**State of Wisconsin**
**Department of Health Services**
**Tony Evers, Governor**
**Kirsten L. Johnson, Secretary**

November 14, 2025

Cyrus Anderson
Senate Chief Clerk
Room B20 Southeast, State Capitol
Madison, Wisconsin 53701

Edward Blazel
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, WI 53703

Dear Mr. Anderson and Mr. Blazel:

Enclosed is the mandated report per 2023 Wis. Act 182 regarding complex rehabilitation technology repairs for Wisconsin Medicaid members and complex rehab technology suppliers.

Sincerely,

Kirsten Johnson
Secretary-designee

# Reimbursement for Complex Rehabilitation Technology (CRT)

## Overview

The Wisconsin Department of Health Services (DHS) Division of Medicaid Services (DMS) administers the Medicaid program for the State of Wisconsin. The 2023 Wis. Act 182 ("Act 182") codified in Wis. Stat. § 49.45(9r) (f)3. requires DHS to report on the reimbursement for complex rehabilitation technology (CRT) delivered through the Wisconsin Medicaid program. CRT is a covered service for Wisconsin Medicaid members that is delivered through both fee-for-service (FFS) and managed care (HMO) delivery systems.

Specifically, DHS must report on the following CRT data to the Legislature annually:

a. The total number of units.
b. The total number of claims.
c. The total number of claims per provider.
d. The average dollar amount of all paid claims.
e. The average dollar amount of claims paid per provider.
f. The total dollar amount paid per provider.
g. A calculation of the amount paid to the provider compared to the amount paid to the provider if the reimbursement were through FFS under the Medical Assistance program under this subchapter.
h. The number of repairs done per unit during the last year.

The non-statutory provisions of Act 182 require DHS to report once on the following specific aspects related to access and availability of CRTy:

1. The number of complex rehabilitation technology suppliers certified as providers for the Medical Assistance program in the state as of December 31, 2024, compared to December 31, 2017.
2. The effect of 2017 Wis. Act 306 ("Act 306") on the access and availability of complex rehabilitation technology for recipients under the Medical Assistance program.
3. An assessment of whether payment rates for complex rehabilitation technology are adequate to ensure complex needs patients have access to complex rehabilitation.

# Background

CRT is defined in Wis. Stat. § 49.45(9r)(a) as items classified within Medicare as durable medical equipment (DME) that are individually configured for individuals to meet their specific and unique medical, physical, and functional needs and capacities for basic activities of daily living and instrumental activities of daily living identified as medically necessary. CRT includes complex rehabilitation manual and power wheelchairs, adaptive seating and positioning items, and other specialized equipment such as standing frames and gait trainers, power seat elevation or power standing components of power wheelchairs, as well as options and accessories related to any of these items.

CRT DME are represented on health care claims by procedure codes, which describe the equipment being dispensed to a patient. Health care providers use these procedure codes on claims to Medicaid programs and other payers to request payment for services rendered. DHS lists the procedure codes for covered DME on the Wisconsin Medicaid DME Index and has created a CRT Index to identify the procedure codes for covered CRT (Appendix A). Both the DME Index and CRT Index are updated routinely by DHS.

# Annual Data Report

The analysis presented below is based on Calendar Year (CY) 2023 FFS and HMO claims and encounter data. CY 2023 is used because it is the most recent complete year of data available for analysis. CY 2023 is the most complete year of data because providers have up to one year from the date of service to submit a claim to the Medicaid program for payment, therefore, CY 2024 data will not be complete until the close of 2025.

A full list of the CRT procedure codes used in the claims query are identified in Appendix A, which includes procedure codes for DME that are strictly CRT and for DME that may be used as CRT or regular DME. Prior to October 2024, DHS did not have a mechanism to determine on a claim whether those DME that are not strictly CRT were used as CRT. As of October 2024, providers must include the UD modifier on CRT repair claims to communicate when those DME are being used for CRT equipment. With this change, DHS expects that data in subsequent annual reports will be more refined due to the increased precision in identifying CRT on claims.

Repairs are identified on claims by procedure code K0739, which is defined as "Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes."

In Table 1, DHS reports the total number of units, total number of claims, total paid amount, average dollar amount of all paid claims, and the number of repairs done per unit for services rendered to Medicaid members in CY 2023. The total units are the sum of units reimbursed for all equipment on a CRT repair and units for technician repair, CRT Units and Labor Units, respectively. The number of

repairs done per unit is defined as the quotient of the total number of labor units divided by the total number of CRT units.

