

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Home Health Agencies
Managed Care Plans

**Memorandum No: 04-17 MAA
Issued: April 20, 2004**

**For Information, Contact
Toll Free: 1-800-562-6188**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

**Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing
Instruction and Fee Schedule Updates**

Retroactive to dates of service on and after April 1, 2004, the Medical Assistance Administration (MAA) has implemented the following changes to MAA's Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions:

- New and deleted HCPCS* codes and updated maximum allowable fees;
- Updated maximum allowable fees for wheelchairs and accessories;
- Policy changes; and
- New forms.

New and Deleted HCPCS Codes

The Centers for Medicare and Medicaid (CMS) added and deleted HCPCS codes effective January 2004. MAA has updated its "Other" DME fee schedule and Wheelchair fee schedule to reflect these changes made by CMS.



Note: New HCPCS codes are designated with a "new" icon next to the code. Those HCPCS codes with a "#" symbol in the maximum allowable column are not covered by MAA (also indicated on page D.1 of the billing instructions).

Updated Maximum Allowable Fees for Wheelchairs and Accessories

MAA has updated its Wheelchair fee schedule with new maximum allowable fees.

Attached is replacement page D.1/D.2, the "Other" DME fee schedule (Section J), and the Wheelchair fee schedule (Section I) for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated October 2003, reflecting these changes.

* HCPCS stands for Healthcare Common Procedure Coding System

Policy Changes

MAA has made changes to prior authorization requirements for wheelchairs, DME, and supplies. These changes include updates to the Washington State Expedited Prior Authorization Criteria Coding List and the removal of EPA on selected items. Attached are replacement pages G.1/G.2 and G.9-G.14 for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated October 2003, reflecting these changes.

New Forms

The following new forms are available on the Department of Social and Health Service's (DSHS) "Electronic DSHS Forms" website:

Form Number	Name of Form
13-727	Wheelchair Purchase Evaluation (for home clients only)
13-728	Low Air-Loss Therapy Systems
13-729	Physical/Occupational Therapy Wheelchair Evaluation (for nursing facility clients)

If viewing this numbered memorandum electronically, you may click on the form number to bring up an Adobe format file. Otherwise, visit the Electronic DSHS Forms website at <http://www1.dshs.wa.gov/msa/forms/eforms.html> and scroll down the page until you find the form you need.



Note: Other versions of this form will not be accepted after July 1, 2004.

Attached are replacement pages i/ii, E.1-E.8, and G.15/G.16 for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated October 2003, reflecting these changes.

To obtain MAA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://hrsa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill your usual and customary charges.

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management Unit (DMEPMU)
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
1-800-292-8064
Fax # (360) 586-5299

Table of Contents

Important Contacts	iv
Section A: Definitions	A.1
Section B: About the Program	
What is the purpose of the Wheelchairs, Durable Medical Equipment (DME), and Supplies Program?	B.1
Section C: Client Eligibility	
Who is eligible?	C.1
Are clients enrolled in managed care eligible?	C.2
Are clients enrolled in Primary Care Case Management (PCCM) eligible?	C.2
Section D: Coverage	
What is covered?.....	D.1
What are the general conditions of coverage?	D.1
What are other specific conditions of coverage?	D.2
Clients Residing in a Nursing Facility	D.2
Augmentative Communication Devices (ACD)	D.3
Bathroom/Shower Equipment.....	D.4
Hospital Beds	D.4
What if a service is covered but considered experimental or has restrictions or limitations?.....	D.5
How can I request that equipment/supplies be added to the “covered” list in this billing instruction?	D.5
What is not covered?.....	D.6
Section E: Wheelchairs	
Wheelchair Coverage.....	E.1
Manual Wheelchairs	E.1
Powerdrive Wheelchairs	E.3
Coverage of Multiple Wheelchairs	E.4
Physical/Occupational Therapy Wheelchair Evaluation	
Form For Nursing Facility Clients.....	E.5
Wheelchair Purchase Evaluation Form (for home clients only).....	E.6
Section F: Provider Requirements	
Who is eligible for reimbursement by MAA for providing Wheelchairs, DME, and Related Supplies and Services?.....	F.1

Table of Contents (Cont.)

