

Discussion Paper

**A Starting Point for
Obtaining a Separate Benefit
for Complex Rehab Technology**

March 2010

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Table of Contents

Introduction.....	1
Objectives.....	2
Products and Coding.....	3
Coverage and Documentation.....	4
Payment.....	8
Supplier Quality Standards.....	9
Next Steps.....	11
Contact Information.....	12
Exhibits-	
1- Complex Rehab Technology Definition.....	13
2- When Is A CRT Evaluation Required.....	15
3- Work Group Members.....	16
4- Complex Rehab Technology HCPCS Codes.....	17

A Starting Point for Obtaining a Separate Benefit for Complex Rehab Technology

Introduction

This Discussion Paper is being published as an initial step to allow individuals and organizations within the Complex Rehab Technology industry and profession, along with other interested parties, to engage in more detailed discussions regarding the pursuit of a Separate Benefit under the Medicare program, the related elements of implementation, and its potential impact on stakeholders.

Significant challenges threaten access to Complex Rehab Technology products and the supporting services that are used by individuals with significant disabilities and medical conditions. These individuals deal with physical, functional and cognitive challenges every day and utilize Complex Rehab Technology to maximize their function and minimize the extent and costs of their medical care. Threats to these products and services stem from coding, coverage, and payment problems. These challenges have increased over the past several years and, without meaningful change to these policies, will only become greater in the future.

Complex Rehab Technology products and associated services include medically necessary, individually configured devices that require evaluation, fitting, adjustment or programming. These products and services are designed to meet the specific and unique medical, physical, and functional needs of an individual with a primary diagnosis resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from certain types of injury or trauma. While other products may ultimately be placed in the Complex Rehab Technology benefit category, for purposes of this document, Complex Rehab Technology only refers to individually configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems and other mobility devices.

Unfortunately these technologies that are intended to meet the unique needs of a single individual are grouped within the broad Medicare benefit category of Durable Medical Equipment (DME). DME is defined as an item that is able to withstand repeated use, i.e., could normally be rented and used by successive patients. This basic premise that exists within the DME benefit category prevents adequate differentiation when it comes to establishing coding, coverage, and payment policies for the range of Complex Rehab Technology. With this fundamental problem in mind, an initiative has begun to secure a separate benefit within the Medicare program to recognize the specialized nature of Complex Rehab Technology products, the supporting processes and services required, the

credentials and competencies needed by the providing companies and critical staff, and the related costs involved.

Objectives

The Project Steering Committee (see Exhibit 3) has adopted the following statement of purpose: “The purpose of a separate benefit is to improve and protect access to Complex Rehab Technology products and services for individuals with significant disabilities and medical conditions”. The targeted changes and improvements will be developed with this statement in mind and the following five objectives have been identified:

- 1.) **Develop clearer and more consistent coverage policies that appropriately address the unique needs of individuals with complex disabilities-** Currently there are provisions of medical coverage policies that inappropriately limit the availability of certain products to people with disabilities. In addition, the current coding system does not differentiate the full breadth of available technology. Policies and coding must allow for a proper matching of an individual’s medical, physical and functional needs to appropriate Complex Rehab Technology products.
- 2.) **Establish stronger and more enforceable Supplier standards to promote appropriate clinical outcomes and consumer protection-** The complexity of Complex Rehab Technology warrants tailored quality standards and professional credentials to ensure that consumers’ needs are matched with appropriate products through a professional process and to ensure that there is an adequate system in place to provide for ongoing service and repair needs. These must be enforceable through the accrediting agencies and claims processing edits.
- 3.) **Obtain formal recognition of the product-related services and costs involved to allow for appropriate funding-** An adequate reimbursement system must recognize both the cost of the product and the cost to assess, provide and support the technology. To produce an equitable payment system, the significant product costs and product-related service costs must be recognized and considered in establishing reasonable HCPCS fee schedules.
- 4.) **Provide future payment stability to ensure continued access to medically necessary products and services and an environment that encourages product innovation and technological solutions-** The assistive technology available today that provides function and independence for individuals with disabilities is the result of research and innovation that has occurred over a number of years. For this consumer-centric product development to continue there must be a business

and regulatory environment that fosters these activities and provides access through appropriate coverage and payment.

