



# Funding Durable Medical Equipment

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# A Little About Me

I am the Assistive Technology Director of OCCK in Salina. I have 27 years of experience in assistive technology. My areas of concentration are funding assistive technology, home automation (AKA Smart House), mobility devices, and home modifications.

I attended the University of Kentucky and double majored in Special Education and Early Childhood Education. I taught special education students for three years before entering the field of assistive technology as an Outreach Coordinator for Appalachian counties in Kentucky. At the same time, I went to graduate school and received a Master's in Assistive Technology from the University of Kentucky. I have been lucky to work in various locations around the United States and the United Kingdom.

# Session Description

Most people think funding Durable Medical Equipment is difficult. Does Medicare, Medicaid, or one of the Medicaid Waivers cover what a consumer needs? This session will show participants the steps necessary to verify if a piece of equipment is fundable and the steps to take. Specific topics covered in the training include equipment CPT codes, researching ICD-10 codes, and interpreting healthcare manuals. Remember, the key to funding Durable Medical Equipment is persistence, patience, and paperwork.

# What is Durable Medical Equipment?

From Wikipedia

Durable Medical Equipment (DME) is any medical equipment used in the home to aid in a better quality of living.

It is a benefit included in most insurances.

Examples include

1. Mobility Devices
2. Speech Generating Devices
3. Hospital Beds

# The 3 P's of DME Funding

- Persistence – Never, ever give up. It seems the objective of funding sources is to deny.
- Patience – It is a long process.
- Paperwork – Keep all paperwork, including but not limited to:
  - Doctor's Chart Notes and Rx's
  - PT/OT/SLP Evaluations
  - Letters of Medical Necessity
  - DME Paperwork, especially submittal forms
  - DENIALS
  - All correspondences between the funding source and you

# Step 1 – Determine what piece of equipment is needed

- Using a professional's help, determine what specific DME is needed by the consumer.
- Examples of Professional Help
  - PT's
  - OT's
  - SLP's
  - Assistive Technology Professionals
  - Doctor's
  - Home Care Professionals
- Example for Session: Rehab Manual Wheelchair and Shower Chair

## Step 2 - Determine all Funding Sources

Does the consumer have third-party insurance?

Examples include Blue Cross Blue Shield or Tri-Care

Does the consumer have Medicare?

Does the consumer have Medicaid?

Does the consumer receive services from an HCBS Medicaid Waiver?

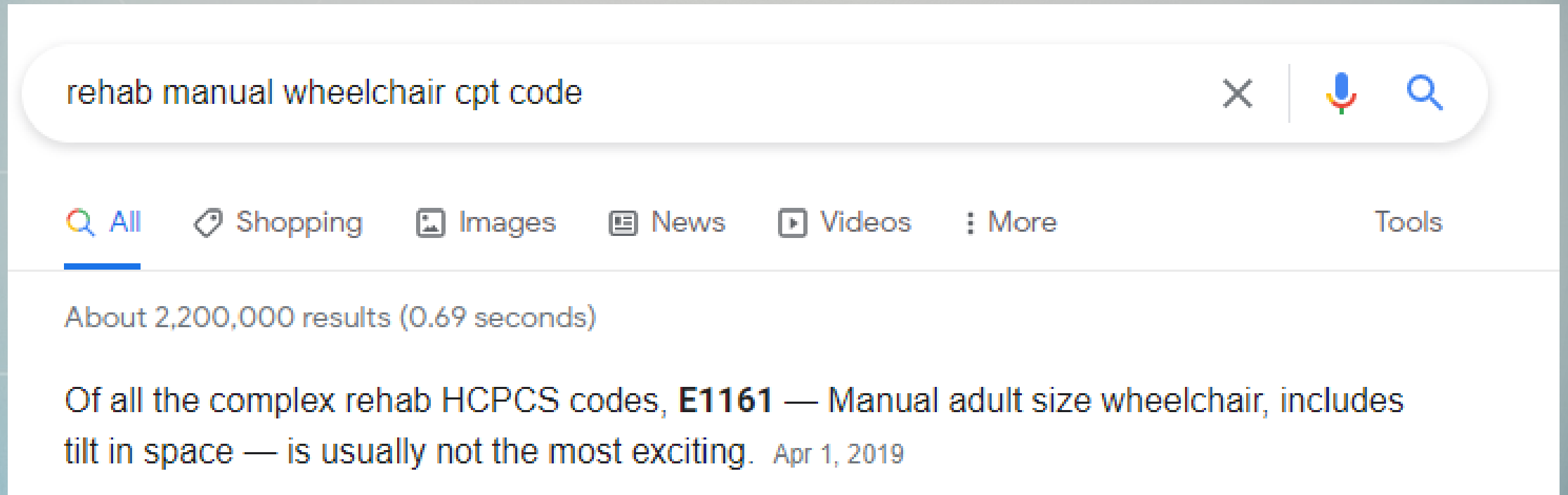
Example for Session: Medicare, Medicaid, IDD Waiver

