the Health Care Authority completes the purchase of prescribed CRT. The Health Care Authority considers the purchase complete when the product is delivered, and the Health Care Authority is notified of the serial number. If the client becomes an MCO enrollee before the Health Care Authority completes the purchase:
  - The Health Care Authority rescinds the Health Care Authority's authorization with the vendor until the MCO's primary care provider (PCP) evaluates the client.
  - Then the Health Care Authority requires the PCP to write a new prescription if the PCP determines the equipment is still medically necessary as defined in [WAC 182-500-0070](#).
  - Then the MCO's applicable reimbursement policies apply to the purchase of the equipment.
- A client may be disenrolled from an MCO and placed into FFS before the MCO completes the purchase of prescribed CRT products and related services.
  - The Health Care Authority rescinds the MCO's authorization with the vendor until the client's PCP evaluates the client.
  - Then the Health Care Authority requires the PCP to write a new prescription if the PCP determines the CRT product is still medically necessary as defined in [WAC 182-500-0070](#).
  - The Health Care Authority's applicable reimbursement policies apply to the purchase of the CRT product.

## How do I bill for clients eligible for Medicare and Medicaid?

If a client is eligible for both Medicare and Medicaid, all the following apply:

- The Health Care Authority requires a provider to accept Medicare assignment before any Medicaid reimbursement.
- In accordance with [WAC 182-502-0110](#):
  - If the service provided is covered by Medicare and Medicaid, the Health Care Authority pays the deductible and coinsurance up to Medicare's allowed amount or the Health Care Authority's allowed amount, whichever is less.
  - If the service provided is covered by Medicare but is not covered by the Health Care Authority, the Health Care Authority pays only the deductible and/or coinsurance up to Medicare's allowed amount.

## How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the Health Care Authority's [Billers and Providers](#) webpage, under [Webinars](#).

For information about billing Health Insurance Portability and Accountability Act (HIPAA) Electronic Data Interchange (EDI) claims, see the ProviderOne 5010 companion guides on the [HIPAA Electronic Data Interchange \(EDI\)](#) webpage.

The following claim instructions relate to CRT providers and are applicable to the place of service field. These are the only appropriate place of service codes for this billing guide:

| Code | Place of Service         |
|------|--------------------------|
| 12   | Client's residence       |
| 13   | Assisted living facility |
| 32   | Nursing facility         |
| 31   | Skilled nursing facility |
| 99   | Other                    |

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## What is included in the rate for CRT?

The Health Care Authority's payment rate for covered CRT products and related services includes all the following:

- Any adjustments or modifications to the equipment required within three months of the date of delivery, or are covered under the manufacturer's warranty (this does not apply to adjustments required because of changes in the client's medical condition)
- Any pick-up and/or delivery fees or associated costs (e.g., mileage, travel time, gas, etc.)
- Telephone calls
- Shipping, handling, and/or postage
- Routine maintenance of CRT products including:
  - Testing
  - Cleaning
  - Regulating
  - Assessing the client's equipment
- Fitting and/or set-up
- Instruction to the client or client's caregiver in the appropriate use of the equipment, device, and/or supplies

## Where can I find the CRT fee schedule?

Maximum allowable fees may be found in the Health Care Authority's [CRT Fee Schedule](#).

**Note:** Bill the Health Care Authority your usual and customary charge.