Section G: Authorization

What is prior authorization?.....G.1
Which items and services require prior authorization?.....G.1
General Policies for Prior AuthorizationG.2
What is a Limitation Extension?.....G.3
What is expedited prior authorization?.....G.4
EPA Criteria Coding List.....G.6
Low Air Loss Therapy Systems FormG.15

Section H: Reimbursement

General Reimbursement for DME and Related Supplies and ServicesH.1
What criteria does MAA use to determine whether to
 purchase or rent DME for clients?H.2
Purchased DME and Related SuppliesH.2
Rented DME and Related Supplies.....H.4
When does MAA not reimburse under fee-for-service?.....H.5
DME and Supplies Provided in a Physician’s OfficeH.5
WarrantyH.6

Section I: Wheelchair Fee Schedule I.1

Section J: Other Durable Medical Equipment Fee Schedule J.1

Section K: Billing

What is the time limit for billing?.....K.1
What fee should I bill MAA for eligible clients?K.2
How do I bill for services provided to PCCM clients?.....K.2
How do I bill for clients who are eligible for both Medicare and Medicaid?.....K.3
Third-Party LiabilityK.5
What records must be kept?.....K.6

Section L: How to Complete the HCFA-1500 Claim Form

General Guidelines.....L.1
Sample HCFA-1500 Claim Form with Prior Authorization RequestedL.6
Sample HCFA-1500 Claim Form for Wheelchair Purchase.....L.7
Sample HCFA-1500 Claim Form with Expedited
 Prior Authorization Requested.....L.8

Coverage

What is covered? [Refer to WAC 388-543-1100]

The Medical Assistance Administration (MAA) covers the following subject to the provisions of this billing instruction:

- Wheelchairs and other DME;
- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Orthotic Devices;
- Equipment and supplies for the management of diabetes;
- Replacement batteries (for covered, purchased, medically necessary DME equipment); and
- Bilirubin lights (limited to rentals for at-home newborns with jaundice).



Note: Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by MAA.

What are the general conditions of coverage?

MAA covers the services listed above when all of the following apply. They must be:

- Medically necessary (see *Definitions* section). The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - A physiological description of the client’s disease, injury, impairment, or other ailment, and any changes in the client’s condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - Video and/or photograph(s) of the client demonstrating the impairments and the client’s ability to use the requested equipment, when applicable.

Wheelchairs, Durable Medical Equipment, and Supplies

- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Prior Authorization* section);
- Prescribed by a physician or other licensed practitioner of the healing arts and are within the scope of his or her practice as defined by state law. The prescription must state the specific item or service requested, diagnosis, prognosis, estimated length of need (weeks or months, not to exceed six months before being reevaluated), and quantity; and
- Billed to the department as the payer of last resort only. MAA does not pay first and then collect from Medicare.

See the *Wheelchair Fee Schedule* and *Other DME Fee Schedule* sections (I and J) for a complete list of covered medical equipment and related supplies, repairs, and labor charges.



Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value on a case-by-case basis.

What are other specific conditions of coverage?

Clients Residing in a Nursing Facility

- MAA covers the following for a client in a nursing facility:
 - The purchase and repair of:
 - A speech generating device (SGD);
 - A wheelchair for the exclusive full-time use of a permanently disabled nursing facility resident when the wheelchair is not included in the nursing facility's per diem rate; or
 - A specialty bed; and
 - The rental of a specialty bed.
 - All other DME and supplies identified in this billing instruction are the responsibility of the nursing facility, in accordance with chapters 388-96 and 388-97 WAC.

Wheelchairs

Wheelchair Coverage [Refer to WAC 388-543-2000]

- The Medical Assistance Administration (MAA) bases its decisions regarding requests for wheelchairs on medical necessity and on a case-by-case basis. The following apply when MAA determines that a wheelchair is medically necessary for six months or less:
 - ✓ If the client lives at home, MAA rents a wheelchair for the client; or
 - ✓ If the client lives in a nursing facility, the nursing facility must provide a house wheelchair as part of the per diem rate paid by the Aging and Adult Services Administration (AASA).
- For the purchase of a wheelchair or for wheelchair accessories or modifications for nursing facility clients, MAA requires the provider to complete the Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility Clients (an electronic version can be obtained at <http://www1.dshs.wa.gov/msa/forms/eforms.html>).

• Manual Wheelchairs

MAA considers rental or purchase of a manual wheelchair for a home client who is nonambulatory or has limited mobility and requires a wheelchair to participate in normal daily activities. MAA determines the type of manual wheelchair based on the following:

- ✓ 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 is such that the client:
 - Cannot self-propel a standard weight wheelchair; or
 - Requires custom modifications that cannot be provided on a standard weight wheelchair.

Wheelchairs, Durable Medical Equipment, and Supplies

- ✓ A **high-strength lightweight wheelchair** for a client:
 - Whose medical condition is such that the client cannot self-propel a lightweight or standard weight wheelchair; or
 - 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:
 - Support a person weighing up to 300 pounds; or
 - 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:
 - Support a person weighing over 300 pounds; or
 - Accommodate a seat width over 22 inches wide.