- 5.) **Produce an improved coverage and payment system that can serve as a model for Medicaid and other payers to follow-** Many state Medicaid agencies and other third party payers follow the policies of the federal Medicare program. Once this new system is adopted by the Medicare program it can be easily adopted by other payers and thereby improve access to Complex Rehab Technology under these other funding systems.

Products and Coding

The Health Care Product Coding System (HCPCS) serves as the foundation for coverage and payment. Over the past five years, there has been a significant increase in HCPCS code descriptors using the words “any type”. The thought that items addressing the position of a particular portion of the body could be grouped together for purposes of coverage and payment is the antithesis of Complex Rehab Technology. This flaw in the coding system has had a negative impact on access. In addition, despite numerous attempts to obtain appropriate HCPCS codes to represent Complex Rehab Technologies, significant coding issues continue to plague suppliers, payers and ultimately consumers. The level of sales required to obtain a unique HCPCS code almost guarantees that wheelchair accessories and positioning items intended for individuals with severe disabilities will remain “uncoded” causing claims processing to be more costly and the length of time to process prior authorizations with non-Medicare payers to be lengthy.

The following are key changes that will be sought under the Separate Benefit relating to Products and Coding:

- 1.) Modifications to existing HCPCS code definitions to clearly distinguish standard DME items from Complex Rehab Technology.
- 2.) Obtain new HCPCS codes to represent Complex Rehab Technology devices which are currently non-coded or which are inappropriately grouped with DME items (such as positioning items, configurable manual wheelchairs grouped under K0004, etc.).
- 3.) Obtain new HCPCS codes for accessories related to coded items (such as stander accessories).
- 4.) Revised coding to mitigate Medically Unlikely Edits (MUE) limitations, for such items as removable or swing-away hardware.

The attached Exhibit 4 contains an initial list of current HCPCS codes that will be classified as Complex Rehab Technology (CRT) and an initial list of other current HCPCS codes that contain both CRT products and non-CRT products that will require modifications or

additions to segregate CRT products from DME products. Future work in this area will also include identifying needed codes for “uncoded” CRT items that are routinely provided but currently do not have an assigned code. Further analysis and planning in this area will be undertaken by an industry Coding Work Group that will be assembled.

Coverage and Documentation

Appropriate coverage policies and documentation requirements are critical components in establishing a system that ensures that beneficiaries with significant disabilities and medical conditions have proper access to Complex Rehab Technology. The following are key changes that will be sought under the Separate Benefit relating to Coverage and Documentation:

- 1.) Create a new National Coverage Determination (NCD) for Complex Rehab Technology products that would include, but not be limited to, Complex Rehab manual wheelchairs, Complex Rehab power wheelchairs (including power assist), Complex Rehab wheelchair seating, Complex Rehab wheelchair options and accessories, gait trainers and alternative positioning systems. As needed, new Local Coverage Determinations (LCDs) would be created to align with the coverage and policy changes. Wheelchair seating and wheelchair options and accessories that are not considered to be Complex Rehab Technology will remain under the current DME NCDs and the respective LCDs.
- 2.) Base the coverage criteria in the new LCDs for Complex Rehab Technology on the functional and medical needs of the beneficiary, rather than on specific diagnosis codes, specific categories of diagnoses, or other highly prescriptive criteria. Creating such a functional pathway for decision making will help to ensure access for the subset of beneficiaries who require these Complex Rehab Technology products due to their more complex medical, postural and functional needs and co-morbidities but who are currently denied access due to lack of a specific diagnosis. This will also allow clinicians to follow a best practice model in which products are chosen based on the results of an appropriate clinical evaluation and technological assessment which identifies a beneficiary’s capabilities, limitations and goals. Through this system, recommendations will be based on the beneficiary’s individual functional needs as opposed to a particular diagnosis.
 - a. The model used as an example to create the foundation for these new LCDs is the Lower Limb Prosthesis LCD. This LCD provides a hierarchy of functional levels against which the beneficiary’s abilities are measured in order to determine the appropriate device. Once the beneficiary meets the basic criteria for any lower limb prosthesis, he/she qualifies for a specific type of prosthesis based on which functional level he or she meets.

The beneficiary's functional level is identified by the treating clinician and prosthetist. The functional levels are based on a person's ability to ambulate with a prosthesis with a certain activity level and throughout certain environments.