### Table 1. 2023 CRT Utilization Including Repairs

| | Total Units | | | | | |
|---|---|---|---|---|---|---|
| | **CRT Units** | **Labor Units** | **Total Claims** | **Total Paid** | **Average Paid per Claim** | **Repairs per Unit** |
| **CY 2023** | 11,614 | 6,837 | 3,655 | $5,105,826 | $1,397 | 0.59 |

Appendix B reports provider level data, specifically, the claim count per provider, the total dollar amount paid per provider, and the average dollar amount paid per claim per provider. Appendix B shows 46 Medicaid enrolled CRT had at least one paid claim in CY 2023. The average paid amount per provider in 2023 was $110,996.23.

Appendix B also includes the calculation of the amount paid to the provider compared to the amount paid to the provider if the reimbursement was through FFS under the Medical Assistance program under this subchapter. DHS interprets the phrase "if the reimbursement were through fee-for-service under the Medical Assistance program under this subchapter" to mean the provider paid amount as directed by Act 182, i.e., the rate increase described in the subchapter. Using the CY 2023 paid claims extract, DHS recalculated the provider total paid amount using the maximum fee paid in Wisconsin under the federal Medicare program as adopted by Wisconsin Medicaid on January 1, 2025.

In accordance with Act 182, Wisconsin Medicaid updated rates for procedure codes relating to CRT wheelchair repair and accessories to the highest Medicare rate paid in Wisconsin, as found in the most recent CMS Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies (DMEPOS) and Competitive Bidding Area (CBA) fee schedules. If a code has multiple Medicare rates for rural/non-rural and/or CBA rates, the highest rate paid in Wisconsin is chosen. Rates are updated annually with the release of the January DMEPOS and CBA fee schedules.

## Access and Availability Report

The non-statutory provisions of Act 182 require DHS to assess access and availability of CRT by comparing the numbers of CRT providers at the end of 2017 and of 2024, adequacy of rates paid, and an assessment of the effect of Act 306 on access to CRT.

Enacted in April 2018, Act 306 defined CRT for the purposes of the Wisconsin Medicaid program and established that only qualified suppliers are eligible for reimbursement from the Medicaid program for CRT. Wisconsin Administrative Code includes qualifications for a CRT rendering provider. Member access could be limited if a DME vendor does not qualify as a CRT provider under Wisconsin law.

DHS surveyed external partners to understand their perspective on the effects of Act 306 on the access and availability of CRT for Medicaid members. The results of the survey are presented in Appendix C. The survey used a Likert scale to gauge the significance of any changes. The survey does not account for business decisions, changes in the economy, supply chain factors or any other outside factors that may have contributed to a change for providers and members since 2017.

External partner groups identified in the survey:

I. Children's Long-Term Support (CLTS) Council members' caregivers (parents), Medicaid providers, county waiver agency staff, advocates, and DHS staff.
II. Children with Medical Complexity (CMC)—providers and county waiver agency staff in the southeastern region of Wisconsin who specifically treat children with medical complexity.
III. Midwest Association for Medical Equipment Services & Supplies (MAMES)—external DME vendors located inside and outside of Wisconsin that serve Wisconsin Medicaid members.

The survey appears to indicate these external partners feel the availability and accessibility of CRT equipment has become restricted for Wisconsin Medicaid members since the implementation of Act 306. Over 75% of responders noted a decreasing number of available DME companies. Additionally, providers indicate an increased administrative burden to serve Medicaid members. Interpretation of these survey results suggests that Act 306 has not served to increase access or availability of CRT equipment for members.

Table 2 shows total utilization data for 2017 through 2023 for both FFS and HMO members. DHS has seen utilization either remain constant or increase over this timeframe, which suggests that access has not been negatively impacted and that rates are sufficient for providers to serve members who need CRT. Total Units Paid includes both CRT DME units and labor units ("repairs" units) paid.