# Step 3 – Find the CPT Code for the piece of equipment

- What is a CPT Code?
  - Current Procedural Terminology Code (CPT) – is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies, and accreditation organizations.
- What is the best method to search for CPT Codes?
  - Google using this formula (Equipment + cpt code)
- Example for Session
  - Rehab Manual Wheelchair cpt code
  - Shower chair cpt code



# Screen Shot for Google Search “rehab manual wheelchair cpt code”



The screenshot shows a Google search interface. The search bar contains the text "rehab manual wheelchair cpt code". To the right of the search bar are icons for clearing the search (an 'X'), voice search (a microphone), and search (a magnifying glass). Below the search bar is a navigation bar with links for "All", "Shopping", "Images", "News", "Videos", "More", and "Tools". The "All" link is underlined. Below the navigation bar, the search results show "About 2,200,000 results (0.69 seconds)". The first result is a snippet from an article: "Of all the complex rehab HCPCS codes, **E1161** — Manual adult size wheelchair, includes tilt in space — is usually not the most exciting. Apr 1, 2019".

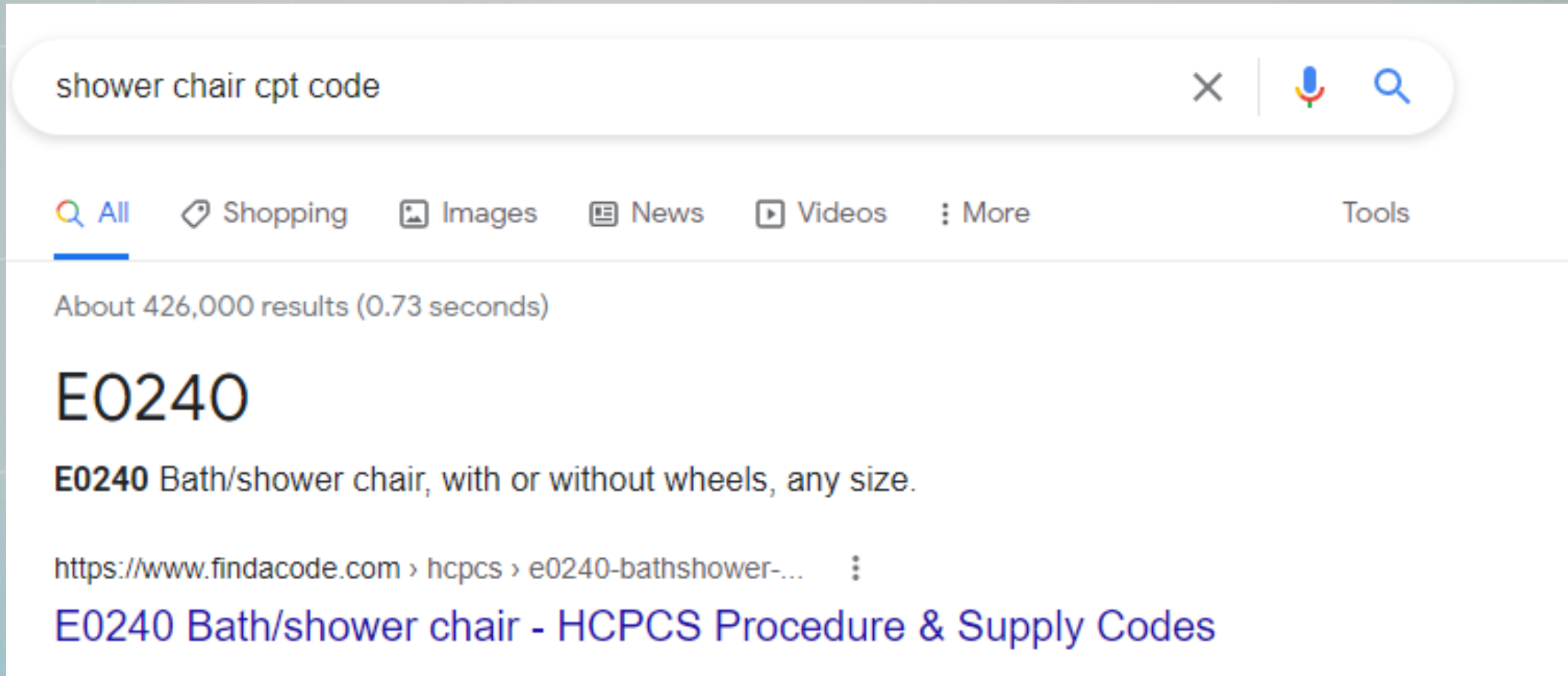
rehab manual wheelchair cpt code

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About 2,200,000 results (0.69 seconds)







Of all the complex rehab HCPCS codes, **E1161** — Manual adult size wheelchair, includes tilt in space — is usually not the most exciting. Apr 1, 2019

# Screen Shot for Google Search “shower chair cpt code”



shower chair cpt code


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About 426,000 results (0.73 seconds)

## E0240

**E0240** Bath/shower chair, with or without wheels, any size.

<https://www.findacode.com> › [hcpcs](#) › [e0240-bathshower-...](#) 

[E0240 Bath/shower chair - HCPCS Procedure & Supply Codes](#)

# Step 4 - Find ICD-10 Code(s) for Consumer

- What is an ICD-10 Code?
  - ICD-10-Codes are the standard transaction code set for diagnostic purposes under the Health Insurance Portability and Accountability Act (HIPAA).
- What is the best method to search for ICD-10 Codes?