- b. New LCDs for Complex Rehab Technology products will similarly establish a hierarchy of functional levels for Complex Rehab manual wheelchairs and a hierarchy of functional levels for Complex Rehab power wheelchairs based on the person's mobility abilities and limitations. However, because Complex Rehab mobility devices might also provide some positioning capabilities through frame features, adjustments and modifications, a hierarchy of functional levels will also be established based on positioning needs that can be provided through the mobility base. Coverage criteria for each HCPCS code would then be based on the achievement of specific functional levels, as well as additional criteria specific to that particular type of product. This new system of functional levels for Complex Rehab mobility will have clear lines of demarcation from one functional level to another and clear correlation to products that meet these needs.

- 3.) Provide a pathway for beneficiaries who meet specific criteria to receive a Complex Rehab Technology Evaluation to ensure that those who require Complex Rehab Technology products receive appropriate equipment and services. This pathway will be based on a decision tree which either directs beneficiaries to the processes outlined in the DME LCDs or, if appropriate, requires that they go through a Complex Rehab Technology Evaluation (see Exhibit 2). The decision tree would be applied to all beneficiaries who have a permanent need for wheeled mobility. Any beneficiary who meets the identified criteria will be required to go through a Complex Rehab Technology Evaluation. The resulting recommendations of the Evaluation for seating and mobility intervention could be either DME or Complex Rehab Technology depending on current needs and the clinical and technological evaluations and judgment of the Complex Rehab Technology Team (see Exhibit 1). By virtue of this Evaluation, beneficiaries who have conditions or presentations which would necessitate Complex Rehab Technology either now or in the future will be directed to these products and services.

The requirements for each branch of the "tree" will be sufficiently clear and distinctive that any licensed clinician can answer the questions and arrive at the appropriate conclusion. The questions of the decision tree are summarized as follows:

- a. Does the beneficiary have a PERMANENT (lifetime) need for wheeled mobility?
 - i. If "yes" continue to (b.)

- ii. If “no”, a Complex Rehab Technology Evaluation is not required.
- b. Does beneficiary have one of the following qualifying diagnoses?
- i. If “yes”, beneficiary must go through a Complex Rehab Technology Evaluation.
 - ii. If “no”, continue to (c.)
 - iii. Qualifying diagnoses are:
 - 1. Amyotrophic Lateral Sclerosis
 - 2. Multiple Sclerosis
 - 3. Muscular Dystrophy
 - 4. Progressive Muscular Atrophy
 - 5. Spinal Muscular Atrophy
 - 6. Spinal Cord Injury
 - 7. Traumatic Brain Injury
 - 8. Post-Polio Syndrome
 - 9. Cerebral Palsy
 - 10. Spina Bifida
 - 11. Arthrogryposis
 - 12. Osteogenesis Imperfecta
 - 13. Friedreich’s Ataxia
 - 14. Multiple Extremity Amputations
 - 15. Guillain Barre
- c. Does the beneficiary use the wheelchair for more than 4 hours per day AND have one of the following qualifying presentations that hinders his/her ability to: perform ADLs or IADLs; or propel or control the wheelchair; or maintain a stable seated posture?
- i. If “yes”, beneficiary must go through a Complex Rehab Technology Evaluation.
 - ii. If “no”, a Complex Rehab Technology Evaluation is not required.
 - iii. Qualifying presentations include:
 - 1. Neurological impairment, such as:
 - a. Ataxia
 - b. Athetosis
 - c. Hypertonicity or hypotonicity
 - d. Intention and/or non-intention tremors
 - e. Pathological reflexes
 - f. Rigidity
 - g. Paralysis of the extremities and/or trunk
 - 2. Reducible or non-reducible deformity/deformities or a postural tendency towards deformity that cannot be self-corrected, such as:

- h. Abnormal anterior or posterior pelvic tilt, pelvic obliquity, or pelvic rotation
 - i. A spinal deviation that results in increased or decreased thoracic kyphosis, or lumbar lordosis, or spinal rotation, rib hump, or scoliosis
 - j. Range of motion limitations of the hip that prevent functional adduction, abduction, internal rotation, external rotation or at least 90 degrees of hip flexion
 - k. Range of motion limitations of the knee that prevent 90° or more of knee extension
 - 3. Body dimensions:
 - l. Atypical physical measurements (to be defined)
- 4.) Place appropriate weight on the clinical evaluation, the technological assessment, and the expertise and judgment of the Complex Rehab Technology Team (see Exhibit 1). Under this proposal, it will be the clinical and technological judgment of experienced and knowledgeable team members that identifies the beneficiary's functional level, which is then used as justification for the appropriate products. This places more emphasis on the Complex Rehab Technology Team's assessments, as opposed to basing medical justification primarily on the exam and documentation of the physician. Again, this has precedence in both the lower limb prosthesis LCD, as well as the current LCD for speech generating devices. Appropriate checks and balances will be established in the policy to prevent overutilization of higher cost products.
- 5.) Shift the primary responsibility for the clinical documentation from that of the physician to that of the other clinicians on the Complex Rehab Technology Team. The physician will be required to concur with the clinical and technological findings and provide the written order. However, the face-to-face process would be modified to retain the beneficiary protection aspects while alleviating some of the specific requirements of the physician documentation.
- 6.) Documentation requirements will be clearly defined to eliminate second guessing, confusion and potential omissions or errors. This would relieve some of the administrative burden of documentation collection by the Complex Rehab Technology company.
- 7.) The DME "In-The-Home" restriction would not apply to Complex Rehab Technology. This will eliminate the issues with the current coverage criteria in which access to appropriate Complex Rehab Technology for many Medicare beneficiaries is obstructed. Many of these individuals are active participants in the community as well as in the home. They are often relatively young and may

also be able to return to school or to the workplace. Their daily lives extend well beyond the four walls of their residence and their environments of typical use are varied. These individuals might be able to function within the home with a less complex piece of equipment, however they require another level of product to function outside the home in order to perform such activities as going to medical appointments, attending religious services, voting, participating in community and family events, performing volunteer work, grocery and other shopping, attending school, getting to work, and functioning within the workplace.

Basing coverage criteria on functional levels that include mobility and activities in all environments of typical use would also bring the coverage criteria for Complex Rehab Technology more in line with other legislation passed by Congress including the Rehabilitation Act, Americans with Disabilities Act, Ticket to Work and Work Incentives Improvement Act, and New Freedom Initiative Act. These all encourage people with disabilities to return to the community and the workplace.

- 8.) Develop coverage criteria that would allow appropriately identified residents of Skilled Nursing Facilities to access Complex Rehab Technology in order to transition into the community. In these cases, Complex Rehab Technology would be covered in the Skilled Nursing Facility under Medicare Part B similar to orthotics and prosthetics.
- 9.) Establish coverage criteria for new HCPCS codes that are created to reflect the technological range and complexity of Complex Rehab Technology products (such as Complex Rehab manual wheelchairs, seating components, options and accessories, and repair/replacement components).
- 10.) Remove any redundancies from the current DME LCDs for manual and power wheelchairs, wheelchair seating, and wheelchair accessories which will continue to include standard DME seating and mobility products.

Payment

Reimbursement for Complex Rehab Technology has been eroded to a crisis level due to a number of policy changes. These include a decade of fee schedule freezes (which alone cost the Complex Rehab Technology industry almost 19 percent when compared to what reimbursement would be without freezes), coding changes that resulted in reductions in fee schedules, code descriptor changes that now state “not billable at initial issue” or “for replacement only”, and policy changes that created basic equipment packages “included in the base price”.

In order to maintain access to Complex Rehab Technology, the following are key changes that will be sought under the Separate Benefit relating to Payment:

- 1.) Payment methodology would be included in the legislative language for the separate benefit. This would mitigate the risk of obtaining a separate benefit but ending up with all the same payment problems.
- 2.) Payment would be available to cover technology related services, including but not limited to, fittings (initial and subsequent), assessments, trials, simulation, modifications, and adjustments. Analysis and research is continuing to determine whether payment should be included in the fee schedule for the item or separately billable.
- 3.) Only accredited Complex Rehab Technology companies would be able to provide Complex Rehab Technology products.
- 4.) All Complex Rehab Technology products and services would be exempt from competitive bidding.
- 5.) All Complex Rehab Technology products and services would be exempt from application of competitively bid pricing to the fee schedule.
- 6.) All Complex Rehab Technology products would be classified in the “purchase” category.