- ✓ A **rigid wheelchair** for a client:
 - With a medical condition that involves severe upper extremity weakness;
 - Who has a high level of activity; and
 - Who is unable to self-propel any of the above categories of wheelchair.

- ✓ A **custom manufactured wheelchair** for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the above categories of wheelchairs.

- **Power-drive Wheelchairs**

- ✓ MAA considers a power-drive wheelchair when the client's medical needs cannot be met by a less costly means of mobility. The prescribing physician must certify that the client can safely and effectively operate a power-drive wheelchair and that the client meets all of the following conditions:
 - 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 provide the client the only means of independent mobility; and
 - If a child, a power-drive wheelchair will enable a child to achieve age-appropriate independence and developmental milestones.
- ✓ All other circumstances will be considered based on medical necessity and on a case-by-case basis. The following additional information is required for a three- or four-wheeled power-drive scooter-cart:
 - The prescribing physician certifies that the client's condition is stable; and
 - The client is unlikely to require a standard power-drive wheelchair within the next two years.
- For the purchase of a wheelchair or for wheelchair accessories or modifications for home clients, MAA has developed a form that may be used called the "Wheelchair Purchase Evaluation Form (for home clients only)" (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/eforms.html>).

- **Coverage of Multiple Wheelchairs**

- ✓ MAA may cover two wheelchairs, a manual wheelchair and a power-drive wheelchair, for a noninstitutionalized client in certain situations. One of the following must apply:
 - 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 radii;
 - 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; or
 - 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; the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. In these cases, MAA requires the client's situation to meet 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; and
 - Cabulance, public buses, or personal transit are neither available, practical, nor possible for financial or other reasons.

All other circumstances are considered on a case-by-case basis, based on medical necessity.
- ✓ MAA considers the power-drive wheelchair to be the client's primary chair when the client has both a power-drive wheelchair and a manual wheelchair.

Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility Clients now located on DSHS's Electronic Forms Website.

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

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**Wheelchair Purchase Evaluation Form (for home clients only) located on
DSHS's Electronic Forms Website.**

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

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Authorization

What is prior authorization?

Prior authorization (PA) is MAA's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement.

Expedited prior authorization (EPA) and limitation extensions are forms of prior authorization.

Which items and services require prior authorization?

[Refer to WAC 388-543-1600]

MAA bases its determination about which durable medical equipment (DME) and related supplies and services require PA or EPA on utilization criteria. MAA considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

MAA requires providers to obtain PA for the following:

- Augmentative communication devices (ACDs);
- Certain By Report (BR) DME and supplies as specified in this billing instruction;
- Blood glucose monitors requiring special features;
- Certain equipment rentals as specified in this billing instruction;
- Decubitus care products and supplies;
- Equipment parts and labor charges for repairs or modifications and related services;
- Orthopedic shoes and selected orthotics;
- Positioning car seats for children under five years of age;
- Wheelchairs, wheelchair accessories, wheelchair modifications, air, foam, and gel cushions, and repairs;
- Wheelchair-style shower/commode chairs;
- Other DME not specifically listed in this billing instruction and submitted as a miscellaneous procedure code; and
- Limitation extensions.

Wheelchairs, Durable Medical Equipment, and Supplies

MAA requires providers to obtain PA for the following items and services **if the provider fails to meet the expedited prior authorization criteria in this billing instruction** (see “*What is expedited prior authorization?*” in Section G). This includes, but is not limited to, the following:

- Decubitus care mattresses, including flotation or gel mattress;
- Hospital beds;
- Low air loss flotation system;
- Osteogenic stimulator, noninvasive; and
- Transcutaneous electrical nerve stimulators.

General Policies for Prior Authorization [WAC 388-543-1800]

- For PA requests, MAA 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. MAA does not accept general standards of care or industry standards for generalized equipment as justification.
- When MAA receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date MAA receives the request.
- All written authorization requests must include a valid prescription.
- MAA 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; and
 - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer’s catalog.
- MAA authorizes BR items that require PA and are listed in the fee schedule (see Sections I and J) only if medical necessity is established and the provider furnishes all of the following information to MAA:
 - ✓ A detailed description of the item or service to be provided;
 - ✓ The cost or charge for the item;
 - ✓ A copy of the manufacturer’s invoice, price-list or catalog with the product description for the item being provided; and
 - ✓ A detailed explanation of how the requested item differs from an already existing code description.

- 3) Has one of the following diagnosis:
- a. Quadriplegia;
 - b. Tetraplegia;
 - c. Duchenne's M.D.;
 - d. ALS;
 - e. Ventilator Dependant; or
 - f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees.
- 4) Must be able to independently and safely operate the bed controls.