  - Google using this formula (diagnosis + icd-10 code)
- Example for Session
  - traumatic brain injury icd-10 code
  - decubitus ulcer stage 4 icd-10 code

# Results from Google Search

- Example for Session
  - traumatic brain injury icd-10 code
  - decubitus ulcer stage 4 icd-10 code
- ICD-10 Code for Traumatic Brain Injury: S06.301A
- ICD-10 Code for Decubitus Ulcer Stage 4: L89.94

# Step 5 – Does the primary funding source cover the piece of equipment?

- Example for Session
- Equipment: Rehab Manual Wheelchair CPT Code: E1161
- Diagnosis: ICD-10 Code for Decubitus Ulcer Stage 4: L89.94
- Funding Sources: Medicare, Medicaid, and IDD Waiver
  - Medicare is always primary under this condition.
- What is the best method to search if a piece of equipment is covered?
  - Google using this formula (Does Medicare cover + CPT Code)
- Google Search
  - Does Medicare cover e1161

# Screen Shot for Google Search “Does Medicare cover e1161”

does medicare cover e1161

Q All Shopping News Maps Videos More Tools

About 21,300 results (0.68 seconds)

A manual wheelchair for use inside the home (E1037 – E1039, E1161, K0001 – K0009) is covered if: **Criteria 1, 2, 3, 4, and 5 are met**; and. Criterion 6 or 7 is met.

<https://www.affordablemedical.com> › medicare-manual-w...  
**Medicare Manual Wheelchair LCD Coverage - Affordable ...**

About featured snippets • Feedback

People also ask

- What is CPT code E1161?
- What qualifies for a wheelchair diagnosis?
- What are the basic coverage criteria for a standard wheelchair to be covered by Medicare?
- Does Medicare pay for a transport chair?

Feedback

<https://med.noridianmedicare.com> › documents PDF  
**Manual Wheelchair Bases LCD and PA - Noridian Medicare**

Jan 1, 2017 — The beneficiary **can** and **does** self-propel in a lightweight wheelchair. ... A manual wheelchair with tilt in space (**E1161**) is **covered** if the ...

<https://www.cms.gov> › details › article-details  
**Local Coverage Article for Manual Wheelchair Bases - CMS**

Manual wheelchairs described by codes **E1161**, E1231, E1232, E1233, E1234, K0005, K0008 and K0009 are eligible for Advance Determination of **Medicare Coverage** ...

