

Wheelchair Rental Policy*Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

This guideline outlines Network Health's policy, for all lines of business, when claims are submitted for monthly capped rentals of standard and/or lightweight wheelchairs.

Policy Detail:

In alignment with the Centers for Medicare and Medicaid Services (CMS), Network Health will require providers to submit the appropriate capped rental modifier(s) when the claim is for a standard and/or lightweight wheelchair.

Claims will be reviewed for reimbursement once per calendar month to the same specialty physician/provider. Reimbursement will not exceed the cap rental period.

I. HCPC Codes:

A. The following HCPC codes require the appropriate capped rental modifier:

1. K0001; Standard Wheelchair
2. K0002; Standard hemi (low seat) wheelchair
3. K0003; Lightweight wheelchair
4. K0004; High strength, lightweight wheelchair

II. Modifiers:

A. The following modifiers are required when billed with a standard and/or lightweight wheelchair:

1. KH; DMEPOS item, initial claim, purchase or first month rental
2. KI; DMEPOS item, second- or third-month rental
3. KJ; DMEPOS item, parenteral nutrition (PEN) pump or capped rental, months four to fifteen
4. KX; Requirements specified in the medical policy have been met (optional)
5. KR; Rental item, billing for partial month (optional)
6. RR; Rental

III. Authorization Requirements:

- A. Network Health will require authorization for standard and/or lightweight wheelchairs beginning with rental month four (4) and/or day ninety-one (91).
- B. Authorization requests must be submitted prior to rental month four (4) and/or day ninety-one (91) to be eligible for claims payment.
- C. Clinical criteria must be submitted to support continued rentals.

Definitions:

Capped Rental: A capped rental means monthly payments for the use of Durable Medical Equipment (DME) for a limited period of time, not to exceed thirteen (13) months.

Regulatory Citations:

Centers for Medicare and Medicaid Services (CMS)

Origination Date: 4/1/2022

Update Date: 11/27/2023

/Next Review Date: 11/27/2024