


**Washington Apple Health (Medicaid)**

# **Medical Equipment and Supplies Billing Guide**

**October 1, 2019**

Every effort has been made to ensure this guide's accuracy. If an actual or apparent conflict between this document and an agency rule arises, the agency rules apply.



## About this guide\*

This guide takes effect October 1, 2019, and supersedes earlier billing guides to this program.

HCA 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.

Services, equipment, or both related to any of the programs listed below must be billed using the agency's Washington Apple Health program-specific billing guides:

- [Medical Nutrition Therapy Billing Guide](#)
- [Home Infusion Therapy Billing Guide](#)
- [Prosthetic and Orthotic Devices Billing Guide](#)

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.

## What has changed?

| Subject                               | Change   | Reason for Change   |
|---------------------------------------|--|---|
| <a href="#">Provider requirements</a> | Added that electronic signatures are acceptable.   | Electronic signatures are acceptable on the agency's <i>Prescription</i> form, HCA 13-794 |
| <a href="#">Coverage table</a>        | Updated procedure code E0181, press pad alternating w/ pump, to reflect prior authorization (PA) is for rental only. | PA required for rental.   |
| <a href="#">Coverage table</a>        | Updated procedure code K0002, stnd hemi (low seat) whlchr, to reflect prior authorization (PA) is for rental only.   | PA required for rental.   |
| <a href="#">Coverage/Limitations</a>  | Reminder for billing <a href="#">incontinence supplies</a>   | Reduce incorrect billing  |

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\* This publication is a billing instruction.

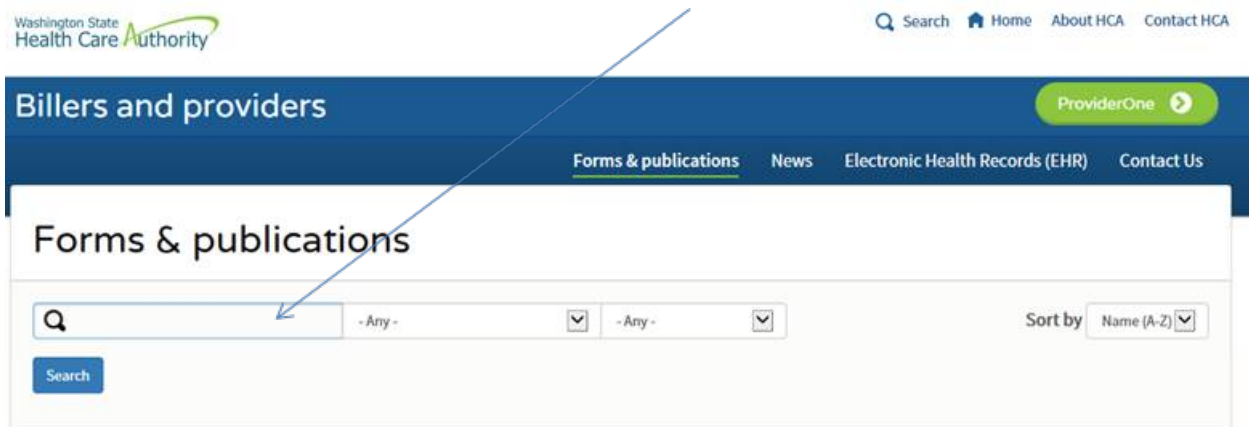
## How can I get agency provider documents?

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

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

## Where can I download agency forms?

To download an agency provider form, go to HCA's Billers and provider's webpage, select [Forms & publications](#). Type the HCA form number into the **Search box** as shown below (Example: 13-835).



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# Resources Available

| Topic  | Resource Information  |
|--|---|
| Becoming a provider or submitting a change of address or ownership   | See the agency's <a href="#">Billers and Providers</a> webpage  |
| Finding out about payments, denials, claims processing, or agency-contracted managed care organizations      |   |
| Electronic billing   |   |
| Finding agency documents (e.g., Washington Apple Health billing guides, provider notices, and fee schedules) |   |
| Private insurance or third-party liability, other than agency-contracted managed care                        |   |
| Requesting that equipment/supplies be added to the “covered” list in this billing guide                      | (800) 562-3022 (phone)<br>(866) 668-1214 (fax)  |
| Requesting prior authorization or a limitation extension   | Providers may submit prior authorization requests online through direct data entry into ProviderOne. See <a href="#">the agency's prior authorization webpage</a> for details. Providers may also fax requests to 866-668-1214. |
| Questions about the payment rate listed in the fee schedule  | Cost Reimbursement Analyst<br>Professional Reimbursement<br>PO Box 45510<br>Olympia, WA 98504-5510<br>(360) 753-9152 (fax)  |

# Definitions

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

**Date of delivery** – The date the client actually took physical possession of an item or equipment. (WAC [182-543-1000](#))

**Digitized speech** – (Also referred to as devices with **whole message** speech output) - Words or phrases that have been recorded by a person other than the SGD user for playback upon command of the SGD user.

**EPSDT** - See WAC [182-500-0005](#).

**Health care Common Procedure Coding System (HCPCS)** – A coding system established by the Health Care Financing Administration (HCFA) to define services and procedures. HCFA is now known as the Centers for Medicare and Medicaid Services (CMS). (WAC 182-543-1000)

**House Wheelchair** – A skilled nursing facility wheelchair that is included in the skilled nursing facility’s per-patient-day rate under chapter [74.46](#) RCW. (WAC 182-543-1000)

**Manual Wheelchair** – See **Wheelchair – Manual**.

**Medical equipment** – Includes medical equipment and appliances, and medical supplies. (WAC 182-543-1000)

**Medical equipment and appliances -** Health care-related items that:

- Are primarily and customarily used to serve a medical purpose;
  - Generally are not useful to a person in the absence of illness or injury;
  - Can withstand repeated use;
  - Can be reusable or removable; and
  - Are suitable for use in any setting where normal life activities take place.
- (WAC 182-543-1000)

**Medical supplies** – Health care-related items that are:

- Consumable, or disposable, or cannot withstand repeated use by more than one person;
  - Required to address an individual medical disability, illness, or injury;
  - Suitable for use in any setting which is not a medical institution and in which normal life activities take place; and
  - Generally not useful to a person in the absence of illness or injury.
- (WAC 182-543-1000)

**Personal or comfort item** – An item or service that primarily serves the comfort or convenience of the client or caregiver. (WAC 182-543-1000)



**Plan of Care (POC)** – (Also known as plan of treatment (POT)). A written plan of care that is established and periodically reviewed and signed by both a physician and a home health agency provider that describes the home health care to be provided at the client's residence. (WAC [182-551-2010](#))

**Reusable Supplies** – Supplies that are to be used more than once. (WAC [182-543-1000](#))

**Power-Drive Wheelchair** – See Wheelchair – Power. (WAC [182-543-1000](#))

**Scooter** – A federally-approved, motor-powered vehicle that:

- Has a seat on a long platform.
- Moves on either three or four wheels.
- Is controlled by a steering handle.
- Can be independently driven by a client. (WAC [182-543-1000](#))

**Specialty bed** – A pressure reducing support surface, such as foam, air, water, or gel mattress or overlay. (WAC [182-543-1000](#))

**Speech generating device (SGD)** - An electronic device or system that compensates for the loss or impairment of a speech function due to a congenital condition, an acquired disability, or a progressive neurological disease. The term includes only that equipment used for the purpose of communication. Formerly known as augmentative communication device (ACD).

**Synthesized speech** – A technology that translates a user's input into device-generated speech using algorithms representing linguistic rules; synthesized speech is not the prerecorded messages of digitized speech. An SGD that has synthesized speech is not limited to pre-recorded messages but rather can independently create messages as communication needs dictate. (WAC [182-543-1000](#))

**Three- or four-wheeled scooter** – A three- or four-wheeled vehicle meeting the definition of scooter (see **scooter**) and has all of the following minimum features:

- Rear drive
- A twenty-four volt system
- Electronic or dynamic braking
- A high to low speed setting
- Tires designed for indoor/outdoor use (WAC [182-543-1000](#))

**Trendelenburg position** – A position in which the patient is lying on his or her back on a plane inclined thirty to forty degrees. This position makes the pelvis higher than the head, with the knees flexed and the legs and feet hanging down over the edge of the plane. (WAC [182-543-1000](#))

**Warranty period** – A guarantee or assurance, according to manufacturers' or provider's guidelines, of set duration from the date of purchase. (WAC [182-543-1000](#))

## Medical Equipment and Supplies

**Wheelchair-manual** – A federally-approved, nonmotorized 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
- 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 inches 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 that allows both the seat and back to tilt to a specified angle to reduce shear or allow for unassisted pressure releases
- Heavy Duty:

Has one of the following:

  - ✓ Specifically manufactured to support a person weighing up to 300 pounds
  - ✓ Accommodating a seat width of up to 22 inches wide (not to be confused with custom manufactured wheelchairs)
- Rigid:

Is of ultra-lightweight material with a rigid (nonfolding) frame
- Custom Heavy Duty. Is either of the following:
  - ✓ Specifically manufactured to support a person weighing over 300 pounds
  - ✓ Accommodates a seat width of over 22 inches 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 factory(WAC [182-543-1000](#))

**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
- Noncustom 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 (WAC [182-543-1000](#))

# About the Program

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(WAC [182-543-0500](#))

## What products in general does the medical equipment program cover?

The federal government considers medical equipment and related supplies as services under the Medicaid program. For information about the Habilitative Services benefit, see [What are habilitative services under this program?](#)

The agency covers medical equipment and related supplies listed in this billing guide according to agency rules and subject to the limitations and requirements within this guide. The agency pays for medical equipment and related supplies including modifications, accessories, and repairs when they are:

- Within the scope of the client's medical program (see WAC [182-501-0060](#) and WAC [182-501-0065](#)).
- Medically necessary, as defined in WAC [182-500-0070](#).
- Prescribed and signed or cosigned by a physician and within the scope of the practitioner's licensure, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer and the agency is billed for a copay and/or deductible only.

**Note: (Orders that do not require a physician signature/cosignature)**

- Supplies and equipment necessary for or ancillary to the administration of pharmaceuticals or monitoring their effectiveness, including glucose monitors, glucose test strips, lancets, insulin pens, needles, syringes, inhalation masks, nebulizers and spacers, may be ordered by nonphysician practitioners (i.e. advanced registered nurse practitioners or physician assistants) within their scope of practice without a physician signature/cosignature.
- Respiratory supplies and equipment necessary for or ancillary to the administration or monitoring of medications including oxygen, such as inhalation masks, nebulizers and spacers, may be ordered by nonphysician practitioners within their scope of practice without a physician signature/cosignature.

**Note:** If a client is a resident in a skilled nursing facility, a nonphysician practitioner (i.e. advanced registered nurse practitioner or a physician assistant) may order medical equipment and supplies within their scope of practice without a physician signature or cosignature.

## Medical Equipment and Supplies

If a client is discharged to their home, any order for medical equipment and supplies must be signed or cosigned by a physician.

- Authorized, as required in this billing guide, and in accordance with 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.

The agency requires prior authorization (PA) for covered medical equipment related supplies, and related services when the clinical criteria are not met, including the criteria associated with the [expedited prior authorization](#) (EPA) process.

The agency evaluates requests requiring PA on a case-by-case basis to determine medical necessity, according to the process found in WAC [182-501-0165](#).

**Note:** See [Authorization](#) for specific details regarding authorization for the medical equipment program.

The agency bases its determination about which medical equipment services and related supplies require PA or EPA on utilization criteria (see [Authorization](#)). The agency considers all of the following when establishing utilization criteria:

- Cost
- The potential for utilization abuse
- A narrow therapeutic indication
- Safety

The agency evaluates a request for any medical equipment item listed under the provisions of WAC [182-501-0160](#) (see [Exception to Rule](#)). When EPSDT applies, the agency evaluates a noncovered service, equipment, or supply according to the process in WAC [182-501-0165](#) to determine if it is:

- Medically necessary.
- Safe.
- Effective.
- Not experimental (see the agency's current [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Billing Guide](#) for more information).

The agency 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](#), which relate to medical necessity (see [Authorization](#)).

## 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 agency will cover wheelchairs, medical equipment and devices to treat one of the qualifying conditions listed in the agency'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 agency's *Habilitative Services Billing Guide* in the primary diagnosis field on the claim.

Services and equipment related to any of the following programs must be billed using the agency's Washington Apple Health program-specific billing guide:

- [Prosthetic and Orthotic Devices](#)
- [Complex Rehabilitation Technology \(CRT\)](#)

# Client Eligibility

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(WAC [182-501-0060](#) and [182-501-0065](#))

Most Apple Health clients are enrolled in an agency-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 the agency'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 the agency will not pay for.

Is the client enrolled in an agency-contracted managed care organization (MCO), in a behavioral health organization (BHO), or is the client receiving services through fee-for-service (FFS) Apple Health?

### 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 the agency'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 the agency's [Program Benefit Packages and Scope of Services](#) webpage.

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

1. By visiting the Washington Healthplanfinder's website at:  
[www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)
2. By calling the Customer Support Center toll-free at: 855-WAFINDER (855-923-4633) or 855-627-9604 (TTY)
3. By mailing the application to:  
Washington Healthplanfinder  
PO Box 946  
Olympia, WA 98507

In-person application assistance is also available. To get information about in-person application assistance available in their area, people may visit [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call the Customer Support Center.

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

**Yes.** Medical equipment services and non-CRT wheelchairs must be requested directly through the client's Primary Care Provider (PCP). Clients can contact their MCO by calling the telephone number provided to them.

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

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

**Note:** To prevent billing denials, check the client's eligibility **prior** to scheduling services and at the **time of the service** and make sure proper authorization or referral is obtained from the plan. See the agency's [ProviderOne Billing and Resource Guide](#) for instructions on how to verify a client's eligibility.



## Managed care enrollment

Apple Health (Medicaid) places clients into an agency-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.

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 the Washington Healthplanfinder's [Get Help Enrolling](#) page.
- 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.

## Behavioral Health Organization (BHO)

The Health Care Authority manages the contracts for behavioral health services (mental health and substance use disorder) for the following three Regional Service Areas (RSAs):

- **Great Rivers:** Includes Cowlitz, Grays Harbor, Lewis, Pacific, and Wahkiakum counties
- **Salish:** Includes Clallam, Jefferson, and Kitsap counties
- **Thurston-Mason:** Includes Thurston and Mason counties

To view a map and table of the integrated managed care plans available within each region, please see [Changes coming to Washington Apple Health](#). You may also refer to the agency's [Apple Health managed care webpage](#).

See the agency's [Mental Health Services Billing Guide](#) for details.

## Apple Health – Changes for July 1, 2019

**Effective July 1, 2019**, HCA is continuing to shift to whole-person care to allow better coordination of care for both body (physical health) and mind (mental health and drug or alcohol treatment, together known as “behavioral health”). This delivery model is called Integrated Managed Care (formerly Fully Integrated Managed Care, or FIMC, which still displays in ProviderOne and Siebel).

Agency-contracted managed care organizations (MCOs) in certain Region Service Areas (RSAs) expanded their coverage of behavioral health services (mental health and substance use disorder treatment), along with continuing to cover physical health services. The RSAs are outlined in the [Integrated Managed Care Regions](#) section.

Apple Health clients who are not enrolled in an agency-contracted MCO for their physical health services (e.g., dual-eligible Medicare-Medicaid clients) still receive their behavioral health services through one of the agency-contracted MCOs. The MCO will provide only behavioral health services for the client.

Most clients remained with the same health plan, except in regions where a client’s plan was no longer available. The agency auto-enrolled these clients to one of the offered plans.

Clients can change their plan at any time by:

- Visiting the [ProviderOne Client Portal](#).
- Calling Apple Health Customer Service toll-free at 1-800-562-3022. This automated system is available 24 hours a day, 7 days a week.
- Requesting a change online through our secure [Contact us – Apple Health \(Medicaid\) client web form](#). Select the topic “Enroll/Change Health Plans.”

Visiting the [Washington Healthplanfinder](#) (only for clients with a Washington Healthplanfinder account).

## Integrated managed care

For clients who live in an integrated managed care region, all physical health services, mental health services, and drug and alcohol treatment are covered and coordinated by the client’s agency-contracted MCO. The BHO will not provide behavioral health services in these regions.

Clients living in an integrated managed care region will enroll with an MCO of their choice that is available in that region. If the client does not choose an MCO, the client will be automatically enrolled into one of the available MCOs, unless the client is American Indian/Alaska Native (AI/AN). Clients currently enrolled in one of the available MCOs in their region may keep their enrollment when the behavioral health services are added.

**American Indian/Alaska Native (AI/AN)** clients living in an integrated managed care region of Washington may choose to enroll in one of the agency-contracted MCOs available in that region or they may choose to receive all these services through Apple Health FFS. If they do not choose an MCO, they will be automatically enrolled into Apple Health FFS for all their health care services, including comprehensive behavioral health services. See the agency’s [American Indian/Alaska Native webpage](#).

For more information about the services available under the FFS program, see the agency’s [Mental Health Services Billing Guide](#) and the [Substance Use Disorder Billing Guide](#).

For full details on integrated managed care, see the agency’s [Changes to Apple Health managed care webpage](#).

### Integrated managed care regions

Clients who reside in the following integrated managed care regions and who are eligible for managed care enrollment must choose an available MCO in their region. Details, including information about mental health crisis services, are located on the agency’s [Apple Health managed care webpage](#).

| <b>Region</b>    | <b>Counties</b>  | <b>Effective Date</b>                         |
|------------------|--|---|
| North Sound      | Island, San Juan, Skagit, Snohomish, and Whatcom   | July 1, 2019                                  |
| Greater Columbia | Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Yakima, and Whitman | January 1, 2019                               |
| King             | King   | January 1, 2019                               |
| Pierce           | Pierce   | January 1, 2019                               |
| Spokane          | Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens                                | January 1, 2019                               |
| North Central    | Grant, Chelan, Douglas, and Okanogan   | January 1, 2018<br>January 1, 2019 (Okanogan) |
| Southwest        | Clark, Skamania, and Klickitat   | April 2016<br>January 1, 2019 (Klickitat)     |

## Integrated Apple Health Foster Care (AHFC)

Effective January 1, 2019, 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 21 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 18<sup>th</sup> birthday (alumni)

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

## 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 Administrative Services Organization (BH-ASO). For details, see the agency's [Mental Health Services Billing Guide](#), under *How do providers identify the correct payer?*

## 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 the agency's [ProviderOne Billing and Resource Guide](#).

# Provider/Manufacturer Information

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(WAC [182-543-2000](#))

## What types of medical equipment and related services does the agency pay for?

The agency pays qualified providers for medical equipment and related services on a fee-for-service basis as follows:

- Medical equipment providers for medical equipment and related repair services
- Medical equipment dealers, pharmacies, and home health agencies under their national provider identifier (NPI) for medical supplies
- Physicians who provide medical equipment and supplies in the office (the agency may pay separately for medical supplies, subject to the provisions in the agency's resource-based relative value scale fee schedule)
- Out-of-state orthotics and prosthetics providers who meet their state regulations

For more information about medical equipment that requires a face-to-face encounter, see the [list of covered items](#) published by the Centers for Medicare and Medicaid Services.

## What requirements must providers and suppliers meet?

Providers and suppliers of medical equipment and related services must:

- Meet the general provider requirements in chapter [182-502](#) WAC.
- Be enrolled with Medicaid and Medicare.
- Have the proper business license.
- Be certified, licensed and/or bonded if required, to perform the services billed to the agency.

## Medical Equipment and Supplies

- Provide instructions for use of equipment.
- Furnish to clients only new equipment that includes full manufacturer and dealer warranties.
- Furnish, upon agency request, documentation of proof of delivery (See [How do providers furnish proof of delivery?](#)).
- Bill the agency using only the allowed procedure codes published within this billing guide.
- Have a valid prescription. A prescription must meet all of the following:
  - ✓ Be written on the agency's *Prescription* form, HCA 13-794 (See [Where can I download agency forms?](#))
  - ✓ Be signed or cosigned by a physician. Electronic signatures are acceptable.