Supplier Quality Standards

Given the complexity of properly providing Complex Rehab Technology it is critical that only appropriately qualified suppliers be allowed to provide these products and services. While there are currently some requirements in place, these must be strengthened in key areas in order to better safeguard the interests of beneficiaries and improve outcomes. The following are key changes that will be sought under the Separate Benefit relating to Supplier Quality Standards:

Relating to Service and Repair Requirements-

- 1.) The Complex Rehab Technology company (CRTC) must have the capability to service and repair all equipment it supplies.
 - a. For sales to beneficiaries residing within the CRTC’s sales and service area, the CRTC must provide service and repair either through its own internal capability¹ or through a written contractual arrangement with another accredited CRTC that agrees to provide service and repair in accordance with its own standard service and repair policies. (Note- this obligation

¹ This internal capability would require the capacity to provide service and repair at either the company’s facility, or in the beneficiary’s home, or at other alternative locations.

does not apply for beneficiaries who move out of the sales and service area or for whom funding is not available.)

- b. For sales to beneficiaries residing outside the CRTC's sales and service area, or in cases where a beneficiary moves out of the selling CRTC's sales and service area, the CRTC must use its best efforts to locate an accredited CRTC in the beneficiary's home area that will provide future service and repair.
- c. At the time of the Evaluation², the CRTC must provide the beneficiary with written information about how the beneficiary will receive service and repair after delivery of the equipment.

2.) The CRTC must provide or arrange for interim rental equipment or components while beneficiary-owned manual wheelchair or power wheelchair equipment is being repaired.

- a. An appropriately fitting mobility base with needed positioning accessories or needed components must be offered as interim rental equipment to prevent the beneficiary from being bed or chair confined.
- b. The CRTC may bill for interim rental equipment or components.

Relating to Key Personnel Requirements-

1.) The CRTC must employ³ at least one qualified rehab technology professional (RTP) per location:

- a. A qualified RTP is an individual who has successfully completed the RESNA ATP exam AND has fulfilled additional requirements. These additional requirements may include: obtaining the RESNA SMS certification; or obtaining an enhanced NRRTS CRTS credential; or meeting other similar requirements that might be developed by the industry and profession in conjunction with CMS. A reasonable transition period will be provided to allow individuals to secure this new qualification.

2.) In the event that an RTP leaves the employ of the CRTC and there is no employed RTP at the CRTC location, the CRTC:

- a. Must notify its accrediting body and the National Supplier Clearinghouse (NSC) of the vacancy within 30 days from the date of separation.

² This requires the CRTC at national and regional rehab facilities, for example, to present information about service and repair in the beneficiary's local area.

³ W-2 employee.

- b. Is allowed a 180 day grace period from the date of separation to fill the vacancy during which time:
 - i. The CRTC is allowed to deliver and bill for all outstanding orders with evaluations completed by the previous RTP.
 - ii. The CRTC is allowed to contract with an interim RTP for new evaluations, fittings, etc. and is allowed to bill for the products delivered, providing proper notification has been given to their accrediting body and the NSC.
 - c. Must notify their accrediting body and the NSC with documentation once the vacated position has been filled.
 - d. If the vacancy is not filled with an employed³ RTP and the required documentation is not provided within 180 days from the date of separation, the CRTC will be excluded from providing Complex Rehab Technology products to Medicare beneficiaries until the vacancy is filled and documentation provided.
- 3.) The CRTC must employ³ at least one qualified service technician per location who is qualified to service the variety of Complex Rehab Technology products supplied to beneficiaries by the CRTC. A service technician is deemed qualified by meeting all of the following:
- a. Factory trained by manufacturers of the products supplied by the CRTC.
 - b. Experienced in the field of Complex Rehabilitation Technology product repair and service, (e.g., on the job training, familiarity with Complex Rehabilitation Technology clients, products and services).
 - c. Has completed at least 10 hours annually of continuing education specific to the repair and service of Complex Rehabilitation Technology products.
 - d. Has demonstrated competency in programming and repairing sophisticated electronics associated with power wheelchairs, alternative drive controls, and power seating systems.
 - e. Note- For smaller locations, the role of the qualified service technician may be filled by a qualified RTP as long as the individual possesses these additional qualifications.

Next Steps

Complex Rehab Technology is dramatically different in many ways from standard DME. The consumers' needs are far more complex, requiring more extensive evaluation and fittings compared to standard DME. The products and equipment involved are intended to meet the unique medical and functional needs of an individual and therefore require a more detailed matching of identified needs to the technology compared to that required for standard DME. The service/delivery model and the skill set, knowledge and

experience of the people who provide the services are very different from those providing standard DME. Finally, the Medicare beneficiary who requires this complex rehab technology is not the typical senior citizen Medicare beneficiary. More often than not, the individual requiring this technology is eligible for Medicare due to a disability, not age. A separate benefit will provide the best opportunity to address these differences in a meaningful way that will benefit not only Medicare beneficiaries with disabilities and significant medical conditions, but the Medicare program as a whole.