## Table 2. Yearly CRT Utilization - 2017 to 2023

| Year | Total Amount Paid | Unique Members | Claims Count | Total Units Paid |
|---|---|---|---|---|
| **2017** | $2,242,549 | 1,872 | 2,832 | 14,681 |
| **2018** | $2,306,549 | 1,770 | 2,608 | 13,615 |
| **2019** | $2,934,484 | 1,950 | 2,986 | 15,390 |
| **2020** | $2,646,130 | 1,926 | 3,042 | 16,689 |
| **2021** | $2,953,003 | 2,043 | 3,143 | 18,271 |
| **2022** | $3,513,552 | 1,962 | 2,905 | 15,387 |
| **2023** | $5,105,826 | 2,380 | 3,655 | 18,451 |

# Provider Data

Act 182 requires DHS to report the number of CRT suppliers certified as providers for Wisconsin Medicaid as of December 31, 2017, compared to December 31, 2024. Wis. Stat. § 49.45(9r) (a) defines the required criteria for a company or entity to be a qualified complex rehabilitation technology supplier.

Prior to February 1, 2022, Wisconsin Medicaid did not have a provider enrollment category for CRT providers separate from durable medical equipment (DME) providers. For this report, DHS designated providers enrolled with the program in 2017 who had a paid claim for CRT as a CRT provider for that year. The total number of providers who meet those criteria are reported as the provider count of CRT providers for CY 2017. For the CY 2024, DHS used the provider enrollment data, which had been updated in 2022 to allow DME providers to designate themselves with a CRT specialty. Medicaid enrolled DME providers with that CRT specialty were counted as a CRT provider for CY 2024. The enrolled provider counts for each year is captured below in Table 2.

## Table 3. CRT Provider Count

| Calendar Year | Provider Count | Description |
|---|---|---|
| 2017 | 77 | DME providers with a paid CRT claim |
| 2024 | 59 | DME providers with a CRT specialty |

# Appendix A

| Procedure Code | Full Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|---|---|---|---|---|---|---|---|---|---|
| E0637 | COMBINATION SIT TO STAND FRAME/TABLE SYSTEM, ANY SIZE INCLUDING PEDIATRIC, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS | RR | 90 / $5.82 | Y / $2,660.00 | 5 Years | Per Policy | 25 / 252 | 20220517 | 03, 04, 12, 13, 14, 31, 32 |
| E0638 | STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G., UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | RR | 90 / $5.82 | Y / $2,080.00 | 5 Years | Per Policy | 25 / 252 | 20220517 | 03, 04, 12, 13, 14, 31, 32 |
| E0641 | STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G., THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS | RR | 90 / $5.82 | Y / $2,912.40 | 5 Years | Per Policy | 25 / 252 | 20220517 | 03, 04, 12, 13, 14, 31, 32 |
| E0642 | STANDING FRAME/TABLE SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC | RR | 0 / $5.82 | Y / Priced on PA | 5 Years | Per Policy | 25 / 252 | 20220517 | 03, 04, 12, 13, 14, 31, 32 |
| E0986 | MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM | | No Rental | Y / $5,662.40 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 73 |
| E1002 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY | | No Rental | Y / $3,790.8 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1003 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION | | No Rental | Y / $4,348.6 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1004 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION | | No Rental | Y / $4,790.3 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1005 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION | | No Rental | Y / $5,226.2 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1007 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION | | No Rental | Y / $8168 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1008 | WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION | | No Rental | Y / $8,321.9 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1009 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH | | No Rental | Y / Priced on PA | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1010 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR | | No Rental | Y / $1,119.80 | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1011 | MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR) | | No Rental | Y / $176.64 | 2 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1012 | WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, PCENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH | | No Rental | Y / $1,119.80 | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1029 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED | | No Rental | Y / $370.6 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1030 | WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED | | No Rental | Y / $1,168.8 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E1035 | MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 LBS | RR | 0 / $17.65 | Y / $5294.3 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1161 | MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE | RR | 180 / $6.98 | Y / $2092.56 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |

| Procedure Code | Full Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|---|---|---|---|---|---|---|---|---|---|
| E1231 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | RR | 180 / $7.85 | Y / $2354.13 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1232 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | RR | 180 / $8.3 | Y / $2489.5 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1233 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | RR | 180 / $8.6 | Y / $2579.2 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1234 | WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | RR | 180 / $7.49 | Y / $2245.5 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1235 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM | RR | 180 / $7.21 | Y / $2162.3 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1236 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM | RR | 180 / $6.36 | Y / $1907.6 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1237 | WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM | RR | 180 / $6.41 | Y / $1924.2 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E1238 | WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM | RR | 180 / $6.36 | Y / $1907.6 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E2230 | MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM | No Rental | No Rental | Y / Priced on PA | 5 YEARS | Per Policy | 25 / 252 | 20220401 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2295 | MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING | | No Rental | Y / Priced on PA | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E2300 | WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE | | No Rental | Y / $3,127.20 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E2301 | WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE | | No Rental | Y / $7,196.00 | 5 YEARS | Per Policy | 25 / XXX | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E2310 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED | | No Rental | Y / $1105.8 | 5 YEARS | Per Policy | 25 / XXX | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31,32, 33, 49, 50, 71, 72 |
| E2311 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED | | No Rental | Y / $2233.5 | 5 YEARS | Per Policy | 25 / XXX | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31,32, 33, 49, 50, 71, 72 |
| E2312 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE | | No Rental | Y / Priced on PA | 2 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2313 | POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH | | No Rental | Y / $373 | 1 YEAR | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2321 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP | | No Rental | Y / $1,502.4 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2322 | POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, | | No Rental | Y / $1,396.5 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2323 | POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED | | No Rental | Y / $68.2 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|---|---|---|---|---|---|---|---|---|---|
| E2324 | POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE | | No Rental | Y / $43.7 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2325 | POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY | | No Rental | Y / $1,334.5 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2326 | POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE | | No Rental | Y / $348.4 | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2327 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE | | No Rental | Y / $2,604.8 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2328 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND | | No Rental | Y / $4922.6 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2329 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, | | No Rental | Y / $1,771.8 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2330 | POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, | | No Rental | Y / $3,409.6 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2331 | POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE | RR, RB <$150 | 0 / $3.22 | Y / $967.20 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2351 | POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE | | No Rental | Y / $701.2 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2373 | POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE | | No Rental | Y / Priced on PA | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2377 | POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE | | No Rental | Y / $466.3 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2398 | WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK | | No Rental | Y / $2,440.00 | 5 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 73 |
| E2609 | CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE | | No Rental | Y / Priced on PA | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2610 | WHEELCHAIR SEAT CUSHION, POWERED | | No Rental | Y / Priced on PA | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E2617 | CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE | | No Rental | Y / Priced on PA | 3 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| E0983 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL | RR, UD | 60/$3.03 | Y / $1,815.41 | 4 YEARS | Per Policy | 25 / 252 | 20240701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E0984 | MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL | RR, UD | 60/$3.03 | Y / $1,002.50 | 4 YEARS | Per Policy | 25 / 252 | 20240701 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| E8000 | GAIT TRAINER, PEDIATRIC SIZE, POSTERIER SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (DME) | RR | 60/$3.78 | Y/$2079 | 5 Years | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 71, 72 |
| E8001 | GAIT TRAINER, REDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (DME) | RR | 60/$3.78 | Y/$2383.20 | 5 Years | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 71, 72 |

| Procedure Code | Full Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|---|---|---|---|---|---|---|---|---|---|
| E8002 | GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS (DME) | RR | 60/$3.78 | Y/$3209.40 | 5 Years | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 31, 32, 33, 49, 50, 71, 72 |
| K0005 | ULTRA LIGHTWEIGHT WHEELCHAIR | RR, RB < $150 | 60 / $7.17 | Y / $2151.9 | 5 YEARS | Per Policy | 25 / 252 | 20220517 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |
| K0835 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $14.05 | Y / $2,810.93 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0836 | POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $14.58 | Y / $2,915.4 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0837 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $17.57 | Y / $3,514.73 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0838 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $15.63 | Y / $3125.27 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0839 | POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | RR, RB < $300 | 0 / $23.14 | Y / $4,627.8 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0840 | POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | RR, RB < $300 | 0 / $35.37 | Y / $7073.2 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0841 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $15.52 | Y / $3104.07 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0842 | POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $15.51 | Y / $3,101.2 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0843 | POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $18.5 | Y / $3699.73 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0848 | POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $26.51 | Y / $5,302.00 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0849 | POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $25.49 | Y / $5,097.27 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0850 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $30.75 | Y / $6149.93 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0851 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $29.57 | Y / $5,913.27 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0852 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | RR, RB < $300 | 0 / $35.53 | Y / $7,105.93 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0853 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | RR, RB < $300 | 0 / $36.50 | Y / $7,299.67 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0854 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | RR, RB < $300 | 0 / $48.35 | Y / $9,670.4 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0855 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | RR, RB < $300 | 0 / $45.68 | Y / $9,135.13 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|---|---|---|---|---|---|---|---|---|---|
| K0856 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $28.45 | Y / $5,690.93 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0857 | POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $29.03 | Y / $5,805.07 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0858 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS | RR, RB < $300 | 0 / $35.3 | Y / $7060.87 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0859 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $33.37 | Y / $6,733.93 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0860 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | RR, RB < $300 | 0 / $50.44 | Y / $10,087.4 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0861 | POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / $28.5 | Y / $5,700.07 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0862 | POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / $35.3 | Y / $7,060.87 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0863 | POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | RR, RB < $300 | 0 / $50.44 | Y / $10,087.4 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0864 | POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0868 | POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0869 | POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0870 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0871 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0877 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0878 | POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0879 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0880 | POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0884 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / $5744 | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0885 | POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |

| Procedure Code | Full Description | Allowable or Required Modifiers | Rental Days Before PA / Max Fee | Purchase PA Needed / Max Fee | Life Expectancy | In NH Facility Rate? | Allowable Provider Types | Effective Date | Allowable Place of Service |
|---|---|---|---|---|---|---|---|---|---|
| K0886 | POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0890 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0891 | POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220201 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| K0898 | POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED | RR, RB < $300 | 0 / Priced on PA | Y / Priced on PA | 6 YEARS | Per Policy | 25 / 252 | 20220401 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 54, 71, 72 |
| T5001 | POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS | RR | 60 / $2.81 | Y / Priced on PA | 5 Years | Per Policy | 25 / 252 | 202205171 | 01, 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 19, 31, 32, 33, 49, 50, 71, 72 |

| Provider | Claim Count | Total Paid | CY 2023 Average Paid per Claim | Total Paid w/ Medicare Rates | Difference in Totals | % Difference |
|---|---|---|---|---|---|---|
| 1 | 949 | $ 1,825,403.40 | $ 1,923.50 | $ 1,845,513.20 | $ 20,109.80 | 1.1% |
| 2 | 542 | $ 735,401.44 | $ 1,356.83 | $ 747,180.80 | $ 11,779.36 | 1.6% |
| 3 | 516 | $ 404,183.42 | $ 783.30 | $ 411,673.59 | $ 7,490.17 | 1.9% |
| 4 | 511 | $ 868,412.96 | $ 1,699.44 | $ 884,762.86 | $ 16,349.90 | 1.9% |
| 5 | 488 | $ 528,660.56 | $ 1,083.32 | $ 538,442.95 | $ 9,782.39 | 1.9% |
| 6 | 90 | $ 159,757.79 | $ 1,775.09 | $ 162,602.19 | $ 2,844.40 | 1.8% |
| 7 | 83 | $ 34,651.55 | $ 417.49 | $ 34,978.51 | $ 326.96 | 0.9% |
| 8 | 81 | $ 85,291.86 | $ 1,052.99 | $ 87,122.91 | $ 1,831.05 | 2.1% |
| 9 | 48 | $ 88,062.60 | $ 1,834.64 | $ 91,387.25 | $ 3,324.65 | 3.8% |
| 10 | 46 | $ 41,926.39 | $ 911.44 | $ 43,271.96 | $ 1,345.57 | 3.2% |
| 11 | 39 | $ 76,051.93 | $ 1,950.05 | $ 78,517.88 | $ 2,465.95 | 3.2% |
| 12 | 31 | $ 61,286.04 | $ 1,976.97 | $ 61,857.36 | $ 571.32 | 0.9% |
| 13 | 29 | $ 44,432.27 | $ 1,532.15 | $ 45,112.14 | $ 679.87 | 1.5% |