Documentation Required:

- 1) Life expectancy, in months and/or years.
- 2) Client diagnosis including ICD-9-CM code.
- 3) Date of delivery and serial #.
- 4) Written documentation indicating client has not been previously provided a hospital bed, purchase or rental (i.e. written statement from client or caregiver).



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This 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.
- 3) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 4) 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; or
 - 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

Procedure Code: E0371 & 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 **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has at least one stage 3 decubitus ulcer on trunk of body;
- 3) Has acceptable turning and repositioning schedule;
- 4) Has timely labs (every 30 days); and
- 5) Has appropriate nutritional program to heal ulcers.

Procedure Code: E0186 & 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 **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body;
- 3) Has ulcers on more than one turning side;
- 4) Has acceptable turning and repositioning schedule;
- 5) Has timely labs (every 30 days); and
- 6) Has appropriate nutritional program to heal ulcers.

740 Low Air Loss Mattress without bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

Procedure Code: 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.

For All Low Air Loss Therapy Systems

Documentation Required:

- 1) A "Low Air Loss Therapy Systems" form must be completed for each rental segment and signed and dated by nursing staff in facility or client's home (an electronic version can be obtained at <http://www1.dshs.wa.gov/msa/forms/eforms.html>).
- 2) A new form must be completed for each rental segment.
- 3) A re-dated prior form will not be accepted.
- 4) A dated picture must accompany each form. (See sample form on pp. G.13 and G.14.)



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

NONINVASIVE BONE GROWTH/NERVE STIMULATORS

Procedure Code: E0730 RR

760 Transcutaneous Electrical Nerve Stimulator (TENS)

Up to 2 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Demonstrates a condition that is causing chronic intractable pain, defined as pain that is of long duration that has been difficult to manage;
- 2) Has a pain level documented at 6 or greater on a scale of one to 10;
- 3) Has a date of onset at least 6 months ago;
- 4) Has had no surgery within the previous 3 months;
- 5) Is receiving continual pain and/or anti-inflammatory medication;
- 6) Has had at least 5 physical therapy visits during the past 6 months with no perceptible improvement in pain relief or activity level; and
- 7) Has an objective of decreasing/discontinuing medications and increasing level of activity.

Procedure Code: E0730 NU

761 Transcutaneous Electrical Nerve Stimulator (TENS)

Purchase unit after 2 months of EPA or prior authorized rental if **all** of the following criteria are met. The client:

- 1) Is using the unit 6 or more hours per day or 2 or more hours per day for the Alpha Stim brand;
- 2) Has a pain level documented at 5 or less on a scale of one to 10;
- 3) Has been a reduction in prescription medication use for chronic intractable pain condition; and
- 4) Has an increased activity level.

Procedure Code: E0747 NU & E0760 NU

765 Non-Spinal Bone Growth Stimulator

Allowed for purchase when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 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.

Procedure Code: E0748 NU

770 Spinal Bone Growth Stimulator

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. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

Procedure Code: E0603 & E0604 RR

800 Breast pump, electric

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 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;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets **all** of the following:
 - a. Has a hospitalized premature newborn;
 - b. Has been discharged from the hospital; and
 - c. Is taking breast milk to hospital to feed newborn.

Procedure Code: E0935 RR

810 Continuous Passive Motion System (CPM)

Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:

- 1) Frozen joints;
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E0650 RR

820 Extremity pump

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:

- 1) Medically effective;
- 2) Medically necessary; and
- 3) A long-term, permanent need.

Procedure Code: E1399

754 Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

755 Prone stander, youth size (child up to 58" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

756 Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

758 Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of 1 per client every 5 years allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

759 Shower, hand-held. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

764 Breast pump kit for electric breast pump. Purchase allowed when all of the following criteria are met:

- 1) When needed for use with an authorized electric breast pump; (either prior authorization or EPA);
- 2) Client is not in a nursing facility.
- 3) Prescribed by a physician.

Procedure Code: E1399

766 Bath seat without back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

767 Heavy duty bath chair (for clients over 250lbs.) Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E1399

771 Padded or unpadded shower/commode chair, wheeled, with casters. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

772 Adjustable bath/shower chair with back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

773 Adjustable bath/shower chair with back, padded seat. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

774 Pediatric bath chair; includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

776 Youth bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

777 Adult bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

778 Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

779 Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

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Low Air-Loss Therapy Systems Form located on DSHS's Electronic Forms Website.

<http://www1.dshs.wa.gov/msa/forms/eforms.html>

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Wheelchairs, Durable Medical Equipment, and Supplies

SECTION J