The Separate Benefit project is in its initial stage. Input and participation is being sought from the consumer community, the clinician community, suppliers, and manufacturers to provide details and insights into what additional fixes and changes are needed. The support of consumers with disabilities, their advocacy groups, physicians, physical therapists, occupational therapists, and other clinicians will be critical in taking the need and message to Congress and the Center for Medicare and Medicaid Services (CMS). It will only be through these combined efforts that the ultimate goal of improving and protecting access to Complex Rehab Technology products and services for individuals with significant disabilities and medical conditions will be achieved.

Contact Information

For further information or to share your questions, comments and suggestions please contact a member of the project Steering Committee:

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Exhibit 1 – Complex Rehab Technology Definition

The Products

Complex Rehab Technology products and associated services include medically necessary, individually configured devices that require evaluation, fitting, adjustment or programming. These products and services are designed to meet the specific and unique medical, physical, and functional needs of an individual with a primary diagnosis resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from certain types of injury or trauma. For purposes of this document, Complex Rehab Technology only refers to individually configured manual and power wheelchair systems, adaptive seating systems, alternative positioning systems and other mobility devices.

The Person

These products and services are designed to meet the specific and unique medical and functional needs of an individual with a primary diagnoses resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from certain types of injury or trauma. The primary diagnoses that can require Complex Rehab Technology include:

- Spinal Cord Injury; or
- Traumatic Brain Injury; or
- Cerebral Palsy; or
- Muscular Dystrophy; or
- Spina Bifida; or
- Osteogenesis Imperfecta; or
- Arthrogyposis; or
- Amyotrophic Lateral Sclerosis; or
- Multiple Sclerosis; or
- Demyelinating diseases; or
- Myelopathy; or
- Myopathy; or
- Progressive Muscular Atrophy; or
- Anterior horn cell diseases; or
- Post-Polio Syndrome; or
- Cerebellar degeneration; or
- Dystonia; or
- Huntington's Chorea; or
- Spinocerebellar disease; or
- Certain types of amputation; or
- Paralysis or paresis; or
- Other disability or disease that is determined through individual consideration to require the use of such individually configured products and services.

The Process

In establishing a person's need for Complex Rehab Technology products and services, consideration is always given to the person's immediate and anticipated medical and functional needs. These needs include, but are not be limited to, activities of daily living (ADLs), instrumental activities of daily living (IADLs), functional mobility, positioning, pressure redistribution, and communication and are addressed to enable the individual to

accomplish these tasks safely and as independently as possible in all environments the individual is expected to encounter.

The provision of Complex Rehab Technology consists of two interrelated components:

- The clinical component of providing Complex Rehab Technology includes the physical and functional evaluation, treatment plan, goal setting, preliminary device feature determination, trials/simulation, fittings, function related training, determination of outcomes and related follow-up. The clinical team is responsible for the prescription and supporting medical documentation.
- The technology-related component of providing Complex Rehab Technology includes, as appropriate, the evaluation of the home environment, transportation assessment, technology assessment, equipment demonstration/trial/simulation, product feature matching to the identified physiologic and functional needs, configuration, fitting, adjustments, and product related training and follow-up.

The Professionals

The provision of Complex Rehab Technology is done through an interdisciplinary team consisting of, at a minimum, a Physician, a Physical Therapist or Occupational Therapist, and a Rehab Technology Professional (Complex Rehab Technology Team). The team collectively provides clinical services and technology-related services. An individual's medical and functional needs are identified by the clinical team. These needs are then matched to products and configured into custom designed systems by the Rehab Technology Professional with input from the clinical team.

- The clinical Complex Rehab Technology services are provided by a licensed/certified Physical Therapist or Occupational Therapist.
- The technology-related Complex Rehab Technology services are provided by a certified, registered or otherwise credentialed Rehab Technology Professional.

The Credentials

Complex Rehab Technology products must be provided by individuals who are certified, registered or otherwise credentialed by recognized organizations in the field of Complex Rehab Technology and who are employed by a business specifically accredited by a CMS deemed accreditation organization to provide Complex Rehab Technology.

Special Note: Other assistive technology devices that require evaluation, fitting, adjustment or programming and the related provision processes may be added to this definition at a future date.