| 14 | 29 | $ 41,195.64 | $ 1,420.54 | $ 42,448.20 | $ 1,252.56 | 3.0% |
| 15 | 18 | $ 20,152.40 | $ 1,119.58 | $ 20,391.57 | $ 239.17 | 1.2% |
| 16 | 17 | $ 1,274.01 | $ 74.94 | $ 1,425.93 | $ 151.92 | 11.9% |
| 17 | 16 | $ 31,981.57 | $ 1,998.85 | $ 33,874.85 | $ 1,893.28 | 5.9% |
| 18 | 12 | $ 1,609.30 | $ 134.11 | $ 1,866.50 | $ 257.20 | 16.0% |
| 19 | 12 | $ 962.49 | $ 80.21 | $ 1,132.40 | $ 169.91 | 17.7% |
| 20 | 12 | $ 797.88 | $ 66.49 | $ 838.51 | $ 40.63 | 5.1% |
| 21 | 11 | $ 18,254.15 | $ 1,659.47 | $ 18,414.49 | $ 160.34 | 0.9% |
| 22 | 10 | $ 1,066.55 | $ 106.66 | $ 1,104.18 | $ 37.63 | 3.5% |
| 23 | 9 | $ 5,416.79 | $ 601.87 | $ 5,573.18 | $ 156.39 | 2.9% |
| 24 | 7 | $ 229.62 | $ 32.80 | $ 230.40 | $ 0.78 | 0.3% |
| 25 | 5 | $ 12,283.80 | $ 2,456.76 | $ 12,533.92 | $ 250.12 | 2.0% |
| 26 | 5 | $ 2,477.61 | $ 495.52 | $ 2,556.94 | $ 79.33 | 3.2% |
| 27 | 4 | $ 12,192.42 | $ 3,048.11 | $ 12,515.82 | $ 323.40 | 2.7% |
| 28 | 4 | $ 75.62 | $ 18.91 | $ 83.03 | $ 7.41 | 9.8% |
| 29 | 4 | $ 47.70 | $ 11.93 | $ 74.60 | $ 26.90 | 56.4% |
| 30 | 3 | $ 516.24 | $ 172.08 | $ 526.24 | $ 10.00 | 1.9% |
| 31 | 3 | $ 197.32 | $ 65.77 | $ 262.90 | $ 65.58 | 33.2% |
| 32 | 3 | $ 101.55 | $ 33.85 | $ 114.18 | $ 12.63 | 12.4% |
| 33 | 2 | $ 299.77 | $ 149.89 | $ 319.40 | $ 19.63 | 6.5% |
| 34 | 2 | $ 298.71 | $ 149.36 | $ 317.95 | $ 19.24 | 6.4% |
| 35 | 2 | $ 217.93 | $ 108.97 | $ 217.93 | $ - | 0% |
| 36 | 2 | $ 153.71 | $ 76.86 | $ 199.83 | $ 46.12 | 30.0% |
| 37 | 1 | $ 163.93 | $ 163.93 | $ 163.93 | $ - | 0% |
| 38 | 1 | $ 105.54 | $ 105.54 | $ 105.93 | $ 0.39 | 0.4% |
| 39 | 1 | $ 85.75 | $ 85.75 | $ 90.56 | $ 4.81 | 5.6% |
| 40 | 1 | $ 60.45 | $ 60.45 | $ 65.26 | $ 4.81 | 8.0% |
| 41 | 1 | $ 39.95 | $ 39.95 | $ 43.53 | $ 3.58 | 9.0% |
| 42 | 1 | $ 28.34 | $ 28.34 | $ 34.49 | $ 6.15 | 21.7% |
| 43 | 1 | $ 12.04 | $ 12.04 | $ 15.70 | $ 3.66 | 30.4% |
| 44 | 1 | $ 3.96 | $ 3.96 | $ 3.96 | $ - | 0% |
| 45 | 1 | $ 1.12 | $ 1.12 | $ 1.66 | $ 0.54 | 47.9% |
| 46 | 1 | $ 0.30 | $ 0.30 | $ 0.40 | $ 0.10 | 32.6% |
| **CY 2023 Totals** | **3,655** | **$ 5,105,826.37** | **$ 1,396.94** | **$ 5,189,971.96** | **$ 84,145.59** | **1.6%** |