# Step 5 – Tips

- For Medicare
  - Always look for results from “noridianmedicare”
  - Always look for results from [www.cms.gov](http://www.cms.gov)
  - Always look for cgsmedicare.com
  - If the results mentions “criteria”

# Step 6 – Using information from Google, find the criteria for coverage



- On the PDF, from [gpsmedicare.com](http://gpsmedicare.com), review the following sections:
  - Medical Records



## Step 7 – Using information from Google, find the steps to take to obtain device

For all mobility aids, Medicare requires a Face-to-Face appointment.

During the appointment, the Doctor needs to document, in chart form, the criteria mentioned in the Medical Records section from the [cgsmedicare](http://cgsmedicare.com) website.

# Step 7 – Example of Good Chart Notes

Pt presents for a face-to-face appointment to document a need for a manual mobility device. Pt has a mobility limitation due to conditions associated with traumatic brain injury and hemiplegia that significantly impairs his ability to participate in toileting, meal preparation, dressing, grooming, and bathing in typical locations in his group home. A manual wheelchair will significantly improve the Pt's ability to participate and direct activities like toileting, meal preparation, dressing, grooming, and bathing. An appropriately fitted cane or a walker will not sufficiently and safely resolve impairments.

Pt does not upper extremity function to safely self-propel a properly fitted manual wheelchair, but he does have 24-hour caregivers who are willing and able to help with the manual wheelchair in the home to perform motor-related activities of daily living during a typical day. Pt does not have mental capacity to safely operate a power wheelchair. Pt's home has adequate floorspace for maneuvering between rooms. Pt will use the manual wheelchair on a regular basis in the home.

Pt is a high risk for the development of pressure ulcers and cannot perform a functional weight. Pt. also uses a condom catheter for bladder management and cannot independently transfer from the wheelchair to bed. The tilt-in-space will assist management of the Pt's muscle tone and spasticity. Pt weighs 178 lbs.

# Step 7 – Additional Steps

There are also addition steps to obtain a E1161.

From the [cgsmedicare.com](http://cgsmedicare.com) PDF:

## **Claims for a Manual Wheelchair with Tilt In Space (E1161)**

- A Specialty Evaluation, performed by an LCMP such as a PT, OT or physician with specific training and experience in rehabilitation wheelchair evaluations, documents the medical necessity for the wheelchair and its special features.
- The LCMP who performs the LCMP evaluation does not have a financial relationship with the supplier.
- The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specialized in wheelchairs.
- The supplier's ATP has direct, in-person involvement in the wheelchair selection.

## Step 7 – Additional Steps

Since one of the additional requirements for an E1161 is a “Specialty Evaluation”, at the Face-to-Face appointment, be sure to get a referral to either a PT or OT. This professional needs to have experience in rehabilitation wheelchair evaluations.

Even though it is not a requirement, I highly recommend inviting the ATP from your DME vendor to your “specialty evaluation”.

# Step 8 - Collection

- Obtain a copy of your “specialty evaluation”
- I highly recommend the following:
  - Provide your Doctor a copy of the “specialty evaluation”
  - Ask your Doctor to concur with the results of the evaluation.
  - Sample Sentence: I have reviewed and concur with the findings of this evaluation. Doctor’s Signature. Date of Signature.
- Obtain a copy of your Face-To-Face chart notes
- Send both the “specialty evaluation” and Face-To-Face chart notes to your DME vendor

## Step 9 - Authorization

- Submit all documentation to the DME Vendor.
- The DME Vendor will submit PPW to Medicare for Prior Authorization
- If the DME Vendor feels the documentation is inadequate, the Vendor will work with the consumer to amend PPW.

## Step 9a – Appeal a denial, if necessary

- If the funding source denies the equipment, be sure to obtain a copy of the denial letter.
- Read the denial letter and be aware of time periods.
- In the denial letter, the reviewer will list the reasons for the denial.
- Begin the process of addresses the reasons for the denial.
  - This might involve the consumer's Doctor.
  - This might also involve the PT/OT that conducted the "specialty evaluation".

## Step 10 - Delivery

- Once the piece of equipment is approved, the DME Vendor will order it.
- The manufacture typically provides the DME Vendor with an estimated delivery date.
- Once all equipment arrives at the DME Vendor's store, the vendor will assemble everything and schedule delivery.
- Keep all delivery paperwork.



# Questions

- Please reach out with any questions:
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