Exhibit 2 – When Is A CRT Evaluation Required

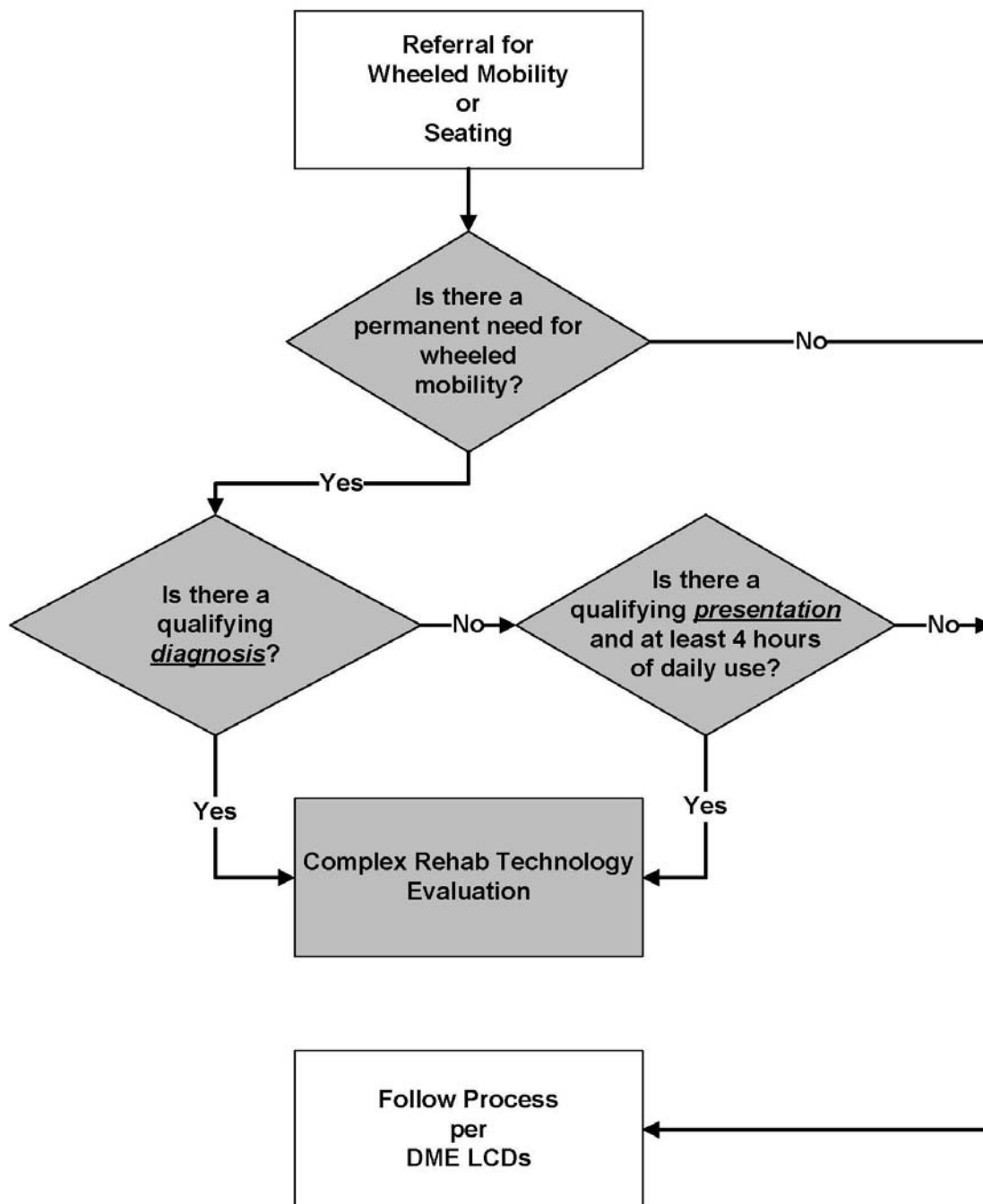


Exhibit 3 – Work Group Members

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Exhibit 4 – Complex Rehab Technology HCPCS Codes

This Exhibit is segregated into two Sections: **Section A** is an initial list of current HCPCS codes that will be classified as Complex Rehab Technology (CRT). Some codes may need to be adjusted or expanded in order to properly distinguish the technology within. In some cases components and accessories for these products may also need new codes. **Section B** is an initial list of other current HCPCS codes that contain both CRT products and non-CRT products. These codes will require modifications and creation of additional codes to segregate CRT products from DME products. Further analysis and planning in this area will be undertaken by an industry Coding Work Group that will be assembled.