**Note: (Orders that do not require a physician signature/cosignature)**

- Supplies and equipment necessary for or ancillary to the administration of pharmaceuticals or monitoring their effectiveness, including glucose monitors, glucose test strips, lancets, insulin pens, needles, syringes, inhalation masks, nebulizers and spacers, may be ordered by nonphysician practitioners (i.e. advanced registered nurse practitioners or physician assistants) within their scope of practice without a physician signature/cosignature.
- Respiratory supplies and equipment necessary for or ancillary to the administration or monitoring of medications including oxygen, such as inhalation masks, nebulizers and spacers, may be ordered by nonphysician practitioners within their scope of practice without a physician signature/cosignature.

**Note:** If a client is a resident in a skilled nursing facility, a nonphysician practitioner (i.e. advanced registered nurse practitioner or a physician assistant) may order medical equipment and supplies within their scope of practice without a physician signature or cosignature.

If a client is discharged to their home, any order for medical equipment and supplies must be signed or cosigned by a physician. Electronic signatures are acceptable.

- ✓ Be written, signed (including the prescriber's credentials), and dated by the prescriber on the same day and 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:** For dual eligible Medicare/Medicaid clients when Medicare is the primary payer and the agency is being billed for co-pay and/or deductible only, the above does not apply.

## How can equipment/supplies be added to the covered list in this billing guide?

(WAC [182-543-2100](#))

Any interested party, such as a provider, supplier, and manufacturer may request the agency to include new equipment/supplies in this guide.

The request should include credible evidence, including but not limited to:

- Manufacturer's literature.
- Manufacturer's pricing.
- Clinical research/case studies (including FDA approval, if required).
- Proof of the Centers for Medicare and Medicaid Services (CMS) certification, if applicable.
- Any additional information the requester feels would aid the agency in its determination.

Send requests to:

Medical Equipment Program Management Unit  
PO Box 45506  
Olympia WA 98504-5506

## How do providers furnish proof of delivery?

(WAC [182-543-2200](#))

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 agency requests that information. All of the following apply:

- The agency requires a delivery slip as proof of delivery, and it must meet all of the following:
  - ✓ 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)

## Medical Equipment and Supplies

- ✓ Include the client's name and a detailed description of the item(s) delivered, including the quantity and brand name
- ✓ Include the serial number for medical equipment that may require future repairs
- When the provider or supplier submits a claim for payment to the agency, the date of service on the claim must be one of the following:
  - ✓ For a one-time delivery, the date the item was received by the client or authorized representative
  - ✓ For medical equipment for which the agency has established a monthly maximum, on or after the date the item was received by the client or authorized representative

When a provider uses a delivery/shipping service to deliver items which are not fitted to the client, the provider must furnish proof of delivery that the client received the equipment and/or supply, when the agency requests that information.

- If the provider uses a delivery/shipping service, the tracking slip is the proof of delivery.

The tracking slip must include all of the following:

- ✓ The client's name or a reference to the client's package(s)
- ✓ The delivery service package identification number
- ✓ The delivery address
- If the provider/supplier delivers the product, the proof of delivery is the delivery slip. The delivery slip must include all of the following:
  - ✓ The client's name
  - ✓ The shipping service package identification number
  - ✓ The quantity, detailed description(s), and brand name(s) of the items being shipped
  - ✓ The serial number for medical equipment that may require future repairs



- When billing the agency, do both of the following:
  - ✓ Use the shipping date as the date of service on the claim if the provider uses a delivery/shipping service
  - ✓ 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.

Providers must obtain PA when required before delivering the item to the client. The item must be delivered to the client before the provider bills the agency.

The agency does not pay for medical equipment furnished to the agency's clients when either of the following applies:

- The medical professional who provides medical justification to the agency 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 ME.

## How does the agency decide whether to rent or purchase equipment?

(WAC [182-543-2250](#))

- The agency bases its decision to rent or purchase wheelchairs, medical equipment and supplies on the length of time the client needs the equipment.
- A provider must not bill the agency for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.
- The agency purchases **new** medical equipment only.
  - ✓ A **new** medical equipment item that is placed with a client initially as a rental item is considered a new item by the agency at the time of purchase.
  - ✓ A **used** medical equipment item that is placed with a client initially as a rental item must be replaced by the supplier with a new item prior to purchase by the agency.

## Medical Equipment and Supplies

- The agency requires a dispensing provider to ensure the medical equipment rented to a client is:
  - ✓ In good working order.
  - ✓ Comparable to equipment the provider rents to clients with similar medical equipment needs who are either private pay clients or who have other third-party coverage.
- The agency's minimum rental period for covered medical equipment is one day.
- The agency authorizes rental equipment for a specific period of time. The provider must request authorization from the agency for any extension of the rental period.
- The agency's reimbursement amount for rented medical equipment includes all of the following:
  - ✓ Delivery to the client
  - ✓ Fitting, set-up, and adjustments
  - ✓ Maintenance, repair and/or replacement of the equipment
  - ✓ Return pickup by the provider
- The agency considers rented equipment to be purchased after a 12-month rental unless the equipment is restricted as rental only.
- Medical equipment and related services purchased by the agency for a client are the client's property.
- The agency rents, but does not purchase, certain medical equipment for clients.
- The agency stops paying for any rented equipment effective the date of a client's death. The agency prorates monthly rentals as appropriate.
- For a client who is eligible for both Medicare and Medicaid, the agency pays only the client's coinsurance and deductibles. The agency discontinues paying client's coinsurance and deductibles for rental equipment when either of the following apply:
  - ✓ The reimbursement amount reaches Medicare's reimbursement cap for the equipment.
  - ✓ Medicare considers the equipment purchased.

The agency does not obtain or pay for insurance coverage against liability, loss and/or damage to rental equipment that a provider supplies to a client.

# Coverage – Medical Equipment

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(WAC [182-543-3000](#))

## When does the agency cover hospital beds?

The agency covers one hospital bed in a 10-year period, per client, with the following limitations. Prior authorization is required.

- A manual hospital bed as the primary option when the client has full-time caregivers.
- A semi-electric hospital bed only when:
  - ✓ The client's medical need requires the client to be positioned in a way that is not possible in a regular bed and the position cannot be attained through less costly alternatives (e.g., the use of bedside rails, a trapeze, pillows, bolsters, rolled up towels or blankets).
  - ✓ The client's medical condition requires immediate position changes.
  - ✓ The client is able to operate the controls independently.
  - ✓ The client needs to be in the Trendelenburg position.

The agency bases the decision to rent or purchase a manual or semi-electric hospital bed on the length of time the client needs the bed.

## How long does the agency pay for hospital bed rental?

The agency pays up to 11 months of continuous rental of a hospital bed in a 12-month period as follows:

- For a manual hospital bed with mattress, with or without bed rails. The client must meet all of the following clinical criteria:
  - ✓ Has a length of need/life expectancy that is 12 months or less
  - ✓ Has a medical condition that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file)
  - ✓ Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file)
  - ✓ Has a medical condition that necessitates upper body positioning at no less than a 30° angle the majority of time the client is in the bed
  - ✓ Does not have full-time caregivers
  - ✓ Does not also have a rental wheelchair
  
- For a semi-electric hospital bed with mattress, with or without bed rails. The client must meet all of the following clinical criteria:
  - ✓ Has a length of need/life expectancy that is 12 months or less
  - ✓ Has tried pillows, bolsters, and/or rolled up blankets/towels in own bed, and determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file)
  - ✓ Has a chronic or terminal condition such as chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation
  - ✓ Must be able to independently and safely operate the bed controls
  - ✓ Does not have a rental wheelchair

## When does the agency purchase a semi-electric hospital bed?

The agency pays for the initial purchase of a semi-electric hospital bed with mattress, with or without bed rails, when all of the following criteria are met. Prior authorization is required.

- The client:
  - ✓ Has a length of need/life expectancy that is twelve months or more.
  - ✓ Has tried positioning devices such as: pillows, bolsters, foam wedges, rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file).
  - ✓ Must be able to independently and safely operate the bed controls.
  - ✓ Does not also have a rental wheelchair.

-AND-

- Is diagnosed with one of the following:
  - ✓ With quadriplegia
  - ✓ With tetraplegia
  - ✓ With Duchene muscular dystrophy
  - ✓ With amyotrophic lateral sclerosis (ALS), often referred to as Lou Gehrig's disease
  - ✓ As ventilator-dependent
  - ✓ With chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF) with aspiration risk or shortness of breath that causes the need for an immediate position change of more than thirty degrees
- Requests for PA must be submitted to the agency using the online submission option (see the agency's Prior Authorization webpage for details) or be in writing and accompanied by all of the following:
  - ✓ A completed *General Information for Authorization* form, HCA 13-835, see [Where can I download agency forms?](#) (see [Authorization](#) for more information)
  - ✓ A *Hospital Bed Evaluation* form, HCA 13-747

- ✓ Documentation of the client’s life expectancy, in months and/or years, and the client’s diagnosis
  - The client’s date of delivery and serial number of the hospital bed must be submitted prior to payment
- ✓ Be accompanied by written documentation, from the client or caregiver, indicating the client has not been previously provided a hospital bed, purchase or rental

**Note:** For other forms, see [Medicaid Forms](#).

## **What is the purchase limit on mattresses and related equipment?**

The agency purchases the following mattresses with limits. Prior authorization is required.

| <b>Equipment</b>                          | <b>Limitation</b>         |
|---|---------------------------|
| Pressure pad, alternating with pump       | One in a five-year period |
| Dry pressure mattress                     | One in a five-year period |
| Gel or gel-like pressure pad for mattress | One in a five-year period |
| Gel pressure mattress                     | One in a five-year period |
| Water pressure pad for mattress           | One in a five-year period |
| Dry pressure pad for mattress             | One in a five-year period |
| Mattress, inner spring                    | One in a five-year period |
| Mattress, foam rubber                     | One in a five-year period |

## What is the purchase limit for patient lifts/traction equipment/fracture frames/transfer boards?

(WAC [182-543-3100](#))

The agency covers the purchase of the following patient lifts, traction equipment, fracture frames, and transfer boards with limitations. Prior authorization is not required.

| Equipment                                   | Limitation  |
|---|---|
| Patient lift, hydraulic, with seat or sling | One per client in a five-year period                        |
| Traction equipment                          | One per client in a five-year period                        |
| Trapeze bars                                | One per client in a five-year period PA for rental required |
| Fracture frames                             | One per client in a five-year period PA for rental required |
| Transfer board or devices                   | One per client in a five-year period                        |

## What is the purchase limitation for positioning devices?

(WAC [182-543-3200](#))

The agency covers positioning devices with the following limitations. Prior authorization (PA) is not required.

| Equipment   | Limitation   |
|---|--|
| Positioning system/supine board (small or large), including padding, straps adjustable armrests, footboard, and support blocks  | One per client in a five-year period   |
| Prone stander (infant, child, youth, or adult size). The prone stander must be prescribed by a physician and the client must not be residing in a nursing facility.                                     | One per client in a five-year period   |
| Adjustable standing frame (for child/adult 30 - 68 inches tall), including two padded back support blocks, a chest strap, a pelvic strap, a pair of knee blocks, an abductor, and a pair of foot blocks | One per client in a five-year period   |
| Positioning car seats   | One per client, eight years of age and older or four feet nine inches or taller, in a five-year period |

## What is the limit for the purchase of osteogenesis electrical stimulator (bone growth stimulator)?

(WAC [182-543-3300](#))

The agency covers noninvasive osteogenesis electrical stimulators, limited to one per client in a five-year period. Prior authorization (PA) is required.

The agency pays for the purchase of non-spinal bone growth stimulators, only when both of the following apply:

- The stimulators have pulsed electromagnetic field (PEMF) simulation
  - The client meets **one or more of the following clinical criteria:**
    - ✓ Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanx, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after three months have elapsed since the date of injury without healing
    - ✓
- OR-
- ✓ Has a failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery

The agency pays for the purchase of spinal bone growth stimulators, when both of the following apply:

- Prescribed by a neurologist, an orthopedic surgeon, or a neurosurgeon
- The client meets one or more of the following clinical criteria:
  - ✓ Has a failed spinal fusion where a minimum of nine months have elapsed since the last surgery
  - ✓ Is post-op from a multilevel spinal fusion surgery
  - ✓ Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion



## Does the agency cover communication devices/ speech generating devices (SGD) without PA?

(WAC [182-543-3400](#))

The agency covers both of the following:

- One artificial larynx, any type, without prior authorization, per client in a five-year period
- One speech generating device (SGD), with prior authorization, per client every two years

The agency pays only for those approved SGDs that have one of the following:

- Digitized speech output, using pre-recorded messages
- Synthesized speech output requiring message formation by spelling and access by physical contact with the device
- Synthesized speech output, permitting multiple methods of message formulation and multiple methods of device access

The agency requires prior authorization (PA) for SGDs and reviews requests on a case-by-case basis. The client must have a severe expressive speech impairment and the client's medical condition warrants the use of a device to replace verbal communication (e.g., to communicate medical information).

Requests to the agency for prior authorization must meet all of the following:

- The request must be submitted to the agency online using the online submission option (see the agency's Prior authorization webpage for details) or be in writing and accompanied by all of the following:
  - ✓ A completed *General Information for Authorization* form, HCA 13-835, see [Where can I download agency forms?](#) (WAC [182-543-7000](#))
  - ✓ A copy of the client's prescription for an evaluation for a SGD
  - ✓ A completed *Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices* form, HCA 15-310

The agency requires, at a minimum, all the following information:

- A detailed description of the client's therapeutic history
- A written assessment by a licensed speech language pathologist (SLP)

## Medical Equipment and Supplies

- Documentation of all of the following:
  - ✓ The client has reliable and consistent motor response, which can be used to communicate with the help of a SGD.
  - ✓ The client has demonstrated the cognitive and physical abilities to utilize the equipment effectively and independently to communicate.
  - ✓ The client's treatment plan includes a training schedule for the selected device.
- A copy of the prescription for the SGD from the client's treating physician written on an agency *Prescription* form, HCA 13-794, see [Where can I download agency forms?](#) (WAC [182-543-2000\(2\)](#))

The agency may require trial-use rental of a SGD. The agency applies the rental costs for the trial-use to the purchase price.

The agency pays for the repair or modification of a SGD when all of the following are met:

- All warranties are expired
  - The cost of the repair or modification is less than 50 percent of the cost of a new SGD and the provider has supporting documentation
  - The repair has a warranty **for a minimum of 90 days**
- The agency does not pay for devices requested for the purpose of education.

The agency pays for replacement batteries for a SGD in accordance with WAC [182-543-5500\(3\)](#). The agency does not pay for back-up batteries for a SGD.

For a client who is eligible for both Medicare and Medicaid, a provider must first request coverage of the SGD from Medicare. If Medicare denies the request for coverage, the provider may request the SGD from the agency following the rules within this billing guide.

## What limitations does the agency place on ambulatory aids (canes, crutches, walkers, and related supplies)?

(WAC [182-543-3500](#))

The agency covers the purchase of the following ambulatory aids with the following limitations. Prior authorization is not required.

| Ambulatory Aid | Limitation                           |
|----------------|--------------------------------------|
| Canes          | One per client in a five-year period |
| Crutches       | One per client in a five-year period |
| Walkers        | One per client in a five-year period |

The agency pays for replacement underarm pads for crutches and replacement handgrips and tips for canes, crutches, and walkers. Prior authorization is not required.

## Miscellaneous medical equipment

The agency pays for miscellaneous medical equipment as follows:

- Blood glucose monitor (specialized or home) - One in a three-year period. See WAC [182-543-5500\(12\)](#) for blood monitoring/testing supplies. For continuous glucose monitoring systems including related equipment and supplies, see the prior authorization (PA) criteria in the [Home Infusion Billing Guide](#).
- Continuous passive motion (CPM) machine - Up to ten days' rental and requires PA.
- Lightweight protective helmet/soft shell (including adjustable chin/mouth strap) - Two per 12-month period.
- Lightweight ventilated hard-shell helmet (including unbreakable face bar, woven chin strap with adjustable buckle and snap fastener, and one set of cushion pads for adjusting fit to head circumference) - Two per 12-month period.
- Pneumatic compressor - One in a five-year period.
- Positioning car seat - One in a five-year period.

## When does the agency cover the equipment for negative pressure wound therapy for home use?

The agency covers the purchase of the following wound care devices with limits. Prior authorization (PA) is required. Documentation of tried or considered wound care must be documented on the *Negative Pressure Wound Therapy* form (HCA 13-726).

| Equipment   | Limitation  |
|---|---|
| Dressing set, electrical pump, stationary or portable | Purchase only   |
| Canister, disposable, used with suction pump          | Purchase only<br>Limit of 5 per client every 30 days.<br>Allowed only when billed in conjunction with prior authorized HCPCS code E2402 |
| Electrical pump, stationary or portable               | Rental only   |

Prior authorization requests for purchase must include *Prescription* form (HCA 13-794) and *Negative Pressure Wound Therapy* form (HCA 13-726). See [Where can I download agency forms?](#)

Client must show healing within 30 days for continuation of service.

The agency pays for a maximum of 4 months of negative pressure wound therapy beginning when the device was applied during an inpatient stay and prior to discharge into a home setting.

# Coverage Table – Medical Equipment & Wheelchairs

## Coverage Table – Legends

|  |   |
|--|---|
| <b>Status Code Legends</b><br>BR = By Report<br>D = Discontinued<br>DC = Same/similar covered code in fee schedule<br>DP = Service managed through a different program<br>N = New<br>P = Policy change | <b>Other Legends</b><br>NF = Nursing Facility<br>EPA = Expedited Prior Authorization<br>PA = Prior Authorization<br>RA = Replacement of medical equipment<br>NU = New Equipment |
|--|---|

## Coverage Table

| Code Status                                    | HCPCS Code | Modifier(s) | Short Description             | Policy/Comments  |
|--|------------|-------------|-------------------------------|--|
| <b>Beds, mattresses, and related equipment</b> |            |             |                               |  |
|  | A4640      | RA          | Alternating pressure pad      | Purchase only. Included in NF daily rate.  |
|  | A6550      |             | Neg pres wound ther drsg set  | Purchase only. PA required.  |
|  | A7000      | NU          | Disposable canister for pump  | Limit of 5 per client every 30 days. Allowed only when billed in conjunction with PA HCPCS code E2402. |
| BR   | K0743      |             | Portable home suction pump    | PA required  |
|  | E0181      | NU/RR       | Press pad alternating w/ pump | PA required for rental only.   |
|  | E0182      | NU          | Replace pump, alt press pad   | Included in NF daily rate.   |
|  | E0184      | NU          | Dry pressure mattress         | Limit of 1 per client every 5 years. Included in NF daily rate.  |
|  | E0185      | NU/RR       | Gel pressure mattress pad     | Considered purchased after 1 years rental. Limit of 1 per client every 5 years.                        |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             |            |             |                              | PA required for rental. Included in NF daily rate.   |
|             | E0186      | NU/RR       | Air pressure mattress        | For powered pressure reducing mattress see HCPCS code E0277. Considered purchased after 1 years rental. PA required for rental. Included in NF daily rate. |
| BR          | E0190      |             | Positioning cushion          | Purchase only. PA required. Included in NF daily rate.   |
| DC          | E0193      |             | Powered air flotation bed    | See E0194  |
|             | E0194      | NU/RR       | Air fluidized bed            | Considered purchased after 1 years rental. PA or EPA required.   |
|             | E0196      | NU          | Gel pressure mattress        | Limit of 1 per client every 5 years. Included in NF daily rate.  |
|             | E0197      | NU/RR       | Air pressure pad for mattres | Considered purchased after 1 years rental. PA required for rental. Included in NF daily rate.  |
|             | E0198      | NU          | Water pressure pad for mattr | Limit of 1 per client every 5 years. Included in NF daily rate.  |
|             | E0199      | NU          | Dry pressure pad for mattres | Limit of 1 per client every 5 years. Included in NF daily rate.  |
| DC          | E0255      |             | Hospital bed var ht w/mattr  | See HCPCS codes E0292 and E0305 or E0310.  |
| DC          | E0256      |             | Hospital bed var ht w/o matt | See HCPCS codes E0293 and E0305 or E0310.  |
| DC          | E0260      |             | Hosp bed semi-electr w/matt  | See HCPCS codes E0294 and E0305 or E0310.  |
| DC          | E0261      |             | Hosp bed semi-electr w/o mat | See HCPCS codes E0295 and E0305 or E0310.  |
| DC          | E0265      |             | Hosp bed total electr w/mat  | See HCPCS codes E0296 and E0305 or E0310.  |
| DC          | E0266      |             | Hosp bed total elec w/o matt | See HCPCS codes E0297 and E0305 or E0310.  |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             | E0271      | NU          | Mattress innerspring         | Limit of 1 per client every 5 years. Replacement only.<br>Included in NF daily rate.   |
|             | E0272      | NU          | Mattress foam rubber         | Limit of 1 per client every 5 years.<br>Included in NF daily rate.   |
|             | E0277      | NU/RR       | Powered pres-redu air mattrs | Considered purchased after 1 years rental. PA or EPA required.   |
|             | E0290      | NU          | Hosp bed fx ht w/o rails w/m |  |
|             | E0291      | NU          | Hosp bed fx ht w/o rail w/o  |  |
|             | E0292      | NU/RR       | Hosp bed var ht no sr w/matt | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>PA required. Included in NF daily rate.        |
|             | E0293      | NU/RR       | Hosp bed var ht no sr no mat | Considered purchased after 1 years rental. Limited of 1 per client every 10 years.<br>PA required. Included in NF daily rate.      |
|             | E0294      | NU/RR       | Hosp bed semi-elect w/ mattr | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>PA or EPA required. Included in NF daily rate. |
|             | E0295      | NU/RR       | Hosp bed semi-elect w/o matt | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>PA required. Included in NF daily rate.        |
|             | E0300      | NU/RR       | Enclosed ped crib hosp grade | Considered purchased after 1 years rental. PA required.<br>Included in NF daily rate.  |
|             | E0301      | NU          | Hd hosp bed, 350-600 lbs     | PA required  |
| DC          | E0302      |             | Ex hd hosp bed > 600 lbs     | See E0304  |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             | E0303      | NU/RR       | Hosp bed hvy dty xtra wide   | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>PA required. Included in NF daily rate.                  |
|             | E0304      | NU/RR       | Hosp bed xtra hvy dty x wide | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>PA required. Included in NF daily rate.                  |
|             | E0305      | NU/RR       | Rails bed side half length   | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>Rental requires PA or EPA.<br>Included in NF daily rate. |
|             | E0310      | NU/RR       | Rails bed side full length   | Considered purchased after 1 years rental. Limit of 1 per client every 10 years.<br>Rental requires PA or EPA. Included in NF daily rate.    |
|             | E0316      | NU          | Bed safety enclosure         | PA required. Included in NF daily rate.  |
|             | E0328      |             | Ped hospital bed, manual     | Purchase only. Limit of 1 per client every 10 years.<br>PA required. Included in NF daily rate.  |
|             | E0329      |             | Ped hospital bed semi/elect  | Purchase only. Limit of 1 per client every 10 years.<br>PA required. Included in NF daily rate.  |
|             | E0371      | NU/RR       | Nonpower mattress overlay    | Considered purchased after 1 years rental. PA or EPA required.   |
|             | E0372      | NU/RR       | Powered air mattress overlay | Considered purchased after 1 years rental. PA or EPA required.   |

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



## Medical Equipment and Supplies

| Code Status                         | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-------------------------------------|------------|-------------|------------------------------|---|
|                                     | E0373      | NU/RR       | Nonpowered pressure mattress | Considered purchased after 1 years rental. PA or EPA required.  |
|                                     | E2402      | RR          | Neg press wound therapy pump | Rental only. PA required.   |
| <b>Other patient room equipment</b> |            |             |                              |   |
|                                     | E0621      | NU          | Patient lift sling or seat   | Included in NF daily rate.  |
|                                     | E0630      | NU/RR       | Patient lift hydraulic       | Considered purchased after 1 years rental. Limit of 1 per client every 5 years. Includes bath. PA required for rental. Included in NF daily rate. |
|                                     | E0635      | NU/RR       | Patient lift electric        | Considered purchased after 1 year rental. PA required for rental. Included in NF daily rate.  |
| DC                                  | E0636      |             | Pt support & positioning sys | See E0635   |
| DC                                  | E0830      |             | Ambulatory traction device   |   |
|                                     | E0840      | NU          | Tract frame attach headboard |   |
| DC                                  | E0849      |             | Cervical pneum trac equip    |   |
|                                     | E0850      | NU          | Traction stand free standing | Limit of 1 per client every 5 years. Included in NF daily rate.   |
| DC                                  | E0855      |             | Cervical traction equipment  |   |
| DC                                  | E0856      |             | Cervic collar w air bladders |   |
|                                     | E0860      | NU          | Tract equip cervical tract   | Limit of 1 per client every 5 years. Included in NF daily rate.   |
|                                     | E0870      | NU          | Tract frame attach footboard | Limit of 1 per client every 5 years. Included in NF daily rate.   |
|                                     | E0880      | NU          | Trac stand free stand extrem | Limit of 1 per client every 5 years. Included in NF daily rate.   |
|                                     | E0890      | NU          | Traction frame attach pelvic | Limit of 1 per client every 5 years. Included in NF daily rate.   |
|                                     | E0900      | NU          | Trac stand free stand pelvic | Limit of 1 per client every 5 years. Included in NF daily rate.   |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-------------|------------|-------------|------------------------------|---|
|             | E0910      | NU/RR       | Trapeze bar attached to bed  | Considered purchased after 1 years rental. Limit of 1 per client every 5 years.<br>PA required for rental. Included in NF daily rate. |
|             | E0911      | NU/RR       | Hd trapeze bar attach to bed | Considered purchased after 1 years rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate.    |
|             | E0912      | NU/RR       | Hd trapeze bar free standing | Considered purchased after 1 year rental. Limit of 1 per client every 5 years.<br>PA required for rental. Included in NF daily rate.  |
|             | E0920      | NU/RR       | Fracture frame attached to b | Considered purchased after 1 years rental. Limit of 1 per client every 5 years.<br>PA required for rental. Included in NF daily rate. |
|             | E0930      | NU/RR       | Fracture frame free standing | Considered purchased after 1 years rental. Limit of 1 per client every 5 years.<br>PA required for rental. Included in NF daily rate. |
|             | E0940      | NU/RR       | Trapeze bar free standing    | Considered purchased after 1 years rental. Limit of 1 per client every 5 years.<br>PA required for rental. Included in NF daily rate. |
|             | E0941      | NU/RR       | Gravity assisted traction de | Considered purchased after 1 years rental. Limit of 1 per client every 5 years. PA required for rental. Included in NF daily rate.    |

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## Medical Equipment and Supplies

| Code Status                                      | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|--|------------|-------------|------------------------------|--|
|  | E0946      | NU/RR       | Fracture frame dual w cross  | Considered purchased after 1 years rental. Limit of 1 per client every 5 years.<br>PA required for rental.<br>Included in NF daily rate. |
|  | E0947      | NU          | Fracture frame attachmnts pe | Limit of 1 per client every 5 years.<br>Included in NF daily rate.   |
|  | E0948      | NU          | Fracture frame attachmnts ce | Limit of 1 per client every 5 years.<br>Included in NF daily rate.   |
|  | E0705      | NU          | Transfer device              | Limit of 1 per client every 5 years.<br>Included in NF daily rate.   |
| <b>Positioning devices</b>                       |            |             |                              |  |
|  | E0637      | NU/RR       | Combination sit to stand sys | Considered purchased after 1 years rental. PA required.<br>Included in NF daily rate.  |
|  | E0638      | NU          | Standing frame sys           | Limit of 1 per client every 5 years. PA required.<br>Included in NF daily rate.  |
|  | E0639      | NU          | Moveable patient lift system | Limit of 1 per client every 5 years. PA required.<br>Included in NF daily rate.  |
| DC   | E0641      |             | Multi-position stdn fram sys | See E0637  |
| DC   | E0642      |             | Dynamic standing frame       | See E0637  |
| <b>Noninvasive bone growth/nerve stimulators</b> |            |             |                              |  |
|  | E0740      | NU/RR       | Non-implant pelv flr e-stim  | Considered purchased after 1 years rental. PA required.<br>Included in NF daily rate.  |
|  | E0747      | NU          | Elec osteogen stim not spine | Limit of 1 per client every 5 years.<br>PA or EPA is required.   |
|  | E0748      | NU          | Elec osteogen stim spinal    | Limit of 1 per client every 5 years.<br>PA or EPA is required.   |

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## Medical Equipment and Supplies

| Code Status                  | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|------------------------------|------------|-------------|------------------------------|--|
| DP                           | E0749      |             | Elec osteogen stim implanted | See <a href="#">Physician-related Services/Health Care Professional Services Billing Guide</a> |
|                              | E0760      | NU          | Osteogen ultrasound stimltor | Limit of 1 per client every 5 years.<br>PA or EPA is required.                                 |
| DP                           | E0762      |             | Trans elec jt stim dev sys   | See <a href="#">Physician-related Services/Health Care Professional Services Billing Guide</a> |
| DP                           | E0765      |             | Nerve stimulator for tx n&v  | See <a href="#">Physician-related Services/Health Care Professional Services Billing Guide</a> |
| <b>Communication devices</b> |            |             |                              |  |
|                              | E2500      | NU          | Sgd digitized pre-rec <=8min | PA required.   |
|                              | E2502      | NU          | Sgd prerec msg >8min <=20min | PA required.   |
|                              | E2504      | NU          | Sgd prerec msg>20min <=40min | PA required.   |
|                              | E2506      | NU          | Sgd prerec msg > 40 min      | PA required.   |
|                              | E2508      | NU          | Sgd spelling phys contact    | PA required.   |
|                              | E2510      |             | Sgd w multi methods msg/accs | Purchase only. PA required.  |
|                              | E2512      | NU          | Sgd accessory, mounting sys  | PA required.   |
| BR                           | E2599      |             | Sgd accessory noc            | Purchase only. PA required.  |
|                              | L8500      |             | Artificial larynx            | Purchase only. Limit of 1 per client every 5 years.  |
| <b>Ambulatory aids</b>       |            |             |                              |  |
|                              | A4635      |             | Underarm crutch pad          | Purchase only. Included in NF daily rate.  |
|                              | A4636      | NU          | Handgrip for cane etc        | Included in NF daily rate.   |
|                              | A4637      | NU          | Repl tip cane/crutch/walker  | Included in NF daily rate.   |
|                              | E0100      | NU          | Cane adjust/fixed with tip   | Limit of 1 per client every 5 years.<br>Included in NF daily rate.                             |
|                              | E0105      | NU          | Cane adjust/fixed quad/3 pro | Limit of 1 per client every 5 years.<br>Included in NF daily rate.                             |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-------------|------------|-------------|------------------------------|---|
|             | E0110      | NU          | Crutch forearm pair          | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0111      | NU          | Crutch forearm each          | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0112      | NU          | Crutch underarm pair wood    | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0113      | NU          | Crutch underarm each wood    | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0114      | NU          | Crutch underarm pair no wood | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0116      | NU          | Crutch underarm each no wood | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0117      | NU          | Underarm springassist crutch | PA required.  |
| DC          | E8000      |             | Posterior gait trainer       | See HCPCS code E8001.   |
| BR          | E8001      |             | Upright gait trainer         | Purchase only. PA required. Included in NF daily rate.          |
| DC          | E8002      |             | Anterior gait trainer        | See HCPCS code E8001.   |
|             | E0130      | NU          | Walker rigid adjust/fixed ht | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0135      | NU          | Walker folding adjust/fixed  | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0140      | NU          | Walker w trunk support       | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0141      | NU          | Rigid wheeled walker adj/fix | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0143      | NU          | Walker folding wheeled w/o s | Limit of 1 per client every 5 years. Included in NF daily rate. |
|             | E0144      | NU          | Enclosed walker w rear seat  | Limit of 1 per client every 5 years. Included in NF daily rate. |

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## Medical Equipment and Supplies

| Code Status               | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|---------------------------|------------|-------------|------------------------------|--|
|                           | E0147      | NU          | Walker variable wheel resist | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0148      | NU          | Heavyduty walker no wheels   | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0149      | NU          | Heavy duty wheeled walker    | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0153      | NU          | Forearm crutch platform atta | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0154      | NU          | Walker platform attachment   | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0155      | NU          | Walker wheel attachment,pair | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0156      | NU          | Walker seat attachment       | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0157      | NU          | Walker crutch attachment     | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0158      | NU          | Walker leg extenders set of4 | Limit of 1 per client every 5 years.<br>Included in NF daily rate. |
|                           | E0159      | NU          | Brake for wheeled walker     | Included in NF daily rate.   |
| <b>Bathroom equipment</b> |            |             |                              |  |
|                           | E0163      | NU/RR       | Commode chair with fixed arm | PA required.<br>Use form HCA 13-872                                |
|                           | E0165      | NU/RR       | Commode chair with detacharm | PA required.<br>Use form HCA 13-872                                |
|                           | E0167      |             | Commode chair pail or pan    | PA required.<br>Use form HCA 13-872                                |
|                           | E0168      | NU/RR       | Heavyduty/wide commode chair | PA required.<br>Use form HCA 13-872                                |
|                           | E0175      |             | Commode chair foot rest      | PA required  |
|                           | E0240      |             | Bath/shower chair            | PA required.<br>Use form HCA 13-872                                |
|                           | E0241      |             | Bath tub wall rail           | PA required.<br>Use form HCA 13-872                                |
|                           | E0243      |             | Toilet rail                  | PA required.   |

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## Medical Equipment and Supplies

| Code Status                            | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|--|------------|-------------|------------------------------|--|
|  |            |             |                              | Use form HCA 13-872  |
|  | E0244      |             | Toilet seat raised           | PA required.<br>Use form HCA 13-872  |
|  | E0245      |             | Tub stool or bench           | PA required.<br>Use form HCA 13-872  |
|  | E0247      |             | Trans bench w/wo comm open   | PA required.<br>Use form HCA 13-872  |
|  | E0248      |             | Hdtrans bench w/wo comm open | PA required.<br>Use form HCA 13-872  |
|  | E0700      |             | Safety equipment             | Purchase only. Included in NF daily rate.  |
| <b>Blood monitoring</b>                |            |             |                              |  |
|  | A4660      |             | Sphyg/bp app w cuff and stet | PA required  |
|  | A4663      |             | Dialysis blood pressure cuff | PA required  |
|  | A4670      |             | Automatic bp monitor, dial   | PA required  |
|  | A9275      |             | Disp home glucose monitor    | Purchase only.   |
|  | E0607      | NU          | Blood glucose monitor home   | Limit of 1 per client, per 3 years.  |
|  | E2100      | NU          | Bld glucose monitor w voice  | Limit of 1 per client, per 3 years.<br>PA required.  |
|  | E2101      | NU          | Bld glucose monitor w lance  |  |
| <b>Miscellaneous medical equipment</b> |            |             |                              |  |
|  | A8000      | NU          | Soft protect helmet prefab   | Limit of 1 per client, per year.   |
|  | A8001      | NU          | Hard protect helmet prefab   | Limit of 1 per client, per year.   |
| BR                                     | A8002      | NU          | Soft protect helmet custom   | Limit of 1 per client, per year.<br>PA required.   |
| BR                                     | A8003      | NU          | Hard protect helmet custom   | Limit of 1 per client, per year.<br>PA required.   |
| BR                                     | A8004      | NU          | Repl soft interface, helmet  | Not allowed in addition to HCPCS codes A8000 – A8003.  |
|  | E0202      | RR          | Phototherapy light w/ photom | Rental only. Includes all supplies. Limit of 5 days of rental per client, per 12-month period. |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-------------|------------|-------------|------------------------------|---|
|             | E0602      | NU          | Manual breast pump           | Purchase only. Limit of 1 per client per lifetime. Not allowed in combination with E0603 or E0604.  |
|             | E0603      | NU          | Electric breast pump         | Purchase only. Limit of 1 per client per lifetime. Not allowed in combination with HCPCS codes E0604 or E0602. PA required.                       |
|             | E0604      | RR          | Hosp grade elec breast pump  | Rental only. If client received a kit during hospitalization, an additional kit is not covered. PA or EPA is required.                            |
|             | E0650      | NU/RR       | Pneuma compresor non-segment | Considered purchased after 1 years rental. Limit of 1 per client every 5 years. Rental requires PA or EPA is required. Included in NF daily rate. |
|             | E0655      | NU          | Pneumatic appliance half arm |   |
|             | E0660      | NU          | Pneumatic appliance full leg |   |
|             | E0665      | NU          | Pneumatic appliance full arm |   |
|             | E0666      | NU          | Pneumatic appliance half leg |   |
|             | E0935      | RR          | Cont pas motion exercise dev | Rental allowed for maximum of 10 days. Limits = per knee. PA or EPA is required.  |
|             | E0936      | RR          | Cpm device, other than knee  | PA required   |
| BR          | E1399      | NU          | Durable medical equipment mi | Purchase only. PA required.   |
|             | E2000      | RR          | Gastric suction pump hme mdl | Rental only. PA required.   |
|             | K0606      |             | Aed garment w elec analysis  | PA required   |
|             | K0607      |             | Repl batt for aed            |   |
|             | K0608      |             | Repl garment for aed         |   |
|             | K0609      |             | Repl electrode for aed       |   |
|             | K0739      |             | Repair/svc dme non-oxygen eq | For client-owned equipment only. PA required.   |

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## Medical Equipment and Supplies

| Code Status   | HCPCS Code | Modifier(s) | Short Description                                       | Policy/Comments  |
|---|------------|-------------|---|--|
|   | T5001      | NU/RR       | Position seat spec orth need                            | Limit of 1 per client every 5 years. PA required for rental and for clients age 6 and younger. Included in NF daily rate.                    |
| <b>Other charges for medical equipment services</b>                         |            |             |   |  |
| BR  | A6549      |             | Compression garments                                    | PA required – use form HCA 13-871  |
|   | A7048      |             | Vacuum collection drainage unit, including all supplies | Limit 4 per month  |
|   | E0486      |             | Oral device/appliance                                   | See <a href="#">Sleep Center Provider Guide</a>  |
|   | E1399      | NU/RR       | Durable medical equipment mi                            | Provide complete description including copy of manufacturer's product information price catalog with request for authorization. PA required. |
| <b>Manual wheelchairs (covered HCPCS codes)</b>                             |            |             |   |  |
| (For CRT Wheelchairs - see Complex Rehabilitation Technology Billing Guide) |            |             |   |  |
|   | E1028      | NU          | W/c manual swingaway                                    | PA required<br>HCPCS code E1028 must be submitted on one line for correct payment.   |
|   | E1031      | NU          | Rollabout chair with casters                            | PA required  |
|   | E1060      | RR          | Wheelchair detachable arms                              | EPA required   |
|   | K0001      | NU/RR       | Standard wheelchair                                     | EPA required for rental only   |
|   | K0002      | NU/RR       | Stnd hemi (low seat) whlchr                             | PA required for rental only.   |
|   | K0003      | NU/RR       | Lightweight wheelchair                                  | PA required for rental only  |
|   | K0004      | NU          | High strength ltwt whlchr                               | PA required  |
|   | K0006      | NU/RR       | Heavy duty wheelchair                                   | PA required  |
| BR  | K0108      | NU          | W/c component-accessory nos                             | PA required  |
| <b>Manual wheelchairs (noncovered HCPCS codes)</b>                          |            |             |   |  |
| DC  | E1050      |             | Whelchr fxd full length arms                            | See HCPCS codes K0003 and E1226.   |
| DC  | E1070      |             | Wheelchair detachable foot r                            | See HCPCS codes K0003 and E1226.   |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments                 |
|-------------|------------|-------------|------------------------------|---------------------------------|
| DC          | E1083      |             | Hemi-wheelchair fixed arms   | See HCPCS code K0002 and K0003. |
| DC          | E1084      |             | Hemi-wheelchair detachable a | See HCPCS code K0002 and K0003. |
| DC          | E1085      |             | Hemi-wheelchair fixed arms   | See HCPCS code K0002 and K0003. |
| DC          | E1086      |             | Hemi-wheelchair detachable a | See HCPCS code K0002 and K0003. |
| DC          | E1087      |             | Wheelchair lightwt fixed arm | See HCPCS code K0004.           |
| DC          | E1088      |             | Wheelchair lightweight det a | See HCPCS code K0004.           |
| DC          | E1089      |             | Wheelchair lightwt fixed arm | See HCPCS code K0004.           |
| DC          | E1090      |             | Wheelchair lightweight det a | See HCPCS code K0004.           |
| DC          | E1092      |             | Wheelchair wide w/ leg rests | See HCPCS code K0007.           |
| DC          | E1093      |             | Wheelchair wide w/ foot rest | See HCPCS code K0007.           |
| DC          | E1100      |             | Whchr s-recl fxd arm leg res | See HCPCS code K0003 and E1226. |
| DC          | E1130      |             | Whlchr stand fxd arm ft rest | See HCPCS code K0001.           |
| DC          | E1140      |             | Wheelchair standard detach a | See HCPCS code K0001.           |
| DC          | E1150      |             | Wheelchair standard w/ leg r | See HCPCS code K0001.           |
| DC          | E1160      |             | Wheelchair fixed arms        |                                 |
| DC          | E1170      |             | Whlchr ampu fxd arm leg rest | See HCPCS code K0001 – K0005.   |
| DC          | E1171      |             | Wheelchair amputee w/o leg r | See HCPCS code K0001 – K0005.   |
| DC          | E1172      |             | Wheelchair amputee detach ar | See HCPCS code K0001 – K0005.   |
| DC          | E1180      |             | Wheelchair amputee w/ foot r | See HCPCS code K0001 – K0005.   |
| DC          | E1190      |             | Wheelchair amputee w/ leg re | See HCPCS code K0001 – K0005.   |
| DC          | E1195      |             | Wheelchair amputee heavy dut | See HCPCS code K0007.           |
| DC          | E1200      |             | Wheelchair amputee fixed arm | See HCPCS code K0001 – K0005.   |
| DC          | E1221      |             | Wheelchair spec size w foot  | See HCPCS code K0001 – K0014.   |
| DC          | E1222      |             | Wheelchair spec size w/ leg  | See HCPCS code K0001 – K0014.   |
| DC          | E1223      |             | Wheelchair spec size w foot  | See HCPCS code K0001 – K0014.   |
| DC          | E1224      |             | Wheelchair spec size w/ leg  | See HCPCS code K0001 – K0014.   |

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## Medical Equipment and Supplies

| Code Status  | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|--|------------|-------------|------------------------------|---|
| DC   | E1240      |             | Whchr litwt det arm leg rest | See HCPCS code K0003 or K0004.  |
| DC   | E1250      |             | Wheelchair lightwt fixed arm | See HCPCS code K0003 or K0004.  |
| DC   | E1260      |             | Wheelchair lightwt foot rest | See HCPCS code K0003 or K0004.  |
| DC   | E1270      |             | Wheelchair lightweight leg r | See HCPCS code K0003 or K0004.  |
| DC   | E1280      |             | Whchr h-duty det arm leg res | See HCPCS code K0007.   |
| DC   | E1285      |             | Wheelchair heavy duty fixed  | See HCPCS code K0007.   |
| DC   | E1290      |             | Wheelchair hvy duty detach a | See HCPCS code K0007.   |
| DC   | E1295      |             | Wheelchair heavy duty fixed  | See HCPCS code K0007.   |
| <b>Power-operated vehicles (covered HCPCS codes)</b> |            |             |                              |   |
|  | K0800      | NU          | Pov group 1 std up to 300lbs | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required. |
|  | K0801      | NU          | Pov group 1 hd 301-450 lbs   | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required. |
|  | K0802      | NU          | Pov group 1 vhd 451-600 lbs  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required. |
|  | K0806      | NU          | Pov group 2 std up to 300lbs | Not allowed in combination with HCPCS codes E1228, E1297,   |

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## Medical Equipment and Supplies

| Code Status     | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-----------------|------------|-------------|------------------------------|---|
|                 |            |             |                              | E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required.   |
|                 | K0807      | NU          | Pov group 2 hd 301-450 lbs   | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required. |
|                 | K0808      | NU          | Pov group 2 vhd 451-600 lbs  | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required. |
| BR              | K0812      | NU          | Power operated vehicle noc   | Not allowed in combination with HCPCS codes E1228, E1297, E1298, E2340 – E2343, K0056, E0997 – E0999, K0069 – K0072, K0077, K0099 & E2381 – E2396. PA required. |
| <b>Cushions</b> |            |             |                              |   |
|                 | E2601      | NU          | Gen w/c cushion wdth < 22 in | PA required   |
|                 | E2602      | NU          | Gen w/c cushion wdth >=22 in | PA required   |
|                 | E2603      | NU          | Skin protect wc cus wd <22in | PA required   |
|                 | E2604      | NU          | Skin protect wc cus wd>=22in | PA required   |
|                 | E2605      | NU          | Position wc cush wdth <22 in | PA required   |
|                 | E2606      | NU          | Position wc cush wdth>=22 in | PA required   |
|                 | E2607      | NU          | Skin pro/pos wc cus wd <22in | PA required   |

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

**Medical Equipment and Supplies**

| <b>Code Status</b>                                   | <b>HCPCS Code</b> | <b>Modifier(s)</b> | <b>Short Description</b>     | <b>Policy/Comments</b> |
|--|-------------------|--------------------|------------------------------|------------------------|
|  | E2608             | NU                 | Skin pro/pos wc cus wd>=22in | PA required            |
|  | E2622             | NU                 | Adj skin pro w/c cus wd<22in | PA required            |
|  | E2623             | NU                 | Adj skin pro wc cus wd>=22in | PA required            |
|  | E2624             | NU                 | Adj skin pro/pos cus<22in    | PA required            |
|  | E2625             | NU                 | Adj skin pro/pos wc cus>=22  | PA required            |
| <b>Armrests and parts</b>                            |                   |                    |                              |                        |
|  | E0994             | NU                 | Wheelchair arm rest          | PA required            |
|  | K0019             | NU                 | Arm pad repl, each           | PA required            |
| <b>Lower extremity positioning (leg rests, etc.)</b> |                   |                    |                              |                        |
|  | E0951             | NU                 | Loop heel                    | PA required            |
|  | E0952             | NU                 | Toe loop/holder, each        | PA required            |
|  | E0995             | NU                 | Wc calf rest, pad replacemnt | PA required            |
|  | K0038             | NU                 | Leg strap each               | PA required            |
|  | K0039             | NU                 | Leg strap h style each       | PA required            |
|  | K0041             | NU                 | Large size footplate each    | PA required            |
|  | K0195             | NU                 | Elevating whlchair leg rests | PA required            |
| <b>Seat and positioning</b>                          |                   |                    |                              |                        |
|  | E0950             | NU                 | Tray                         | PA required            |
|  | E0960             | NU                 | W/c shoulder harness/straps  | PA required            |
|  | E0978             | NU                 | W/c acc,saf belt pelv strap  | PA required            |
|  | E0980             | NU                 | Wheelchair safety vest       | PA required            |
|  | E0981             | NU                 | Seat upholstery, replacement | PA required            |
|  | E0982             | NU                 | Back upholstery, replacement | PA required            |
|  | E0992             | NU                 | Wheelchair solid seat insert | PA required            |
|  | E2231             | NU                 | Solid seat support base      | PA required            |
| BR   | E2291             | NU                 | Planar back for ped size wc  | PA required            |
| BR   | E2292             | NU                 | Planar seat for ped size wc  | PA required            |
| BR   | E2293             | NU                 | Contour back for ped size wc | PA required            |
| BR   | E2294             | NU                 | Contour seat for ped size wc | PA required            |
|  | E2611             | NU                 | Gen use back cush wdth <22in | PA required            |
|  | E2612             | NU                 | Gen use back cush wdth>=22in | PA required            |
|  | E2613             | NU                 | Position back cush wd <22in  | PA required            |
|  | E2614             | NU                 | Position back cush wd>=22in  | PA required            |
|  | E2615             | NU                 | Pos back post/lat wdth <22in | PA required            |
|  | E2616             | NU                 | Pos back post/lat wdth>=22in | PA required            |
| <b>Hand rims, wheel, and tires (includes parts)</b>  |                   |                    |                              |                        |
|  | E0967             | NU                 | Man wc rim/projection rep ea | PA required            |

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## Medical Equipment and Supplies

| Code Status                      | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|----------------------------------|------------|-------------|------------------------------|---|
|                                  | E2211      | NU          | Pneumatic propulsion tire    | PA required   |
|                                  | E2212      | NU          | Pneumatic prop tire tube     | PA required   |
|                                  | E2213      | NU          | Pneumatic prop tire insert   | PA required   |
|                                  | E2214      | NU          | Pneumatic caster tire each   | PA required   |
|                                  | E2215      | NU          | Pneumatic caster tire tube   | PA required   |
|                                  | E2216      | NU          | Foam filled propulsion tire  | PA required   |
|                                  | E2217      | NU          | Foam filled caster tire each | PA required   |
|                                  | E2218      | NU          | Foam propulsion tire each    | PA required   |
|                                  | E2219      | NU          | Foam caster tire any size ea | PA required   |
|                                  | E2220      | NU          | Solid propuls tire, repl, ea | PA required   |
|                                  | E2221      | NU          | Solid caster tire repl, each | PA required   |
|                                  | E2222      | NU          | Solid caster integ whl, repl | PA required   |
|                                  | E2224      | NU          | Propulsion whl excl tire rep | PA required   |
|                                  | E2225      | NU          | Caster wheel excludes tire   | PA required   |
|                                  | E2226      | NU          | Caster fork replacement only | PA required   |
|                                  | K0065      | NU          | Spoke protectors             | PA required   |
|                                  | K0069      | NU          | Rr whl compl sol tire rep ea | PA required   |
|                                  | K0070      | NU          | Rr whl compl pne tire rep ea | PA required   |
|                                  | K0071      | NU          | Fr cstr comp pne tire rep ea | PA required   |
|                                  | K0072      | NU          | Fr cstr semi-pne tire rep ea | PA required   |
|                                  | K0073      | NU          | Caster pin lock each         | PA required   |
|                                  | K0077      | NU          | Fr cstr asmb sol tire rep ea | PA required   |
| <b>Other accessories</b>         |            |             |                              |   |
|                                  | E0776      | NU/RR       | Iv pole                      | PA required   |
|                                  | E0961      | NU          | Wheelchair brake extension   | Changed from pair to each with new description.<br>PA required. |
|                                  | E0971      | NU          | Wheelchair anti-tipping devi | PA required   |
|                                  | E0973      | NU          | W/ch access det adj armrest  | PA required   |
|                                  | E1029      | NU          | W/c vent tray fixed          | PA required   |
|                                  | E1030      | NU          | W/c vent tray gimbaled       | PA required   |
|                                  | E2207      | NU          | Crutch and cane holder       | PA required   |
|                                  | E2208      | NU          | Cylinder tank carrier        | PA required   |
|                                  | K0105      | NU          | Iv hanger                    | PA required   |
| <b>Miscellaneous repair only</b> |            |             |                              |   |
|                                  | E2210      | NU          | Pwc acc, lith-based battery  | PA required   |
|                                  | E2619      | NU          | Replace cover w/c seat cush  | PA required   |

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

# Coverage Table –Medical Supplies

## Coverage Table – Legends

|   |  |
|---|--|
| <p><b>Status Code Indicator</b><br/>                 DC = Same/similar covered code in fee schedule<br/>                 DP = Service managed through a different program<br/>                 KS = Noninsulin dependent</p> <p><b>Other Legends</b><br/>                 NF = Nursing Facility<br/>                 PA = Prior Authorization</p> <p>*Not allowed in combination with any other disposable diaper or pant, or rental reusable diaper or pant.</p> | <p><b>Modifiers</b><br/>                 KX = Insulin dependent<br/>                 RA = Replacement equipment<br/>                 RB = Replacement as part of repair<br/>                 RR = Equipment rental</p> |
|---|--|

## Coverage Table

| Code Status                              | HCPCS Code | Modifier(s) | Short Description             | Policy/Comments  |
|--|------------|-------------|-------------------------------|--|
| <b>Syringes and needles</b>              |            |             |                               |  |
|  | A4206      |             | 1 cc sterile syringe&needle   | Included in NF daily rate  |
|  | A4207      |             | 2 cc sterile syringe&needle   | Included in NF daily rate  |
|  | A4208      |             | 3 cc sterile syringe&needle   | Included in NF daily rate  |
|  | A4209      |             | 5+ cc sterile syringe&needle  | Included in NF daily rate  |
|  | A4210      |             | Nonneedle injection device    | Included in NF daily rate  |
|  | A4213      |             | 20+ cc syringe only           | Included in NF daily rate  |
|  | A4215      |             | Sterile needle                | Included in NF daily rate  |
|  | A4322      |             | Irrigation syringe            | Not allowed in combination with code A4320, A4355.<br>Included in NF daily rate. |
| <b>Blood monitoring/testing supplies</b> |            |             |                               |  |
|  | A4233      |             | Alkaline batt for glucose mon | Limit 1 every 3 months   |
|  | A4234      |             | J-cell batt for glucose mon   | Limit 1 every 3 months   |
|  | A4235      |             | Lithium batt for glucose mon  | Limit 1 every 3 months   |
|  | A4236      |             | Silver oxide batt glucose mon |  |
|  | A4253      | KX/KS       | Blood glucose/reagent strips  | Included in NF daily rate.   |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description         | Policy/Comments  |
|-------------|------------|-------------|---------------------------|--|
|             |            |             |                           | <p>1 unit billed = 1 box of 50 strips (e.g. 1 unit = 50, 2 units = 100 strips; 3 units = 150 strips, etc.)</p> <p>Limits:<br/>           100/month for insulin dependent; 100/3 months noninsulin dependent; for children age 20 and younger insulin dependent, 300 test strips and 300 lancets per month (medical equipment providers must submit claims with EPA 870001265); Pharmacy POS providers must use EPA 85000000265 and must bill according to POS instructions – see the <a href="#">Prescription Drug Program Billing Guide</a></p> |
|             | A4255      |             | Glucose monitor platforms |  |
|             | A4256      |             | Calibrator solution/chips | Included in NF daily rate.   |
|             | A4258      |             | Lancet device each        | 1 allowed per client, per 6 months. Included in NF daily rate.   |
|             | A4259      | KX/KS       | Lancets per box           | <p>Included in NF daily rate.<br/>           1 unit = 1 box of 100 lancets (e.g. 1 unit = 100; 2 units = 200; 3 units = 300; etc.)</p> <p>Limits:<br/>           100/month for insulin dependent; 100/3 months noninsulin dependent; for children age 20 and younger insulin dependent, 300 test strips and 300 lancets per month (medical equipment providers must submit claims with EPA 870001265); Pharmacy</p>  |

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



## Medical Equipment and Supplies

| Code Status  | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|--|------------|-------------|------------------------------|--|
|  |            |             |                              | POS providers must use EPA 85000000265 and must bill according to POS instructions – see the <a href="#">Prescription Drug Program Billing Guide</a> |
| <b>Antiseptics and germicides</b>  |            |             |                              |  |
|  | A4244      |             | Alcohol or peroxide per pint | Max of 1 pint allowed per client, per 6 months.<br>Included in NF daily rate.  |
|  | A4245      |             | Alcohol wipes per box        | Max of 1 box allowed per client, per month.<br>Included in NF daily rate.  |
|  | A4246      |             | Betadine/phisohex solution   | Max of 1 pint allowed per client, per month.<br>Included in NF daily rate.   |
|  | A4247      |             | Betadine/iodine swabs/wipes  | Max of 1 box allowed per client, per month.<br>Included in NF daily rate.  |
| BR   | A4248      |             | Chlorhexidine antisept       | Max of 1 box allowed per client, per month.<br>Included in NF daily rate.  |
| <b>Bandages, dressings, and tapes</b>  |            |             |                              |  |
| (Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the NF daily rate.) |            |             |                              |  |
| BR   | A4649      |             | Surgical supplies            | PA required  |
|  | A6010      |             | Collagen based wound filler  | PA required  |
|  | A6011      |             | Collagen gel/paste wound fil | PA required  |
|  | A6021      |             | Collagen dressing <=16 sq in |  |
|  | A6022      |             | Collagen drsg >16<=48 sq in  |  |
|  | A6023      |             | Collagen dressing >48 sq in  | PA required  |
|  | A6024      |             | Collagen dsg wound filler    |  |
|  | A6025      |             | Silicone gel sheet, each     |  |
|  | A6154      |             | Wound pouch each             |  |
|  | A6196      |             | Alginate dressing <=16 sq in |  |
|  | A6197      |             | Alginate drsg >16 <=48 sq in |  |
|  | A6198      |             | Alginate dressing > 48 sq in |  |
|  | A6199      |             | Alginate drsg wound filler   |  |
|  | A6203      |             | Composite drsg <= 16 sq in   |  |
|  | A6204      |             | Composite drsg >16<=48 sq in |  |
|  | A6205      |             | Composite drsg > 48 sq in    |  |
|  | A6206      |             | Contact layer <= 16 sq in    |  |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments |
|-------------|------------|-------------|------------------------------|-----------------|
|             | A6207      |             | Contact layer >16<= 48 sq in |                 |
|             | A6208      |             | Contact layer > 48 sq in     |                 |
|             | A6209      |             | Foam drsg <=16 sq in w/o bdr |                 |
|             | A6210      |             | Foam drg >16<=48 sq in w/o b |                 |
|             | A6211      |             | Foam drg > 48 sq in w/o brdr |                 |
|             | A6212      |             | Foam drg <=16 sq in w/border |                 |
|             | A6213      |             | Foam drg >16<=48 sq in w/bdr |                 |
|             | A6214      |             | Foam drg > 48 sq in w/border |                 |
|             | A6215      |             | Foam dressing wound filler   |                 |
|             | A6216      |             | Non-sterile gauze<=16 sq in  |                 |
|             | A6217      |             | Non-sterile gauze>16<=48 sq  |                 |
|             | A6218      |             | Non-sterile gauze > 48 sq in |                 |
|             | A6219      |             | Gauze <= 16 sq in w/border   |                 |
|             | A6220      |             | Gauze >16 <=48 sq in w/bordr |                 |
|             | A6221      |             | Gauze > 48 sq in w/border    |                 |
|             | A6222      |             | Gauze <=16 in no w/sal w/o b |                 |
|             | A6223      |             | Gauze >16<=48 no w/sal w/o b |                 |
|             | A6224      |             | Gauze > 48 in no w/sal w/o b |                 |
|             | A6229      |             | Gauze >16<=48 sq in watr/sal |                 |
|             | A6230      |             | Gauze > 48 sq in water/salne |                 |
|             | A6231      |             | Hydrogel dsg<=16 sq in       |                 |
|             | A6232      |             | Hydrogel dsg>16<=48 sq in    |                 |
|             | A6233      |             | Hydrogel dressing >48 sq in  |                 |
|             | A6234      |             | Hydrocolld drg <=16 w/o bdr  |                 |
|             | A6235      |             | Hydrocolld drg >16<=48 w/o b |                 |
|             | A6236      |             | Hydrocolld drg > 48 in w/o b |                 |
|             | A6237      |             | Hydrocolld drg <=16 in w/bdr |                 |
|             | A6238      |             | Hydrocolld drg >16<=48 w/bdr |                 |
|             | A6240      |             | Hydrocolld drg filler paste  |                 |
|             | A6241      |             | Hydrocolloid drg filler dry  |                 |
|             | A6242      |             | Hydrogel drg <=16 in w/o bdr |                 |
|             | A6243      |             | Hydrogel drg >16<=48 w/o bdr |                 |
|             | A6244      |             | Hydrogel drg >48 in w/o bdr  |                 |
|             | A6245      |             | Hydrogel drg <= 16 in w/bdr  |                 |
|             | A6246      |             | Hydrogel drg >16<=48 in w/b  |                 |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments |
|-------------|------------|-------------|------------------------------|-----------------|
|             | A6247      |             | Hydrogel drg > 48 sq in w/b  |                 |
|             | A6248      |             | Hydrogel drsg gel filler     |                 |
|             | A6251      |             | Absorpt drg <=16 sq in w/o b |                 |
|             | A6252      |             | Absorpt drg >16 <=48 w/o bdr |                 |
|             | A6253      |             | Absorpt drg > 48 sq in w/o b |                 |
|             | A6254      |             | Absorpt drg <=16 sq in w/bdr |                 |
|             | A6255      |             | Absorpt drg >16<=48 in w/bdr |                 |
|             | A6256      |             | Absorpt drg > 48 sq in w/bdr |                 |
|             | A6257      |             | Transparent film <= 16 sq in |                 |
|             | A6258      |             | Transparent film >16<=48 in  |                 |
|             | A6259      |             | Transparent film > 48 sq in  |                 |
|             | A6260      |             | Wound cleanser any type/size |                 |
| BR          | A6261      |             | Wound filler gel/paste /oz   | PA required     |
|             | A6262      |             | Wound filler dry form / gram | PA required     |
|             | A6266      |             | Impreg gauze no h20/sal/yard |                 |
|             | A6402      |             | Sterile gauze <= 16 sq in    |                 |
|             | A6403      |             | Sterile gauze>16 <= 48 sq in |                 |
|             | A6404      |             | Sterile gauze > 48 sq in     |                 |
|             | A6407      |             | Packing strips, non-impreg   |                 |
|             | A6441      |             | Pad band w>=3" <5"/yd        |                 |
|             | A6442      |             | Conform band n/s w<3"/yd     |                 |
|             | A6443      |             | Conform band n/s w>=3"<5"/yd |                 |
|             | A6444      |             | Conform band n/s w>=5"/yd    |                 |
|             | A6445      |             | Conform band s w <3"/yd      |                 |
|             | A6446      |             | Conform band s w>=3" <5"/yd  |                 |
|             | A6447      |             | Conform band s w >=5"/yd     |                 |
|             | A6448      |             | Lt compres band <3"/yd       |                 |
|             | A6449      |             | Lt compres band >=3" <5"/yd  |                 |
|             | A6450      |             | Lt compres band >=5"/yd      |                 |
|             | A6451      |             | Mod compres band w>=3"<5"/yd |                 |
|             | A6452      |             | High compres band w>=3"<5"yd |                 |
|             | A6453      |             | Self-adher band w <3"/yd     |                 |
|             | A6454      |             | Self-adher band w>=3" <5"/yd |                 |
|             | A6455      |             | Self-adher band >=5"/yd      |                 |
|             | A6456      |             | Zinc paste band w >=3"<5"/yd |                 |

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## Medical Equipment and Supplies

| Code Status                                    | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|--|------------|-------------|------------------------------|---|
|  | A6457      |             | Tubular dressing             |   |
| BR   | A6501      |             | Compres burngarment bodysuit | PA required   |
| BR   | A6502      |             | Compres burngarment chinstrp | PA required   |
| BR   | A6503      |             | Compres burngarment facehood | PA required   |
| BR   | A6504      |             | Cmprsburngarment glove-wrist | PA required   |
| BR   | A6505      |             | Cmprsburngarment glove-elbow | PA required   |
| BR   | A6506      |             | Cmprsburngrmnt glove-axilla  | PA required   |
| BR   | A6507      |             | Cmprs burngarment foot-knee  | PA required   |
| BR   | A6508      |             | Cmprs burngarment foot-thigh | PA required   |
| BR   | A6509      |             | Compres burn garment jacket  | PA required   |
| BR   | A6510      |             | Compres burn garment leotard | PA required   |
| BR   | A6511      |             | Compres burn garment panty   | PA required   |
| BR   | A6512      |             | Compres burn garment, noc    | PA required   |
| BR   | A6513      |             | Compress burn mask face/neck | PA required   |
|  | S8431      |             | Compression bandage          |   |
|  | T5999      |             | Supply, nos                  | PA required   |
| <b>Tapes</b>                                   |            |             |                              |   |
|  | A4450      |             | Non-waterproof tape          | Unless needed for the first 6 weeks of post-surgery, all bandages, dressings, and tapes are included in the NF daily rate.) |
|  | A4452      |             | Waterproof tape              |   |
|  | A4461      |             | Surgicl dress hold non-reuse |   |
|  | A4463      |             | Surgical dress holder reuse  |   |
|  | A4465      |             | Non-elastic extremity binder |   |
| <b>Ostomy supplies</b>                         |            |             |                              |   |
| (Note: Items in this category are not taxable) |            |             |                              |   |
|  | A4361      |             | Ostomy face plate            | Max of 10 allowed per client, per month. Not allowed in combination with codes A4375, A4376, A4379, or A4380.               |
|  | A4362      |             | Solid skin barrier           | For ostomy only.  |
|  | A4363      |             | Ostomy clamp, replacement    |   |
|  | A4364      |             | Adhesive, liquid or equal    | Max of 4 allowed per client, per month. For ostomy or catheter.   |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             | A4366      |             | Ostomy vent                  |  |
|             | A4367      |             | Ostomy belt                  | Max of 2 allowed per client every 6 months.  |
|             | A4368      |             | Ostomy filter                | Not allowed in combination with code A4418, A4419, A4423, A4424, A4425, or A4427.                            |
|             | A4369      |             | Skin barrier liquid per oz   |  |
|             | A4371      |             | Skin barrier powder per oz   |  |
|             | A4372      |             | Skin barrier solid 4x4 equiv |  |
|             | A4373      |             | Skin barrier with flange     |  |
|             | A4375      |             | Drainable plastic pch w fcpl | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4377, or A4378.        |
|             | A4376      |             | Drainable rubber pch w fcpl  | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4377, or A4378.        |
|             | A4377      |             | Drainable plastic pch w/o fp | Max of 10 allowed per month, per client. Not allowed in combination with code A4375, A4376, or A4378.        |
|             | A4378      |             | Drainable rubber pch w/o fp  | Max of 10 allowed per month, per client. Not allowed in combination with code A4375, A4376, or A4377.        |
|             | A4379      |             | Urinary plastic pouch w fcpl | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4381, A4382, or A4383. |
|             | A4380      |             | Urinary rubber pouch w fcpl  | Max of 10 allowed per month, per client. Not allowed in combination with code A4361, A4381, A4382, or A4383. |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             | A4381      |             | Urinary plastic pouch w/o fp | Max of 10 allowed per month, per client. Not allowed in combination with code A4379, A4380, A4382, or A4383. |
|             | A4382      |             | Urinary hvy plstc pch w/o fp | Max of 10 allowed per month, per client. Not allowed in combination with code A4379, A4380, A4381, A4383.    |
|             | A4383      |             | Urinary rubber pouch w/o fp  | Max of 10 allowed per client per month. Not allowed in combination with code A4379, A4380, A4381, A4382.     |
|             | A4384      |             | Ostomy faceplt/silicone ring |  |
|             | A4385      |             | Ost skn barrier sld ext wear |  |
|             | A4387      |             | Ost clsd pouch w att st barr | Max of 30 allowed per client, per month.   |
|             | A4388      |             | Drainable pch w ex wear barr | Max of 10 allowed per client, per month.   |
|             | A4389      |             | Drainable pch w st wear barr | Max of 10 allowed per client, per month.   |
|             | A4390      |             | Drainable pch ex wear convex | Max of 10 allowed per client, per month.   |
|             | A4391      |             | Urinary pouch w ex wear barr | Max of 10 allowed per client, per month.   |
|             | A4392      |             | Urinary pouch w st wear barr | Max of 10 allowed per client, per month.   |
|             | A4393      |             | Urine pch w ex wear bar conv | Max of 10 allowed per client, per month.   |
|             | A4394      |             | Ostomy pouch liq deodorant   |  |
|             | A4395      |             | Ostomy pouch solid deodorant |  |
|             | A4396      |             | Peristomal hernia supprt blt |  |
|             | A4397      |             | Irrigation supply sleeve     | Max of 1 allowed per client, per month.  |
|             | A4398      |             | Ostomy irrigation bag        | Max of 2 allowed per client, every 6 months.   |
|             | A4399      |             | Ostomy irrig cone/cath w brs | Max of 2 allowed per client, every 6 months.   |
|             | A4400      |             | Ostomy irrigation set        | Max of 2 allowed per client, every 6 months.   |

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

**Medical Equipment and Supplies**

| <b>Code Status</b> | <b>HCPCS Code</b> | <b>Modifier(s)</b> | <b>Short Description</b>     | <b>Policy/Comments</b>  |
|--------------------|-------------------|--------------------|------------------------------|---|
|                    | A4404             |                    | Ostomy ring each             | Max of 10 allowed per client, per month.  |
|                    | A4405             |                    | Nonpectin based ostomy paste |   |
|                    | A4406             |                    | Pectin based ostomy paste    |   |
|                    | A4407             |                    | Ext wear ost skn barr <=4sq" |   |
|                    | A4408             |                    | Ext wear ost skn barr >4sq"  |   |
|                    | A4409             |                    | Ost skn barr convex <=4 sq i |   |
|                    | A4410             |                    | Ost skn barr extnd >4 sq     |   |
|                    | A4411             |                    | Ost skn barr extnd =4sq      |   |
|                    | A4412             |                    | Ost pouch drain high output  | Max of 10 allowed per client, every 30 days.                                    |
|                    | A4413             |                    | 2 pc drainable ost pouch     | Max of 10 allowed per client, per month.  |
|                    | A4414             |                    | Ost sknbar w/o conv<=4 sq in |   |
|                    | A4415             |                    | Ost skn barr w/o conv >4 sqi |   |
|                    | A4416             |                    | Ost pch clsd w barrier/fltr  | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
|                    | A4417             |                    | Ost pch w bar/bltinconv/fltr | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
|                    | A4418             |                    | Ost pch clsd w/o bar w fltr  | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
|                    | A4419             |                    | Ost pch for bar w flange/flt | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
|                    | A4421             |                    | Ostomy supply misc           | PA required   |
|                    | A4422             |                    | Ost pouch absorbent material |   |
|                    | A4423             |                    | Ost pch for bar w lk fl/fltr | Max of 30 allowed per client, per month. Not allowed in combination with A4368. |
|                    | A4424             |                    | Ost pch drain w bar & filter | Max of 10 allowed per client, per month. Not allowed in combination with A4368. |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-------------|------------|-------------|------------------------------|---|
|             | A4425      |             | Ost pch drain for barrier fl | Max of 10 allowed per client, per month. Not allowed in combination with A4368. |
|             | A4426      |             | Ost pch drain 2 piece system | Max of 10 allowed per client, per month.  |
|             | A4427      |             | Ost pch drain/barr lk flng/f | Max of 10 allowed per client, per month. Not allowed in combination with A4368. |
|             | A4428      |             | Urine ost pouch w faucet/tap | Max of 10 allowed per client, per month.  |
|             | A4429      |             | Urine ost pouch w bltinconv  | Max of 10 allowed per client, per month.  |
|             | A4430      |             | Ost urine pch w b/bltin conv | Max of 10 allowed per client, per month.  |
|             | A4431      |             | Ost pch urine w barrier/tapv | Max of 10 allowed per client, per month.  |
|             | A4432      |             | Os pch urine w bar/fange/tap | Max of 10 allowed per client, per month.  |
|             | A4433      |             | Urine ost pch bar w lock fln | Max of 10 allowed per client, per month.  |
|             | A4434      |             | Ost pch urine w lock flng/ft | Max of 10 allowed per client, per month.  |
|             | A4435      |             | 1pc ost pch drain hgh output | Max of 10 allowed per client, per month.  |
|             | A4455      |             | Adhesive remover per ounce   | Max of 3 allowed per client, per month.   |
|             | A5051      |             | Pouch clsd w barr attached   | Max of 60 allowed per client, per month.  |
|             | A5052      |             | Clsd ostomy pouch w/o barr   | Max of 60 allowed per client, per month.  |
|             | A5053      |             | Clsd ostomy pouch faceplate  | Max of 60 allowed per client, per month.  |
|             | A5054      |             | Clsd ostomy pouch w/flange   | Max of 60 allowed per client, per month.  |
|             | A5055      |             | Stoma cap                    | Max of 30 allowed per client, per month.  |
|             | A5061      |             | Pouch drainable w barrier at | Max of 20 allowed per client, per month.  |
|             | A5062      |             | Drnble ostomy pouch w/o barr | Max of 20 allowed per client, per month.  |

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



## Medical Equipment and Supplies

| Code Status                | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|----------------------------|------------|-------------|------------------------------|--|
|                            | A5063      |             | Drain ostomy pouch w/flange  | Max of 20 allowed per client, per month.   |
|                            | A5071      |             | Urinary pouch w/barrier      | Max of 20 allowed per client, per month.   |
|                            | A5072      |             | Urinary pouch w/o barrier    | Max of 20 allowed per client, per month.   |
|                            | A5073      |             | Urinary pouch on barr w/flng | Max of 20 allowed per client, per month.   |
|                            | A5081      |             | Stoma plug or seal, any type | Max of 30 allowed per client, per month.   |
|                            | A5082      |             | Continent stoma catheter     | Max of 1 allowed per client, per month.  |
|                            | A5083      |             | Stoma absorptive cover       | See code A6219.  |
|                            | A5093      |             | Ostomy accessory convex inse | Max of 10 allowed per client, per month.   |
|                            | A5120      |             | Skin barrier, wipe or swab   | For ostomy only  |
|                            | A5121      |             | Solid skin barrier 6x6       | For ostomy only  |
|                            | A5122      |             | Solid skin barrier 8x8       | For ostomy only  |
|                            | A5126      |             | Disk/foam pad +or- adhesive  | Max of 10 allowed per client, per month.   |
| <b>Urological supplies</b> |            |             |                              |  |
|                            | A4310      |             | Insert tray w/o bag/cath     | Max of 60 per client, per month. Not allowed in combination with A4311, A4312, A4313, A4314, A4315, A4316, A4353, or A4354. Included in NF daily rate. |
|                            | A4311      |             | Catheter w/o bag 2-way latex | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4314, or A4338. Included in NF daily rate.                        |
|                            | A4312      |             | Cath w/o bag 2-way silicone  | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4315, or A4344. Included in NF daily rate.                        |
|                            | A4313      |             | Catheter w/bag 3-way         | Max of 3 allowed per client, per month. Not allowed in combination   |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             |            |             |                              | with code A4310, A4316, or A4346.<br>Included in NF daily rate.  |
|             | A4314      |             | Cath w/drainage 2-way latex  | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4311, A4338, A4354, or A4357.<br>Included in NF daily rate. |
|             | A4315      |             | Cath w/drainage 2-way silcne | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4312, A4344, A4354, or A4357.<br>Included in NF daily rate. |
|             | A4316      |             | Cath w/drainage 3-way        | Max of 3 allowed per client, per month. Not allowed in combination with code A4310, A4313, A4346, A4354, or A4357.<br>Included in NF daily rate. |
|             | A4320      |             | Irrigation tray              | Max of 30 allowed per client, per month. Not allowed in combination with code A4322 or A4355.<br>Included in NF daily rate.                      |
|             | A4326      |             | Male external catheter       | Max of 60 allowed per client, per month.<br>Included in NF daily rate.   |
|             | A4327      |             | Fem urinary collect dev cup  | Included in NF daily rate  |
|             | A4328      |             | Fem urinary collect pouch    | Included in NF daily rate  |
|             | A4330      |             | Stool collection pouch       | Included in NF daily rate  |
|             | A4331      |             | Extension drainage tubing    | Included in NF daily rate<br>Not allowed in combination with code A4354, A5105, A5113, or A5114.   |
|             | A4332      |             | Lube sterile packet          | Included in NF daily rate  |
|             | A4333      |             | Urinary cath anchor device   | Included in NF daily rate  |
|             | A4334      |             | Urinary cath leg strap       | Included in NF daily rate  |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|-------------|------------|-------------|------------------------------|---|
|             | A4335      |             | Incontinence supply          | Included in NF daily rate (age 3 and older.) EPA required.  |
|             | A4336      |             | Urethral insert              | PA required   |
|             | A4338      |             | Indwelling catheter latex    | Max of 3 allowed per client, per month. Not allowed in combination with code A4311 or A4314. Included in NF daily rate. |
|             | A4340      |             | Indwelling catheter special  | Max of 3 allowed per client, per month. Included in NF daily rate.  |
|             | A4344      |             | Cath indw foley 2 way silicn | Max of 3 allowed per client, per month. Not allowed in combination with code A4312 or A4315. Included in NF daily rate. |
|             | A4346      |             | Cath indw foley 3 way        | Max of 3 allowed per client, per month. Not allowed in combination with code A4313 or A4316. Included in NF daily rate. |
|             | A4349      |             | Disposable male external cat | Max of 60 allowed per client, per month. Included in NF daily rate.   |
|             | A4351      |             | Straight tip urine catheter  | Max of 120 allowed per client, per month. Not allowed in combination with code A4352 or A4353.                          |
|             | A4352      |             | Coude tip urinary catheter   | Max of 120 allowed per client, per month. Not allowed in combination with code A4351 or A4353.                          |
|             | A4353      |             | Intermittent urinary cath    | PA required. Not allowed in combination with A4310, A4351, A4352, or A4354.   |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments  |
|-------------|------------|-------------|------------------------------|--|
|             |            |             |                              | Includes sterile no touch catheter systems. Included in NF daily rate.   |
|             | A4354      |             | Cath insertion tray w/bag    | PA required. Not allowed in combination with A4310, A4314, A4315, A4316, A4353, A4357, A4358, and A5112. Included in NF daily rate.    |
|             | A4355      |             | Bladder irrigation tubing    | Max of 30 allowed per client, per month. Not allowed in combination with A4320 and A4322. Included in NF daily rate.                   |
|             | A4356      |             | Ext ureth clmp or compr dvc  | Max of 2 allowed per client, per year. Included in NF daily rate.  |
|             | A4357      |             | Bedside drainage bag         | Max of 2 allowed per client, per month. Not allowed in combination with code A4314-A4316 or A4354. Included in NF daily rate.          |
|             | A4358      |             | Urinary leg or abdomen bag   | Max of 2 allowed per client, per month. Not allowed in combination with code A5113, A5114, A4354, or A5105. Included in NF daily rate. |
|             | A4360      |             | Disposable ext urethral dev  | Max of 2 allowed per client, per month.  |
|             | A4402      |             | Lubricant per ounce          | Included in NF daily rate. For insertion of urinary catheters.   |
|             | A4456      |             | Adhesive remover, wipes      | Max of 50 wipes allowed per client, per month.   |
|             | A4520      |             | Incontinence garment anytype | PA required. Included in NF daily rate.  |
|             | A5056      |             | 1 pc ost pouch w filter      |  |
|             | A5057      |             | 1 pc ost pou w built-in conv |  |
|             | A5102      |             | Bedside drain btl w/wo tube  | Max of 2 allowed per client, per 6 months. Included in NF daily rate.  |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description           | Policy/Comments   |
|-------------|------------|-------------|-----------------------------|---|
|             | A5105      |             | Urinary suspensory          | Max of 2 allowed per client, per month. Not allowed in combination with code A4358, A5112, A5113, or A5114. Included in NF daily rate.  |
|             | A5112      |             | Urinary leg bag             | Max of 1 allowed per client, per month. Not allowed in combination with code A4354, A5105, A5113, or A5114. Included in NF daily rate.  |
|             | A5113      | RA          | Latex leg strap             | Not allowed in combination with code A4358, A5105, or A5112. Included in NF daily rate.   |
|             | A5114      | RA          | Foam/fabric leg strap       | Not allowed in combination with code A4358, A5105, or A5112. Included in NF daily rate.   |
|             | T4521      |             | Adult size brief/diaper sm  | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 24" – 32." Included in NF daily rate. |
|             | T4522      |             | Adult size brief/diaper med | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 32" – 44." Included in NF daily rate. |
|             | T4523      |             | Adult size brief/diaper lg  | Medical exceptions to max quantity or age limitations require PA. Max of 200 diapers purchased per client, per month. For clients age 20  |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s)                           | Short Description          | Policy/Comments   |
|-------------|------------|---------------------------------------|----------------------------|---|
|             |            |                                       |                            | and older. Recommended for waist sizes 45” – 58.”<br>Included in NF daily rate.   |
|             | T4524      |                                       | Adult size brief/diaper xl | Medical exceptions to max quantity or age limitations require PA.<br>Max of 200 diapers purchased per client, per month. For clients age 20 and older. Recommended for waist sizes 56” – 64.”<br>Included in NF daily rate.   |
|             | T4525      | 59<br>(To designate daytime use only) | Adult size pull-on sm      | Medical exceptions to max quantity or age limitations require PA.<br>Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month.<br>Included in NF daily rate.   |
|             | T4526      | 59<br>(To designate daytime use only) | Adult size pull-on med     | Medical exceptions to max quantity or age limitations require PA.<br>Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month.<br>Recommended for waist sizes 32” – 44.”<br>Included in NF daily rate. |
|             | T4527      | 59<br>(To designate daytime use only) | Adult size pull-on lg      | Medical exceptions to max quantity or age limitations require PA.<br>Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month.<br>Recommended for waist sizes 45” – 58.”<br>Included in NF daily rate. |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s)                           | Short Description            | Policy/Comments   |
|-------------|------------|---------------------------------------|------------------------------|---|
|             | T4528      | 59<br>(To designate daytime use only) | Adult size pull-on xl        | Medical exceptions to max quantity or age limitations require PA. Max of 200 pull-ons for clients age 6 through 20, per month. Max of 150 allowed for clients age 20 and older, per month. Recommended for waist sizes 56” – 64.”<br>Included in NF daily rate. |
|             | T4529      |                                       | Ped size brief/diaper sm/med | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Recommended for waist sizes 13” – 19”<br>Max of 200 diapers purchased per client, per month. Included in NF daily rate.   |
|             | T4530      | 59<br>(To designate daytime use only) | Ped size brief/diaper lg     | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Max of 200 diapers purchased per client, per month.<br>Included in NF daily rate.   |
|             | T4531      | 59<br>(To designate daytime use only) | Ped size pull-on sm/med      | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Max of 200 diapers purchased per client, per month.<br>Included in NF daily rate.   |
|             | T4532      | 59<br>(To designate daytime use only) | Ped size pull-on lg          | Medical exceptions to max quantity or age limit require PA. For clients age 3-20. Max of 200 pull-ons, per client, per month. Included in NF daily rate.  |
|             | T4533      | 59                                    | Youth size brief/diaper      | For clients age 6-20.<br>Recommended for waist sizes 18” – 26”  |

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

## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s)                           | Short Description           | Policy/Comments  |
|-------------|------------|---------------------------------------|-----------------------------|--|
|             |            | (To designate daytime use only)       |                             | Max of 200 diapers purchased per client, per month. Included in NF daily rate.   |
|             | T4534      | 59<br>(To designate daytime use only) | Youth size pull-on          | Medical exceptions to max quantity or age limit require PA. For clients age 6-20. Recommended for waist sizes 17" – 26"<br>Max of 200 pull-ons purchased per client, per month. Included in NF daily rate. |
|             | T4535      | 59<br>(To designate daytime use only) | Disposable liner/shield/pad | Medical exceptions to max quantity require PA. Not to be used inside any other product. For clients age 3 and older. Max of 200 pieces allowed per client, per month. Included in NF daily rate.           |
|             | T4536      | NU                                    | Reusable pull-on any size   | For clients age 3 and older. Max of 4 per client, per year. Included in NF daily rate.   |
|             | T4536      | RR                                    | Reusable pull-on any size   | For clients age 3 and older. Max of 150 allowed per client, per month. Included in NF daily rate.  |
|             | T4537      | NU                                    | Reusable underpad bed size  | Limit 42 per year. Not allowed in combination with code T4541, T4542, or T4537 (RR).   |
|             | T4537      | RR                                    | Reusable underpad bed size  | Limit 90 per month. Not allowed in combination with code T4541, T4542, or T4537 (NU). Included in NF daily rate.   |
|             | T4538      | RR                                    | Diaper serv reusable diaper | Medical exceptions to max quantity or age limit require PA. For clients age 3 and older. Max of 200 diapers allowed per  |

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



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| Code Status                                  | HCPCS Code | Modifier(s)                           | Short Description             | Policy/Comments  |
|--|------------|---------------------------------------|-------------------------------|--|
|  |            |                                       |                               | client, per month.<br>Included in NF daily rate.   |
|  | T4539      | NU                                    | Reuse diaper/brief any size   | Medical exceptions to max quantity or age limit require PA. For clients age 3 and older. Max of 36 diapers allowed per client, per month.<br>Included in NF daily rate.  |
|  | T4541      |                                       | Large disposable underpad     | For use on the client's bed only. Requires a minimum underpad size of 810 square inches. Max of 180 pieces allowed per client, per month. Not allowed in combination with code T4537 (NU) or T4537 (RR).<br>Included in NF daily rate. |
|  | T4543      |                                       | Adult disp brief/diap abv xl  | For clients age 20 and older.<br>Recommended for waist sizes 65" – 84"<br>Max of 200 pieces purchased per client, per month. Included in NF daily rate.  |
|  | T4544      | 59<br>(To designate daytime use only) | Adlt disp und/pull on abv xl  | For clients age 6 and older.<br>Recommended for waist sizes 65" and over.<br>Max of 200 allowed for clients age 6 to 19, per month. Max of 150 allowed per clients age 20 and older, per month.<br>Included in NF daily rate.          |
| <b>Braces, belts, and supportive devices</b> |            |                                       |                               |  |
|  | A4467      |                                       | Belt strap sleeve grmnt cover |  |
|  | A4565      |                                       | Slings                        | Max of 2 allowed per client, per year. Included in NF daily rate.  |

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

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| Code Status                    | HCPCS Code | Modifier(s) | Short Description            | Policy/Comments   |
|--------------------------------|------------|-------------|------------------------------|---|
|                                | A4570      |             | Splint                       | Max of 1 allowed per client per year. Included in NF daily rate.  |
|                                | E0942      |             | Cervical head harness/halter | Max of 1 allowed per client per year. Included in NF daily rate.  |
|                                | E0944      |             | Pelvic belt/harness/boot     | Max of 1 allowed per client per year. Not allowed for use during pregnancy. Included in NF daily rate.                                  |
|                                | E0945      |             | Belt/harness extremity       | Max of 1 allowed per client per year. Not allowed for use during pregnancy. Included in NF daily rate.                                  |
| <b>Decubitus care products</b> |            |             |                              |   |
|                                | E0188      |             | Synthetic sheepskin pad      | Max of 1 allowed per client per year. Included in NF daily rate.  |
|                                | E0189      |             | Lambswool sheepskin pad      | Max of 1 allowed per client per year. Included in NF daily rate.  |
|                                | E0191      |             | Protector heel or elbow      | Max of 4 allowed per client per year. Included in NF daily rate.  |
| <b>Miscellaneous supplies</b>  |            |             |                              |   |
|                                | A4561      |             | Pessary rubber, any type     | See <a href="#">Physician-related Services/Healthcare Professional Services Billing Guide</a>   |
|                                | A4562      |             | Pessary, non rubber,any type | See <a href="#">Physician-related Services/Healthcare Professional Services Billing Guide</a>   |
|                                | A4927      |             | Non-sterile gloves           | Quantities exceeding 2 units per month require PA.<br>One unit = 100 gloves.<br>Included in NF daily rate and in home health care rate. |

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## Medical Equipment and Supplies

| Code Status | HCPCS Code | Modifier(s) | Short Description        | Policy/Comments  |
|-------------|------------|-------------|--------------------------|--|
|             | A4930      |             | Sterile, gloves per pair | Max of 30 per client, per month. Included in NF daily rate and in home health care rate. |
|             | A6410      |             | Sterile eye pad          | Max of 20 allowed per client, per month. Included in NF daily rate.                      |
|             | A6411      |             | Non-sterile eye pad      | Max of 1 allowed per client, per month. Included in NF daily rate.                       |
|             | T5999      |             | Supply, nos              | PA required  |
|             | S8265      |             | Haberman feeder          |  |

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

# Coverage/Limitations

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(WAC [182-543-5500](#))

## What is covered?

The agency covers the following nondurable medical supplies and equipment (MSE) and related services. Prior authorization is not required.

- Antiseptics and germicides:
  - ✓ Alcohol (isopropyl) or peroxide (hydrogen) - 1 pint per month
  - ✓ Alcohol wipes (box of 200) - 1 box per month
  - ✓ Betadine or phisoHex solution - 1 pint per month
  - ✓ Betadine or iodine swabs/wipes (box of 100) - 1 box per month
- Bandages, dressings, and tapes
- Blood monitoring/testing supplies:
  - ✓ Replacement battery of any type, used with a client-owned, medically necessary home or specialized blood glucose monitor - 1 in a 3-month period
  - ✓ Spring-powered device for lancet - 1 in a 6-month period
  - ✓ Diabetic test strips as follows:
    - For children, age 20 and younger, as follows:
      - Insulin dependent, 300 test strips and 300 lancets per client, per month (medical equipment providers must submit claims with EPA 870001265; Pharmacy POS providers must use EPA 85000000265 and must bill according to POS instructions – see the [Prescription Drug Program Billing Guide](#))
      - For noninsulin dependent, 100 test strips and 100 lancets per client, per month

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- For adults age 21 and older:
  - Insulin dependent, 100 test strips and 100 lancets per client, per month
  - For noninsulin dependent , 100 test strips and 100 lancets per client, every 3 months
- ✓ See WAC [182-543-5500](#)(12) for blood glucose monitors.
- Decubitus care products:
  - ✓ Cushion (gel, sacroiliac, or accuback) and cushion cover (any size) - 1 per 12-month period
  - ✓ Synthetic or lamb's wool sheepskin pad - 1 per 12-month period
  - ✓ Heel or elbow protectors - 4 per 12-month period
- Ostomy supplies:
  - ✓ Adhesive for ostomy or catheter: cement; powder; liquid (e.g., spray or brush) or paste (any composition, e.g., silicone or latex) - 4 total ounces per month
  - ✓ Adhesive or non-adhesive disk or foam pad for ostomy pouches - 10 per month
  - ✓ Adhesive remover or solvent - 3 ounces per month
  - ✓ Adhesive remover wipes, 50 per box - 1 box per month
  - ✓ Closed pouch, with or without attached barrier, with a 1- or 2-piece flange, or for use on a faceplate - 60 per month
  - ✓ Closed ostomy pouch with attached standard wear barrier, with built-in 1-piece convexity - 30 per month
  - ✓ Continent plug for continent stoma - 30 per month
  - ✓ Continent device for continent stoma - 1 per month
  - ✓ Drainable ostomy pouch, with or without attached barrier, or with 1- or 2-piece flange - 20 per month
  - ✓ Drainable ostomy pouch with attached standard or extended wear barrier, with or without built-in 1-piece convexity - 20 per month

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- ✓ Drainable ostomy pouch for use on a plastic or rubber faceplate (only 1 type of faceplate allowed) - 10 per month
- ✓ Drainable urinary pouch for use with a plastic, heavy plastic, or rubber faceplate (only 1 type of faceplate allowed) - 10 per month
- ✓ Irrigation bag - 2 every 6 months
- ✓ Irrigation cone and catheter, including brush - 2 every 6 months
- ✓ Irrigation supply, sleeve - 1 per month
- ✓ Ostomy belt (adjustable) for appliance - 2 every 6 months
- ✓ Ostomy convex insert - 10 per month
- ✓ Ostomy ring - 10 per month
- ✓ Stoma cap - 30 per month
- ✓ Ostomy faceplate - 10 per month. The agency does not pay for either of the following when billed in combination with an ostomy faceplate with:
  - Drainable pouches with plastic face plate attached.
  - Drainable pouches with rubber face plate.
- Syringes and needles
- Urological supplies - diapers and related supplies:
  - ✓ The standards and specifications in this section apply to all disposable incontinence products (e.g., briefs, diapers, pull-up pants, underpads for beds, liners, shields, guards, pads, and undergarments)
  - ✓ All of the following apply to all disposable incontinence products:
    - All materials used in the construction of the product must be safe for the client's skin and harmless if ingested
    - Adhesives and glues used in the construction of the product must not be water-soluble and must form continuous seals at the edges of the absorbent core to minimize leakage
    - The padding must provide uniform protection

## Medical Equipment and Supplies

- The product must be hypoallergenic
- The product must meet the flammability requirements of both federal law and industry standards
- All products are covered for client personal use only
- ✓ In addition, diapers must:
  - Be hourglass shaped with formed leg contours.
  - Have an absorbent filler core that is at least one-half inch from the elastic leg gathers.
  - Have leg gathers that consist of at least 3 strands of elasticized materials.
  - Have an absorbent core that consists of cellulose fibers mixed with absorbent gelling materials.
  - Have a back sheet that is moisture impervious and is at least 1.00 mm thick, designed to protect clothing and linens.
  - Have a top sheet that resists moisture returning to the skin.
  - Have an inner lining that is made of soft, absorbent material.
  - Have either a continuous waistband, or side panels with a tear-away feature, or refastenable tapes, as follows:
    - For child diapers, at least 2 tapes, 1 on each side
    - The tape adhesive must release from the back sheet without tearing, and permit a minimum of 3 fastening/unfastening cycles
- ✓ In addition pull-up pants and briefs must meet the following specifications:
  - Be made like regular underwear with an:
    - Elastic waist.
    - Have at least 4 tapes, 2 on each side or 2 large tapes, one on each side.
  - Have an absorbent core filler that is at least one-half inch from the elastic leg gathers
  - Have an absorbent core that consists of cellulose fibers mixed with absorbent gelling

## Medical Equipment and Supplies

- Have leg gathers that consist of at least 3 strands of elasticized materials
  - Have a back sheet that is:
    - Moisture impervious, is at least 1.00 mm thick.
    - Designed to protect clothing and linens.
  - Have an inner lining made of soft, absorbent material.
  - Have a top sheet that resists moisture returning to the skin.
- ✓ In addition, underpads are covered only when used for clients with incontinence, and only when used for protection on a client's bed, and must meet the following specifications:
- Have an absorbent layer that is at least one and one-half inches from the edge of the underpad.
  - Be manufactured with a waterproof backing material.
  - Be able to withstand temperatures not to exceed 140 degrees Fahrenheit.
  - Have a covering or facing sheet that is made of nonwoven, porous materials that have a high degree of permeability, allowing fluids to pass through and into the absorbent filler. The patient contact surface must be soft and durable.
  - Have filler material that is highly absorbent. It must be heavy weight fluff filler or the equivalent.
  - Have 4-ply, nonwoven facing, sealed on all 4 sides.
- ✓ In addition liners, shields, guards, pads, and undergarments are covered for incontinence only and must meet the following specifications:
- Have channels to direct fluid throughout the absorbent area, and leg gathers to assist in controlling leakage, and/or be contoured to permit a more comfortable fit.
  - Have a waterproof backing designed to protect clothing and linens.
  - Have an inner liner that resists moisture returning to the skin.



## Medical Equipment and Supplies

- Have an absorbent core that consists of cellulose fibers mixed with absorbent gelling materials.
  - Have pressure-sensitive tapes on the reverse side to fasten to underwear.
  - For undergarments only, be contoured for a good fit, have at least 3 elastic leg gathers, and may be belted or unbelted.
- ✓ The agency pays for urological products when they are used alone. The following are examples of products in which the agency does not pay for when used in combination with:
- Disposable diapers.
  - Disposable pull-up pants and briefs.
  - Disposable liners, shields, guards, pads, and undergarments.
  - Rented reusable diapers (e.g., from a diaper service).
  - Rented reusable briefs (e.g., from a diaper service) or pull-up pants.
- ✓ The agency approves a client's use of a combination of products only when the client uses different products for daytime and nighttime use.

**Example:** Pull-up pants for daytime use and disposable diapers for nighttime use. The total quantity of all products in this section used in combination cannot exceed the monthly limitation for the product with the highest limit.

**Note:** Bill for only one size of diapers or pull-up pants per month. The agency does not pay for multiple sizes.

- ✓ Purchased disposable diapers (any size) are limited to 200 per month for clients age 3 and older.
- Reusable cloth diapers (any size) are limited to:
    - Purchased - 36 per year.
    - Rented - 200 per month.
- ✓ Disposable briefs and pull-up pants (any size) are limited to:
- 200 per month for a child age 3 to 20.
  - 150 per month for an adult age 21 and older.
- ✓ Reusable briefs, washable protective underwear, or pull-up pants (any size) are limited to:
- Purchased - 4 per year.
  - Rented - 150 per month.

## Medical Equipment and Supplies

- ✓ Disposable pant liners, shields, guards, pads, and undergarments are limited to 200 per month.
- ✓ Underpads for beds are limited to:
  - Disposable (any size) - 180 per month.
  - Purchased, reusable (large) - 42 per year.
  - Rented, reusable (large) - 90 per month.

**Note:** When billing the agency for incontinence products, the claim must be for a single date of service with at least 30 days in between claims.

Example: DOS 5/15/19-5/15/19 for the first claim, the next claim needs to be at least 6/14/19-6/14/19 (30 days in between DOS). If you are billing for a limit that is over the allowed amount, and you have authorization from HCA to exceed the limit, bill on two separate lines. One claim line for the allowed amount and one claim line for the exceeded limit. The claim line to exceed the limit must include the authorization number.

- ✓ Urological supplies - urinary retention:
  - Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube - 2 per month. The agency does not pay for these when billed in combination with any of the following:
    - With extension drainage tubing for use with urinary leg bag or urostomy pouch (any type, any length), with connector/adapter.
    - With an insertion tray with drainage bag, and with or without catheter.
  - Bedside drainage bottle, with or without tubing - 2 per 6 month period.
  - Extension drainage tubing (any type, any length), with connector/adapter, for use with urinary leg bag or urostomy pouch. The agency does not pay for these when billed in combination with a vinyl urinary leg bag, with or without tube.
  - External urethral clamp or compression device (not be used for catheter clamp) - 2 per 12-month period.
  - Indwelling catheters (any type) - 3 per month.
  - Insertion trays:

## Medical Equipment and Supplies

- Without drainage bag and catheter - 60 per month. The agency does not pay for these when billed in combination with other insertion trays that include drainage bag, catheters, and/or individual lubricant packets.
- With indwelling catheters - 3 per month - The agency does not pay for these when billed in combination with other insertion trays without drainage bag and/or indwelling catheter; individual indwelling catheters; and/or individual lubricant packets.
- Irrigation syringe (bulb or piston) - The agency does not pay for these when billed in combination with irrigation tray or tubing.
- Irrigation tray with syringe (bulb or piston) - 30 per month. The agency does not pay for these when billed in combination with an irrigation syringe (bulb or piston), or irrigation tubing set.
- Irrigation tubing set - 30 per month - The agency does not pay for these when billed in combination with an irrigation tray or an irrigation syringe (bulb or piston).
- Leg straps (latex foam and fabric) - Replacement only.
- Male external catheter, specialty type, or with adhesive coating or adhesive strip - 60 per month.
- Urinary suspensory with or without leg bag, with or without tube - 2 per month. The agency does not pay for these when billed in combination with:
  - Latex urinary.
  - Leg bag.
  - Urinary suspensory.
  - Without a leg bag.
  - Extension drainage tubing.
  - Leg strap.
- Urinary leg bag, vinyl, with or without tube - 2 per month - The agency does not pay for these when billed in combination with drainage bag and without catheter.
- Urinary leg bag, latex - 1 per month - The agency does not pay for these when billed in combination with or without catheter.

## Medical Equipment and Supplies

- Miscellaneous supplies:
  - ✓ Eye patch (adhesive wound cover) - 1 box of 20.
  - ✓ Sterile gloves – 30 pair, per client, per month.
  
- Miscellaneous MSE:
  - ✓ Bilirubin light or light pad - 5 day rental per 12-month period for at-home newborns with jaundice.

# Coverage for Non-CRT Wheelchairs

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(WAC [182-543-4000](#))

The agency covers, with prior authorization (PA), manual and power-drive wheelchairs for clients who reside at home.

**Note:** For clients with complex needs and who require an individually configured complex rehabilitation technology (CRT) product, see the agency's [Complex Rehabilitation Technology Billing Guide](#).

## What are the general guidelines for wheelchairs?

For manual or power-drive wheelchairs for clients who reside at home, requests for PA must include all of the following completed forms:

- *General Information for Authorization* form, HCA 13-835, see [Where can I download agency forms?](#) (WAC [182-543-7000](#) Authorization)
- *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 13-727 from the client's physician or therapist
- The agency's *Prescription* form, HCA 13-794

The agency does not pay for manual or power-drive wheelchairs that have been delivered to a client without PA from the agency, as described in this billing guide.

When the agency determines that a wheelchair is medically necessary, according to the process found in WAC [182-501-0165](#), for 6 months or less, the agency rents a wheelchair for clients who live at home.

**Note:** For clients that do not live at home, see [Clients Residing in a Skilled Nursing Facility](#).

## Does the agency cover the rental or purchase of a manual wheelchair?

(WAC [182-543-4100](#))

The agency covers the rental or purchase of a manual wheelchair for clients who reside at home and are nonambulatory or who have limited mobility and requires a wheelchair to participate in normal daily activities.

**Note:** For clients that do not live at home, see [Clients Residing in a Skilled Nursing Facility](#).

The agency determines the type of manual wheelchair for a client residing at home as follows:

- A standard wheelchair if the client's medical condition requires the client to have a wheelchair to participate in normal daily activities
- A standard lightweight wheelchair if the client's medical condition does not allow the client to use standard weight wheelchair because of one of the following:
  - ✓ The client cannot self-propel a standard weight wheelchair.
  - ✓ Custom modifications cannot be provided on a standard weight wheelchair
- A high-strength lightweight wheelchair for a client who meets one of the following:
  - ✓ Whose medical condition doesn't allow the client to self-propel a lightweight or standard weight wheelchair
  - ✓ Requires custom modifications that cannot be provided on a standard weight or lightweight wheelchair
- A heavy duty wheelchair for a client who requires a specifically manufactured wheelchair designed to meet one of the following:
  - ✓ Support a person weighing 300 pounds and over
  - ✓ Accommodate a seat width up to 22 inches wide (not to be confused with custom heavy-duty wheelchairs)
- A custom heavy-duty wheelchair for a client who requires a specifically manufactured wheelchair designed to meet one of the following:
  - ✓ Support a person weighing 300 pounds and over
  - ✓ Accommodate a seat width over 22 inches wide

- A rigid wheelchair for a client who meets all of the following:
  - ✓ Has a medical condition that involves severe upper extremity weakness
  - ✓ Has a high level of activity
  - ✓ Is unable to self-propel any of the above types of wheelchairs
- A custom manufactured wheelchair for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the categories of wheelchairs listed in this billing guide.
- Pediatric wheelchairs/positioning strollers having a narrower seat and shorter depths more suited to pediatric patients, usually adaptable to modifications for a growing child.

## Does the agency cover power-drive wheelchairs?

(WAC [182-543-4200](#) (1)(2))

The agency covers power-drive wheelchairs when the prescribing physician certifies that all of the following clinical criteria are met:

- The client can independently and safely operate a power-drive wheelchair
- The client's medical condition negates his or her ability to self-propel any of the wheelchairs listed in the manual wheelchair category
- A power-drive wheelchair will do one of the following:
  - ✓ Provide the client the only means of independent mobility
  - ✓ Enable a child to achieve age-appropriate independence and developmental milestones

**Note:** All of the following additional information is required for a three or four-wheeled power-drive scooter/power-operated vehicle (POV):

- The prescribing physician certifies that the client's condition is stable.
- The client is unlikely to require a standard power-drive wheelchair within the next two years.

## What are the guidelines for clients with multiple wheelchairs?

(WAC [182-543-4200\(3\)-\(6\)](#))

When the agency approves a power-drive wheelchair for a client who already has a manual wheelchair, the power-drive wheelchair becomes the client's primary chair, unless the client meets the criteria for dual wheelchairs.

The agency pays to maintain only the client's primary wheelchair, unless the agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client.

The agency pays for one manual wheelchair and one power-drive wheelchair for noninstitutionalized clients only when one of the following circumstances applies:

- The architecture of the client's home is completely unsuitable for a power-drive wheelchair, such as narrow hallways, narrow doorways, steps at the entryway, and insufficient turning radius
- The architecture of the client's home bathroom is such that power-drive wheelchair access is not possible, and the client needs a manual wheelchair to safely and successfully complete bathroom activities and maintain personal cleanliness
- The client has a power-drive wheelchair, but also requires a manual wheelchair because the power-drive wheelchair cannot be transported to meet the client's community, workplace, or educational activities. In this case, the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. The agency requires the client's situation to meet both of the following conditions:
  - ✓ The client's activities that require the second wheelchair must be located farther than one-fourth of a mile from the client's home.
  - ✓ Cabulance, public buses, or personal transit are not available, practical, or possible for financial or other reasons.

**Note:** When the agency approves both a manual wheelchair and a power-drive wheelchair for a noninstitutionalized client who meets one of the criteria for dual wheelchairs, the agency will pay to maintain both wheelchairs.



# Modifications, Accessories, and Repairs for Non-CRT Wheelchairs

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(WAC [182-543-4300](#))

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

The agency covers wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line item charges. Prior authorization is required. To receive payment, providers must submit all of the following to the agency:

- A completed *General Information for Authorization* form, HCA 13-835, see [Where can I download agency 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 13-727
- 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 13-727, must not be dated prior to the date on the *Prescription* form, HCA 13-794.

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

DC = Same/similar covered code in fee schedule  
N = New                      P = Policy change

DP = Service managed through a different program  
PA = Prior Authorization Required

## When does the agency pay for transit option restraints?

The agency pays for transit option restraints only when used for client-owned vehicles.

## When does the agency cover non-CRT wheelchair repairs?

The agency covers non-CRT wheelchair repairs. Prior authorization is required. To receive payment, providers must submit all of the following to the agency:

- *General Information for Authorization* form, HCA 13-835, see [Where can I download agency forms?](#) (see [Authorization](#) for more information)
- A completed *Medical Necessity for Wheelchair Purchase (for home clients only)* form, HCA 13-727
- 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.

**Note:** All wheelchairs and wheelchair rentals require prior authorization. Rental rates are monthly unless otherwise indicated.

DC = Same/similar covered code in fee schedule  
N = New

P = Policy change

DP = Service managed through a different program  
PA = Prior Authorization Required

# Clients Residing in a Skilled Nursing Facility

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(WAC [182-543-5700](#))

## What does the per diem rate include for a skilled nursing facility?

The agency's skilled nursing facility per diem rate, established in chapter [74.46](#) RCW, chapter [388-96](#) WAC, and chapter [388-97](#) WAC, includes any reusable and disposable medical supplies that may be required for a skilled nursing facility client, unless otherwise specified within this billing guide.

The agency pays for the following covered medical equipment and related supplies outside of the skilled nursing facility per diem rate, subject to the limitations in this billing guide:

- Wheelchairs
- Speech generating devices (SGD)
- Specialty beds

## Manual and power-drive wheelchairs

(WAC [182-543-5700\(2\)](#))

The agency pays for one manual or one power-drive wheelchair for clients who reside in a skilled nursing facility, with prior authorization (PA), according to the requirements in WAC [182-543-4100](#), WAC [182-543-4200](#), and WAC [182-543-4300](#).

Requests for PA must meet all of the following:

- Be for the exclusive full-time use of a skilled nursing facility resident
- Not be included in the skilled nursing facility's per diem rate
- Include a completed *General Information for Authorization* form, HCA 13-835; see [Where can I download agency forms?](#)
- Include a copy of the telephone order, signed by the physician, for the wheelchair assessment
- Include a completed *Medical Necessity for Wheelchair Purchase for Nursing Facility Clients* form, HCA 19-0006

## Medical Equipment and Supplies

The agency pays for wheelchair accessories and modifications that are specifically identified by the manufacturer as separate line item charges, with prior authorization (PA). To receive payment, providers must submit all of the following to the agency:

- A completed *Prescription* form, HCA 13-794, see [Where can I download agency forms?](#)
- A completed *Medical Necessity for Wheelchair Purchase for Nursing Facility Clients* form, HCA 19-0006. The date on form 19-0006 must not be prior to the date on the *Prescription* form, HCA 13-794 (see [Authorization](#) for more information)
- The make, model, and serial number of the wheelchair to be modified
- The modification requested.
- Specific information regarding the client's medical condition that necessitates modification to the wheelchair

The agency pays for wheelchair repairs, with PA. To receive payment, providers must submit all of the following to the agency:

- A completed *Medical Necessity for Wheelchair Purchase for Nursing Facility (NF) Clients* form, HCA 19-0006. See WAC [182-543-7000](#), Authorization
- The make, model, and serial number of the wheelchair to be repaired
- The repair requested

[PA](#) is required for the repair and modification of client-owned equipment.

The skilled nursing facility must provide a house wheelchair as part of the per diem rate, when the client resides in a skilled nursing facility.

When the client is eligible for both Medicare and Medicaid and is residing in a skilled nursing facility in lieu of hospitalization, the agency does not reimburse for medical equipment and related supplies, prosthetics, orthotics, medical supplies, related services, and related repairs and labor charges under fee-for-service (FFS).

## Speech generating devices (SGD)

(WAC [182-543-5700](#)(2))

The agency pays for the purchase and repair of a speech generating device (SGD), with PA. The agency pays for replacement batteries for SGDs in accordance with WAC [182-543-5500](#)(3).

## Specialty beds

(WAC [182-543-5700](#)(2))

The agency pays for the purchase or rental of a specialty bed (a heavy-duty bariatric bed is not a specialty bed) when both of the following apply. Prior authorization is required.

- The specialty bed is intended to help the client heal.
- The client's nutrition and laboratory values are within normal limits.

The agency considers decubitus care products to be included in the skilled nursing facility per diem rate and does not reimburse for these separately. (See [Warranty](#) for more information.)

## What does the agency pay for outside the per diem rate?

(WAC [182-543-5700](#)(13))

The agency pays for the following medical supplies for a client in a skilled nursing facility outside the skilled nursing facility per diem rate:

- Medical supplies or services that replace all or parts of the function of a permanently impaired or malfunctioning internal body organ

This includes, but is not limited to the following:

- ✓ Colostomy and other ostomy bags and necessary supplies. (see WAC [388-97-1060](#)(3), nursing homes/quality of care)
- ✓ Urinary retention catheters, tubes, and bags, excluding irrigation supplies.
- Supplies for intermittent catheterization programs, for the following purposes:
  - ✓ Long term treatment of atonic bladder with a large capacity
  - ✓ Short term management for temporary bladder atony
- Surgical dressings required as a result of a surgical procedure, for up to six weeks post-surgery

# Exception to Rule

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## What is an exception to rule (ETR)?

The agency evaluates a request for any medical equipment, related supplies, and related services under the provisions of WAC [182-501-0160](#).

When EPSDT applies, the agency evaluates a noncovered service, equipment, or supply according to the process in WAC [182-501-0165](#) to determine if it is:

- Medically necessary.
- Safe.
- Effective.
- Not experimental (see to the agency's current [Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program Billing Guide](#) for more information).

## How do I request an exception to rule (ETR)?

Requests for ETR may be submitted online through direct data entry into the ProviderOne system or in writing to the fax number located on the agency's form and include all of the following:

- A completed *General Information for Authorization*, HCA 13-835 form, see [Where can I download agency forms?](#)
- A completed *Prescription*, HCA 13-794, form

A letter explaining how the client's situation meets the provisions of [WAC 182-501-0160](#).

# Authorization

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## What is authorization?

(WAC [182-543-7000](#))

Authorization is the agency's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement. **Prior authorization (PA), expedited prior authorization (EPA) and limitation extensions (LE) are forms of authorization.**

The agency requires providers to obtain authorization for covered medical equipment and related supplies as follows:

- As described in this billing guide
- As described in chapter [182-501](#) WAC, chapter [182-502](#) WAC, and chapter [182-543](#) WAC
- When the clinical criteria required in this billing guide are not met

## What is prior authorization (PA)?

(WAC [182-543-7100](#))

The agency requires providers to obtain PA for certain items and services before delivering that item or service to the client, except for dual-eligible Medicare/Medicaid clients when Medicare is the primary payer. The item or service must also be delivered to the client before the provider bills the agency.

Providers may submit PA requests online through direct data entry into ProviderOne. See the agency's [prior authorization webpage for details](#).

Facility or therapist letterhead must be used for any documentation that does not appear on an agency form.

**Note:** For more information on requesting authorization, see [Requesting Prior Authorization](#) in the agency's ProviderOne Billing and Resource Guide.

When the agency receives the initial request for PA, the prescription(s) for those items or services must not be older than six months from the date the agency receives the request.

## Medical Equipment and Supplies

The agency requires certain information from providers in order to prior authorize the purchase or rental of equipment. 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 product or accessory number as shown in the manufacturer's catalog

For PA requests, the agency 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 agency does not accept general standards of care or industry standards for generalized equipment as justification.

The agency considers requests for new medical equipment and related supplies that do not have assigned health care common procedure coding system (HCPCS) codes, and are not listed in this billing guide. These items require PA.

The provider must furnish all of the following information to the agency 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, price-list or catalog with the product description for the item(s) being provided
- A detailed explanation of how the requested item(s) differs from an already existing code description

The agency does not pay for the purchase, rental, or repair of medical equipment that duplicates equipment the client already owns or rents. If the provider believes the purchase, rental, or repair of medical equipment is not duplicative, the provider must request PA and submit one of the following to the agency:

- Why the existing equipment no longer meets the client's medical needs

**OR**

- Why the existing equipment could not be repaired or modified to meet those medical needs

**AND**

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



A provider may resubmit a request for PA for an item or service that the agency has denied. The agency requires the provider to include new documentation that is relevant to the request.

## How do I request prior authorization (PA)?

When a procedure's EPA criteria has not been met or the covered procedure requires PA, providers must request prior authorization from the agency. Procedures that require PA are listed in the fee schedule. The agency does not retrospectively authorize any health care services that require PA after they have been provided except when a client has delayed certification of eligibility.

### Online direct data entry into ProviderOne

Providers may submit a prior authorization request by direct data entry into ProviderOne or by submitting the request in writing (see the [agency's prior authorization webpage](#) for details).

### Written or Fax

If providers choose to submit a written or faxed PA request, the following must be provided:

- The *General Information for Authorization* form, HCA 13-835. See [Where can I download agency forms?](#) This form must be page one of the mailed/faxed request and must be typed.
- The program form. This form must be attached to the request.
- Charts and justification to support the request for authorization.

### Submit written or faxed PA requests (with forms and documentation) to:

- **By Fax:** (866) 668-1214
- **By Mail:**  
Authorization Services Office  
PO Box 45535  
Olympia, WA 98504-5535

All requests for PA must be accompanied by a completed *General Information for Authorization* form, HCA 13-835 in addition to any program specific agency forms as required within this section. See [Where can I download agency forms?](#)

**Note:** Applicable forms may be downloaded from the agency's [Billers and Providers](#) webpage.

For expedited prior authorization (EPA), a client must meet the clinically appropriate EPA criteria outlined within this billing guide. The appropriate EPA number must be used when the provider bills the agency (see [What is expedited prior authorization \(EPA\)?](#)).

When a service requires authorization, the provider must properly request authorization in accordance with the agency's rules, this billing guide, and provider notices.

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

When authorization is not properly requested, the agency rejects and returns the request to the provider for further action. The agency does not consider the rejection of the request to be a denial of service.

Authorization requirements in this billing guide are not a denial of service to the client. The agency may recoup any payment made to a provider if the agency later determines that the service was not properly authorized or did not meet the EPA criteria. See WAC [182-502-0100\(1\)\(c\)](#).

## How are photos and X-rays submitted for medical and medical equipment 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 agency 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 agency [ProviderOne Billing and Resource Guide](#) and review the Prior Authorization (PA) chapter for more information on requesting authorization.

## What is expedited prior authorization (EPA)?

(WAC [182-543-7300](tel:182-543-7300))

The expedited prior authorization (EPA) process is designed to eliminate the need for written or telephone requests for prior authorization for selected medical equipment procedure codes.

The agency requires a provider to create an authorization number for EPA for selected medical equipment procedure codes. The process and criteria used to create the authorization number is explained within this billing guide. The authorization number must be used when the provider bills the agency.

Upon request, a provider must provide documentation to the agency showing how the client's condition met the criteria for EPA.

Prior authorization is required when a situation does not meet the EPA criteria for medical equipment procedure codes. See the agency's [Prior authorization webpage for details](#).

The agency may recoup any payment made to a provider if the provider did not follow the required expedited authorization process and criteria.

To bill the agency for medical equipment that meets the EPA criteria on the following pages, the vendor must create a 9-digit EPA number. The first five or six digits of the EPA number will be 870000 or 87000. The last three or four digits is the specific code which meets the EPA criteria. HIPAA 5010 does not allow multiple authorization (prior/expedited) numbers per claim. If billing an electronic claim, enter the EPA at the claim level in the *Prior Authorization* section.

**Vendors are reminded that EPA numbers are only for those products listed on the following pages.** EPA numbers are not valid for:

- Other medical equipment requiring PA.
- Products for which the documented medical condition does not meet *all* of the specified criteria.
- Over-limitation requests.

Providers must request prior authorization when a situation does not meet the criteria for a selected medical equipment code. See the agency's [Prior authorization webpage](#) for details.

**Note:** See the agency's [ProviderOne Billing and Resource Guide](#) for more information on requesting authorization.

## What is a limitation extension (LE)?

(WAC [182-543-7200](#))

The agency limits the amount, frequency, or duration of certain covered ME, and related supplies, and reimburses up to the stated limit without requiring prior authorization (PA).

Certain covered items have limitations on quantity and frequency. These limits are designed to avoid the need for PA for items normally considered medically necessary and for quantities sufficient for a thirty-day supply for one client.

The agency requires a provider to request PA for a limitation extension (LE) in order to exceed the stated limits for ME, and medical supplies. See the agency's [Prior authorization webpage](#) for details.

The agency evaluates requests for LE under the provisions of WAC [182-501-0169](#).

# EPA Criteria Coding List

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## What are the expedited prior authorization (EPA) criteria for equipment rental?

**Note: The following pertains to expedited prior authorization (EPA) numbers 700 - 820:**

1. If the medical condition does not meet **all** of the specified criteria, prior authorization (PA) must be obtained. See the agency's [Prior authorization webpage](#) for details.
2. It is the vendor's responsibility to determine whether the client has already used the product allowed with the EPA criteria within the allowed time period, or to determine if, the client has already established EPA through another vendor during the specified time period.
3. For extension of authorization beyond the EPA amount allowed, the normal PA process is required.
4. A valid physician prescription is required as described in WAC [182-543-2000\(2\)\(c\)](#)
5. Documentation of the length of need/life expectancy must be kept in the client's file, as determined by the prescribing physician and medical justification (including **all** of the specified criteria).

## Medical Equipment and Supplies

| RENTAL MANUAL WHEELCHAIRS |          |          |   |  |
|---------------------------|----------|----------|---|--|
| Codes                     | Modifier | EPA Code | Description   | Criteria   |
| K0001                     | RR       | 700      | Standard manual wheelchair with all styles of arms, footrest and/or leg rests     | <p>Up to 2 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Weights 250 lbs. or less.</li> <li>2) Requires a wheelchair to participate in normal daily activities.</li> <li>3) Has a medical condition that renders the client totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file).</li> <li>4) Does <b>not</b> have a rental hospital bed.</li> <li>5) Has a length of need, as determined by the prescribing physician that is less than 6 months.</li> </ol>                                 |
| K0003                     | RR       | 705      | Lightweight manual wheelchair with all styles of arms, footrests and/or leg rests | <p>Up to 2 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Weights 250 lbs. or less.</li> <li>2) Can self-propel the lightweight wheelchair and is unable to propel a standard weight wheelchair.</li> <li>3) Has a medical condition that renders the client totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file).</li> <li>4) Does <b>not</b> have a rental hospital bed.</li> <li>5) Has a length of need, as determined by the prescribing physician that is less than 6 months.</li> </ol> |
| K0006                     | RR       | 710      | Heavy-duty manual wheelchair with all styles of arms, footrests, and/or leg rests | <p>Up to 2 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Weights over 250 lbs.</li> <li>2) Requires a wheelchair to participate in normal daily activities.</li> <li>3) Has a medical condition that renders the client totally non-weight bearing or is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file).</li> <li>4) Does <b>not</b> have a rental hospital bed.</li> <li>5) Has a length of need, as determined by the prescribing physician that is less than 6 months.</li> </ol>                                     |

| RENTAL MANUAL WHEELCHAIRS |          |          |   |   |
|---------------------------|----------|----------|---|---|
| Codes                     | Modifier | EPA Code | Description   | Criteria  |
| E1060                     | RR       | 715      | Fully reclining manual wheelchair with detachable arms, desk or full-length and swing-away or elevating leg rests | Up to 2 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client: <ol style="list-style-type: none"> <li>1) Requires a wheelchair to participate in normal daily activities and is unable to use other aids to mobility, such as crutches or walker (reason must be documented in the client's file).</li> <li>2) Has a medical conditions that does not allow them to sit upright in a standard or lightweight wheelchair (must be documented).</li> <li>3) Does <b>not</b> have a rental hospital bed.</li> <li>4) Has a length of need, as determined by the prescribing physician that is less than 6 months.</li> </ol> |

### Note for Rental Manual Wheelchairs

- 1) The EPA rental is allowed only one time, per client, per 12-month period.
- 2) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate. Rentals in the hospital are included in the Diagnoses Related Group (DRG) payment.
- 3) The agency does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order or while the client-owned equipment is being repaired and/or modified. The vendor of service is expected to supply the client with an equivalent loaner.
- 4) You may bill for only one procedure code, per client, per month.
- 5) All accessories are included in the reimbursement of the wheelchair rental code. They may not be billed separately.

## Medical Equipment and Supplies

| RENTAL/PURCHASE HOSPITAL BEDS |          |          |  |  |
|-------------------------------|----------|----------|--|--|
| Codes                         | Modifier | EPA Code | Description  | Criteria   |
| E0292<br>E0310<br>E0305       | RR       | 720      | Manual hospital bed with mattress with or without bed rails        | <p>The client:</p> <ol style="list-style-type: none"> <li>1) Has a length of need/life expectancy that is 12 months or less.</li> <li>2) Has a medical conditional that requires positioning of the body that cannot be accomplished in a standard bed (reason must be documented in the client's file).</li> <li>3) Has tried pillows, bolsters, and/or rolled up blankets/towels in client's own bed, and determined to not be effective in meeting client's positioning needs (nature of ineffectiveness must be documented in the client's file).</li> <li>4) Has a medical condition that necessitates upper body positioning at no less than a 30-degree angle the majority of time the client is in the bed.</li> <li>5) Has full-time caregivers.</li> <li>6) Does <b>not</b> also have a rental wheelchair.</li> </ol>  |
| E0294<br>E0310<br>E0305       | RR       | 725      | Semi-electric hospital bed with mattress with or without bed rails | <p>Up to 11 months continuous rental in a 12-month period if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Has a length of need/life expectancy that is 12 months or less.</li> <li>2) Has tried pillows, bolsters, and/or rolled up blankets/towels in own bed, and determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file).</li> <li>3) Has a chronic or terminal condition such as COPD, CHF, lung cancer or cancer that has metastasized to the lungs, or other pulmonary conditions that cause the need for immediate upper body elevation.</li> <li>4) Must be able to independently and safely operate the bed controls.</li> <li>5) Does <b>not</b> have a rental wheelchair.</li> <li>6) Has a completed <i>Hospital Bed Evaluation</i> form, HCA 13-747. See <a href="#">Where can I download agency forms?</a></li> </ol> |



**Note for rental of manual or semi-electric hospital bed:**

- 1) The EPA rental is allowed only one time, per client, per 12-month period.
- 2) Authorization must be requested for the 12<sup>th</sup> month of rental, at which time the equipment will be considered purchased. The authorization number will be pended for the serial number of the equipment. In such cases, the equipment the client has been using must have been new on or after the start of the rental contract or is documented to be in good working condition. A 1-year warranty will take effect as of the date the equipment is considered purchased if equipment is not new. Otherwise, normal manufacturer warranty will be applied.
- 3) If length of need is greater than 12 months, as stated by the prescribing physician, a PA for purchase must be requested.
- 4) If the client is hospitalized or is a resident of a nursing facility and is being discharged to a home setting, rental may not start until the date of discharge. Documentation of the date of discharge must be included in the client's file. Rentals for clients in a skilled nursing facility are included in the nursing facility daily rate. Rentals in the hospital are included in the DRG payment.
- 5) The agency does not rent equipment during the time that a request for similar purchased equipment is being assessed, when authorized equipment is on order or while the client-owned equipment is being repaired and/or modified. The vendor o service is expected to supply the client with an equivalent loaner.
- 6) Hospital beds *will not* be provided:
  - a) As furniture.
  - b) To replace a client-owned waterbed.
  - c) For a client who does not own a standard bed with mattress, box spring, and frame.
  - d) If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.
- 7) Only one type of bed rail is allowed with each rental.
- 8) Mattress may *not* be billed separately.

## Medical Equipment and Supplies

| Codes | Modifier | EPA Code | Description  | Criteria   |
|-------|----------|----------|--|--|
| E0294 | NU       | 726      | Semi-electric hospital bed with mattress with or without bed rails | <p>Initial purchase if <b>all</b> of the following criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Has a length of need/life expectancy that is 12 months or more.</li> <li>2) Has tried positioning devices such as pillows, bolsters, foam wedges and/or rolled up blankets/towels in own bed, and been determined ineffective in meeting positioning needs (nature of ineffectiveness must be documented in the client's file).</li> <li>3) Has of one of the following diagnoses:               <ol style="list-style-type: none"> <li>a. Quadriplegia</li> <li>b. Tetraplegia</li> <li>c. Duchenne's M.D.</li> <li>d. ALS</li> <li>e. Ventilator dependent</li> <li>f. COPD or CHF with aspiration risk or shortness of breath that causes the need for immediate position change or more than 30 degrees.</li> </ol> </li> <li>4) Must be able to independently and safely operate the bed controls.</li> </ol> <p><b>Documentation Required:</b></p> <ol style="list-style-type: none"> <li>1) Life expectancy, in months and/or years.</li> <li>2) Client diagnosis including ICD code.</li> <li>3) Date of delivery and serial number.</li> <li>4) Written documentation indicating client has not been previously provided a hospital bed, purchase, or rental (i.e. written statement from client or caregiver).</li> <li>5) A completed <i>Hospital Bed Evaluation</i> form, HCA 13-747. See <a href="#">Where can I download agency forms?</a></li> </ol> |

### Note for purchase of manual or semi-electric hospital bed:

The EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.

- 1) It is the vendor's responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 2) Hospital beds **will not** be covered:
  - a. As furniture
  - b. To replace a client-owned waterbed
  - c. For a client who does not own a standard bed with mattress, box spring and frame
  - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.

## LOW AIR LOSS THERAPY SYSTEMS

## Medical Equipment and Supplies

| Codes          | Modifier | EPA Code | Description  | Criteria  |
|----------------|----------|----------|--|---|
| E0371<br>E0372 | RR       | 730      | Low air loss mattress overlay                      | Initial 30-day rental followed by one additional 30-day rental in a 12-month period if <b>all</b> of the following criteria are met. The client: <ol style="list-style-type: none"> <li>1) Is bed-confined 20 hours per day during rental of therapy system.</li> <li>2) Has at least one stage 3 decubitus ulcer on trunk of body.</li> <li>3) Has acceptable turning and repositioning schedule.</li> <li>4) Has timely labs (every 30 days).</li> <li>5) Has appropriate nutritional program to heal ulcers.</li> </ol>  |
| E0277<br>E0373 | RR       | 735      | Low air loss mattress without bed frame            | Initial 30-day rental followed by an additional 30 days rental in a 12-month period if <b>all</b> of the following criteria are met. The client: <ol style="list-style-type: none"> <li>1) Is bed-confined 20 hours per day during rental of therapy system.</li> <li>2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body.</li> <li>3) Has ulcers on more than one turning side.</li> <li>4) Has acceptable turning and repositioning schedule.</li> <li>5) Has timely labs (every 30 days).</li> <li>6) Has appropriate nutritional program to heal ulcers.</li> </ol>   |
|                |          | 740      | Low air loss mattress without bed frame            | Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.  |
| E0194          | RR       | 750      | Air fluidized flotation system including bed frame | Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.<br><br><b>For All Low Air Loss Therapy Systems Documentation Required:</b> <ol style="list-style-type: none"> <li>1) A <i>Low Air-Loss Therapy Systems</i> form, HCA 13-728, must be completed for each rental segment and signed and dated by nursing staff in facility or client's home. See <a href="#">Where can I download agency forms?</a></li> <li>2) A new form must be completed for each rental segment.</li> <li>3) A re-dated prior form will not be accepted.</li> <li>4) A dated picture must accompany each form.</li> </ol> |

**Note:** The EPA rental is allowed only one time, per client, per 12-month period.

### NONINVASIVE BONE GROWTH/NERVE STIMULATORS

## Medical Equipment and Supplies

| Codes          | Modifier | EPA Code | Description                       | Criteria  |
|----------------|----------|----------|-----------------------------------|---|
| E0747<br>E0760 | NU       | 765      | Non-spinal bone growth stimulator | <p>Allowed <b>only</b> for purchase of brands that have pulsed electromagnetic field simulation (PEMF) when one or more of the following criteria is met.</p> <p>The client:</p> <ol style="list-style-type: none"> <li>1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal and metatarsal) after 6 months has elapsed since the date of injury without healing.</li> <li>2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery.</li> </ol> |
| E0748          | NU       | 770      | Spinal bone growth stimulator     | <p>Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met.</p> <p>The client:</p> <ol style="list-style-type: none"> <li>1) Has a failed spinal fusion where a minimum of 9 months has elapsed since the last surgery.</li> <li>2) Is post-op from a multilevel spinal fusion surgery.</li> <li>3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.</li> </ol>  |

**Note:** The EPA rental is allowed only one time, per client, per 12-month period.

## Medical Equipment and Supplies

| <b>MISCELLANEOUS MEDICAL EQUIPMENT</b> |                 |                 |  |  |
|--|-----------------|-----------------|--|--|
| <b>Codes</b>                           | <b>Modifier</b> | <b>EPA Code</b> | <b>Description</b>                     | <b>Criteria</b>  |
| E0604                                  | RR              | 800             | Breast pump, electric                  | <p>Unit may be rented for the following lengths of time and when the criteria are met. The client:</p> <ol style="list-style-type: none"> <li>1) Has a maximum of 2 weeks during any 12-month period for engorged breasts.</li> <li>2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection.</li> <li>3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate.</li> <li>4) Has a maximum of 2 months during any 12-month period if the client meets <i>all</i> of the following:               <ol style="list-style-type: none"> <li>a. Has a hospitalized premature newborn.</li> <li>b. Has been discharged from the hospital.</li> <li>c. Is taking breast milk to hospital to feed newborn.</li> </ol> </li> </ol> |
| E0935                                  | RR              | 810             | Continuous passive motion system (CPM) | <p>Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:</p> <ol style="list-style-type: none"> <li>1) Frozen joints</li> <li>2) Intra-articular tibia plateau fracture</li> <li>3) Anterior cruciate ligament injury</li> <li>4) Total knee replacement</li> </ol>  |
| E0650                                  | RR              | 820             | Extremity pump                         | <p>Up to 2 months rental during a 12-month period for treatment of severe edema. Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be all of the following:</p> <ol style="list-style-type: none"> <li>1) Medically effective</li> <li>2) Medically necessary</li> <li>3) A long-term, permanent need</li> </ol>  |

## Medical Equipment and Supplies

| Codes          | Modifier | EPA Code | Description   | Criteria  |
|----------------|----------|----------|---|---|
| A4253<br>A4259 |          | 1263     | Blood glucose test strips/lancets                                     | For pregnant people with gestational diabetes, the agency pays for the quantity necessary to support testing as directed by the client's physician, up to 60 days postpartum.   |
|                |          | 1265     | Blood glucose test strips/lancets for children through age 20         | 100 over limit – for children only  |
| A4927          |          | 1262     | Additional gloves for clients who live in an assisted living facility | Will be allowed up to the quantity necessary as directed by the client's physician, not to exceed a total of 400 per month. Allowed for Place of Service 13 (assisted living and adult family home) and 14 (group home).  |
| A4335          |          | 851      | Incontinence supply, use for diaper doublers, each (age 3 and older)  | Purchase of 90 per month allowed when the product is both:<br><br>1) Used for extra absorbency at nighttime only.<br>2) Prescribed by a physician.  |
|                |          | 852      | Incontinence supply, use for diaper doublers, each (age 3 and older)  | Up to equal amount of diapers/briefs received if <i>one</i> of the following criteria for clients is met:<br><br>1) Tube fed<br>2) On diuretics or other medication that causes frequent/large amounts of output<br>3) Brittle diabetic with blood sugar problems |

# Billing

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All claims must be submitted electronically to the agency, 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 agency's [Paper Claim Billing Resource](#).

## What are the general billing requirements?

Providers must follow the agency's [ProviderOne Billing and Resource Guide](#). These billing requirements include:

- 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

## What billing requirements are specific to medical equipment?

A provider must not bill the agency for the rental or purchase of equipment supplied to the provider at no cost by suppliers/manufacturers.

The agency does not pay a medical equipment provider for medical supplies used in conjunction with a physician office visit. The agency pays for these supplies when it is appropriate. See the agency's current [Physician-Related Services/Health Care Professional Services Billing Guide](#).

## How does a provider bill for a managed care client?

(WAC [182-543-8100](#))

If a fee-for-service (FFS) client enrolls in an agency-contracted managed care organization (MCO), all of the following apply:

- The agency stops paying for any rented equipment on the last day of the month preceding the month in which the client becomes enrolled in the MCO.
- The MCO determines the client's continuing need for the equipment and is responsible for paying the provider.
- A client may become an MCO enrollee before the agency completes the purchase of the prescribed medical equipment. The agency considers the purchase complete when the product is delivered and the agency is notified of the serial number. If the client becomes an MCO enrollee before the agency completes the purchase, the following occur:
  - ✓ The agency rescinds the agency's authorization with the vendor until the MCO's physician evaluates the client.
  - ✓ The agency requires the physician to write a new prescription if the physician determines the equipment is still medically necessary as defined in WAC [182-500-0070](#).
  - ✓ The MCO's applicable reimbursement policies apply to the purchase or rental of the equipment.
- A client may be disenrolled from an MCO and placed into fee-for-service before the MCO completes the purchase of prescribed medical equipment.
  - ✓ The agency rescinds the MCO's authorization with the vendor until the client's physician evaluates the client.
  - ✓ The agency requires the physician to write a new prescription if the physician determines the equipment is still medically necessary as defined in WAC [182-500-0070](#).
  - ✓ The agency's applicable reimbursement policies apply to the purchase or rental of the equipment.



## How does a provider bill for clients eligible for Medicare and Medicaid?

(WAC [182-543-8200](#))

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

- The agency requires a provider to accept Medicare assignment before any Medicaid reimbursement.
- In accordance with WAC [182-502-0110](#)(3):
  - ✓ If the service provided is covered by Medicare and Medicaid, the agency pays the deductible and coinsurance up to Medicare's allowed amount or the agency's allowed amount, whichever is less.
  - ✓ If the service provided is covered by Medicare but is not covered by the agency, the agency pays only the deductible and/or coinsurance up to Medicare's allowed amount.

## What is included in the rate?

(WAC [182-543-9000](#)(8))

The agency's payment rate for purchased or rented covered medical equipment, related supplies, and related services include:

- 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 medical equipment, 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 fee schedules for medical equipment and supplies?

See the [agency's fee schedule](#).

## Where can the agency's required forms be found?

The following forms can be downloaded from the agency's [forms webpage](#):

- *Negative Pressure Wound Therapy* form, HCA 13-726
- *Medical Necessity for Wheelchair Purchase (for home client only)* form, HCA 13-727
- *Low Air-Loss Therapy Systems* form, HCA 13-728
- *Medical Necessity for Wheelchair Purchase for Nursing Facilities (NF) Clients* form, HCA 19-0006
- *Hospital Bed Evaluation* form, HCA 13-747
- *Bathroom Equipment* form, HCA 13-872
- *Compression Garments* form, HCA 13-871
- *Speech Language Pathologist (SLP) Evaluation for Speech Generating Devices* form, HCA 15-310

## How do I bill claims electronically?

Instructions on how to bill Direct Data Entry (DDE) claims can be found on the agency’s Billers and Providers webpage, under [ProviderOne Resources](#), [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 \(EDI\)](#) we page.

The following claim instructions relate to medical equipment providers:

| Name             | Entry   |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
|------------------|---|-------------|-----------------------|----|--------------------|----|--------------------------|----|------------|----|------------------|----|--------------------------|----|-------|
| Place of Service | <p>These are the only appropriate code(s) for this billing guide:</p> <table data-bbox="617 798 1006 1092"> <thead> <tr> <th data-bbox="617 798 763 840"><u>Code</u></th> <th data-bbox="763 798 1006 840"><u>To Be Used For</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="617 871 763 913">12</td> <td data-bbox="763 871 1006 913">Client's residence</td> </tr> <tr> <td data-bbox="617 913 763 955">13</td> <td data-bbox="763 913 1006 955">Assisted living facility</td> </tr> <tr> <td data-bbox="617 955 763 997">14</td> <td data-bbox="763 955 1006 997">Group home</td> </tr> <tr> <td data-bbox="617 997 763 1039">32</td> <td data-bbox="763 997 1006 1039">Nursing facility</td> </tr> <tr> <td data-bbox="617 1039 763 1081">31</td> <td data-bbox="763 1039 1006 1081">Skilled nursing facility</td> </tr> <tr> <td data-bbox="617 1081 763 1092">99</td> <td data-bbox="763 1081 1006 1092">Other</td> </tr> </tbody> </table> | <u>Code</u> | <u>To Be Used For</u> | 12 | Client's residence | 13 | Assisted living facility | 14 | Group home | 32 | Nursing facility | 31 | Skilled nursing facility | 99 | Other |
| <u>Code</u>      | <u>To Be Used For</u>   |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
| 12               | Client's residence  |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
| 13               | Assisted living facility  |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
| 14               | Group home  |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
| 32               | Nursing facility  |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
| 31               | Skilled nursing facility  |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |
| 99               | Other   |             |                       |    |                    |    |                          |    |            |    |                  |    |                          |    |       |

# Warranty

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## When do I need to make warranty information available?

(WAC [182-543-9000](#)(13))

You must make all of the following warranty information available to the agency upon request:

- Date of purchase
- Applicable serial number
- Model number or other unique identifier of the equipment
- Warranty period, available to the agency upon request

## When is the dispensing provider responsible for costs?

(WAC [182-543-9000](#)(14))

The dispensing provider who furnishes the equipment, supply or device to a client is responsible for any costs incurred to have a different provider repair the equipment when all of the following apply:

- Any equipment that the agency considers purchased requires repair during the applicable warranty period.
- The provider refuses or is unable to fulfill the warranty.
- The equipment, supply or device continues to be medically necessary.

If the rental equipment, supply, or device must be replaced during the warranty period, the agency recoups 50% of the total amount previously paid toward rental and eventual purchase of the equipment, supply or device delivered to the client when both of the following occur:

- The provider is unwilling or unable to fulfill the warranty.
- The equipment, supply or device continues to be medically necessary.

| <b>MINIMUM WARRANTY PERIODS</b>   |                    |
|---|--------------------|
| <b>Wheelchair Frames (Purchased New) and Wheelchair Parts</b>                               | <b>Warranty</b>    |
| Powerdrive <b>(depending on model)</b>  | 1 year - lifetime  |
| Ultralight  | Lifetime           |
| Active Duty Lightweight <b>(depending on model)</b>   | 5 years - lifetime |
| All Others  | 1 year             |
| <b>Electrical Components</b>  | <b>Warranty</b>    |
| All electrical components whether new or replacement parts including batteries              | 6 months - 1 year  |
| <b>Medical Equipment</b>  | <b>Warranty</b>    |
| All other medical equipment not specified above (excludes disposable/non-reusable supplies) | 1 year             |