**Appendix C**

# Report for Act 182 Provider Opinion Survey

## Response Counts

| | | |
|---|---|---|
| **Completion Rate:** | **100%** | |
| | Complete | 46 |

**Totals: 46**

**Appendix C**

## 1. Access and availability

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable | Responses |
|---|---|---|---|---|---|---|---|
| Since 2017 Wisconsin Act 306, the process for Medicaid members to obtain CRT has become more difficult.<br>Count<br>Row % | 0<br>0.0% | 1<br>2.2% | 3<br>6.5% | 17<br>37.0% | 21<br>45.7% | 4<br>8.7% | 46 |
| The availability of diverse CRT options for Medicaid members has decreased since 2017 Wisconsin Act 306.<br>Count<br>Row % | 1<br>2.2% | 2<br>4.3% | 11<br>23.9% | 14<br>30.4% | 17<br>37.0% | 1<br>2.2% | 46 |
| Wait times for Medicaid members to receive necessary CRT have increased since 2017 Wisconsin Act 306.<br>Count<br>Row % | 0<br>0.0% | 1<br>2.2% | 3<br>6.5% | 13<br>28.3% | 28<br>60.9% | 1<br>2.2% | 46 |

**Appendix C**

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable | Responses |
|---|---|---|---|---|---|---|---|
| The ability of Medicaid members to receive timely repairs for their CRT has been positively impacted by 2017 Wisconsin Act 306.<br>Count<br>Row % | 6<br>13.0% | 10<br>21.7% | 9<br>19.6% | 5<br>10.9% | 12<br>26.1% | 4<br>8.7% | 46 |
| Since 2017 Wisconsin Act 306, it has become harder to provide adequate CRT to Medicaid members with highly complex needs.<br>Count<br>Row % | 1<br>2.2% | 0<br>0.0% | 2<br>4.3% | 13<br>28.3% | 28<br>60.9% | 2<br>4.3% | 46 |
| The geographical access to CRT providers for Medicaid members has been reduced since 2017 Wisconsin Act 306.<br>Count<br>Row % | 0<br>0.0% | 1<br>2.2% | 13<br>28.3% | 15<br>32.6% | 15<br>32.6% | 2<br>4.3% | 46 |
| Total Responses | | | | | | | 46 |

## 2. Provider experience

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable | Responses |
|---|---|---|---|---|---|---|---|
| 2017 Wisconsin Act 306 has increased the administrative burden on my practice when serving Medicaid members.<br>Count<br>Row % | 0<br>0.0% | 1<br>2.2% | 3<br>6.5% | 14<br>30.4% | 22<br>47.8% | 6<br>13.0% | 46 |
| The reimbursement rates following 2017 Wisconsin Act 306 have adequately supported the provision of CRT to Medicaid members.<br>Count<br>Row % | 2<br>4.3% | 11<br>23.9% | 10<br>21.7% | 5<br>10.9% | 2<br>4.3% | 16<br>34.8% | 46 |
| 2017 Wisconsin Act 306 has made it less financially viable for my practice to serve Medicaid members needing CRT.<br>Count<br>Row % | 2<br>4.3% | 0<br>0.0% | 12<br>26.1% | 10<br>21.7% | 5<br>10.9% | 17<br>37.0% | 46 |

## Appendix C

| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable | Responses |
|---|---|---|---|---|---|---|---|
| I feel that 2017 Wisconsin Act 306 has negatively impacted my ability to provide the best possible CRT solutions to Medicaid members.<br>Count<br>Row % | 0<br>0.0% | 3<br>6.5% | 9<br>19.6% | 14<br>30.4% | 14<br>30.4% | 6<br>13.0% | 46 |
| The paperwork and prior authorization processes required by Medicaid for CRT, has become more difficult since 2017 Wisconsin Act 306.<br>Count<br>Row % | 1<br>2.2% | 1<br>2.2% | 4<br>8.7% | 16<br>34.8% | 21<br>45.7% | 3<br>6.5% | 46 |
| Totals<br>Total Responses | | | | | | | 46 |

**Appendix C**

## 3. Choice of provider

| | Disagree | Neutral | Agree | Responses |
|---|---|---|---|---|
| Since 2017, I know of at least one durable medical equipment (DME) company has gone out of business.<br>Count<br>Row % | 2<br>4.3% | 9<br>19.6% | 35<br>76.1% | 46 |
| Since 2017, I know of at least one new DME company has started.<br>Count<br>Row % | 30<br>65.2% | 14<br>30.4% | 2<br>4.3% | 46 |
| Totals<br>Total Responses | | | | 46 |