Section A

This section is an initial list of current HCPCS codes that will be classified as Complex Rehab Technology (CRT). Some codes may need to be adjusted or expanded in order to properly distinguish the technology within. In some cases components and accessories for these products may also need new codes.

Manual Wheelchairs:

- E1161 MANUAL ADULT TILT IN SPACE WHEELCHAIR
- E1220 WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER)
- E1229 WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
- E1231 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
- E1232 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
- E1233 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
- E1234 WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
- E1235 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM
- E1236 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM
- E1237 WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM
- E1238 WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM
- K0005 ULTRALIGHTWEIGHT WHEELCHAIR

Power Wheelchairs:

- K0835 POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

Section A (continued)

- K0836 POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0837 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0838 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0839 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0840 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0841 POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0842 POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0843 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0848 POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0849 POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0850 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0851 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0852 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0853 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0854 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0855 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0856 POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0857 POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0858 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUND

Section A (continued)

- K0859 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0860 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0861 POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0862 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0863 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0864 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0868 POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0869 POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0870 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0871 POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0877 POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0878 POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0879 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0880 POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
- K0884 POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0885 POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0886 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0890 POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

Section A (continued)

K0891 POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION,
SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125
POUNDS

K0898 POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

Wheelchair Accessories:

E0956 WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE,
INCLUDING FIXED MOUNTING HARDWARE, EACH

E0957 WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED
MOUNTING HARDWARE, EACH

E0986 MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH

E1002 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY

E1003 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT
SHEAR REDUCTION

E1004 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH
MECHANICAL SHEAR REDUCTION

E1005 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER
SHEAR REDUCTION

E1006 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND
RECLINE, WITHOUT SHEAR REDUCTION

E1007 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND
RECLINE, WITH MECHANICAL SHEAR REDUCTION

E1008 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND
RECLINE, WITH POWER SHEAR REDUCTION

E1014 RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR

E1015 SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH

E1016 SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH

E1029 WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED

E1030 WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED

E1228 SPECIAL BACK HEIGHT FOR WHEELCHAIR

E2209 ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH

E2231 MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING
SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE

E2300 POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM

E2301 POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM

Section A (continued)

- E2310 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL FIXED MOUNTING HARDWARE ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
- E2311 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
- E2312 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
- E2313 POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH
- E2321 POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE
- E2322 POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE
- E2323 POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED
- E2324 POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE
- E2325 POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE
- E2326 POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE
- E2327 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE
- E2328 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
- E2329 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE

Section A (continued)

- E2330 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
- E2331 POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
- E2351 POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE
- E2373 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
- E2374 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY
- E2376 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
- E2377 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE

Seating:

- E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION
- E2610 WHEELCHAIR SEAT CUSHION, POWERED
- E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION
- E2620 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2621 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE

Other CRT:

- E0637 COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS
- E0638 STANDING FRAME SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS
- E0641 STANDING FRAME SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS

- E0642 STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC
- E8000 GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
- E8001 GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS
- E8002 GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND COMPONENTS

Section B

This section is an initial list of other current HCPCS codes that contain both CRT products and non-CRT products. These codes will require modifications and creation of additional codes to segregate CRT products from DME products.

Manual Wheelchairs:

- K0004 HIGH STRENGTH LIGHTWEIGHT MANUAL WHEELCHAIRS
- K0009 OTHER MANUAL WHEELCHAIR/BASE

Wheelchair Accessories:

- E0950 WHEELCHAIR ACCESSORY, TRAY, EACH
- E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH
- E0952 TOE LOOP/HOLDER, ANY TYPE, EACH
- E0955 WHEELCHAIR ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE
- E0960 WHEELCHAIR ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE
- E0967 MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH
- E0978 WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH
- E0990 WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
- E1010 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR
- E1028 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
- E2205 MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED) ANY TYPE, REPLACEMENT ONLY, EACH
- E2208 WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH
- K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH

Section B (continued)

K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

Seating:

- E2605 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2606 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- K0736 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- K0737 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH