

Group 2 VS Group 3 Complex Rehab

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There are many misconceptions concerning complex rehab power wheelchairs and what constitutes a group 2 versus a group 3 product recommendation. Simply put, Medicare requires that the beneficiary's mobility limitation must be due to a neurological condition, myopathy or a congenital skeletal deformity in order to qualify for any group 3 coded PWC. If a beneficiary does not meet that criteria but does require a PWC with a tilt system, they may qualify for a group 2 product if they are unable to perform an independent functional weight shift, are at a high risk of developing a pressure ulcer, requiring intermittent catheterization, or if a power seating system is required to help manage increased tone or spasticity. It is also common that providers may be confused about reimbursement for a group 2 product because they may be under the impression that all group 2 PWC's must be provided by a Competitive bid winner (for Medicare eligible patients) and reimbursed over the 13-month capped rental payment program.

Additionally, many Group 3 complex rehab power chairs are being recommended for a Group 2 qualified patient because the therapists and ATPs do not have confidence in Group 2 complex rehab power chairs currently being manufactured due to design limitations and inadequate battery capacities. Therefore, a group 3 power chair may have been ordered and the provider then must down code when billing, often suffering financially in the process.

This leads us to the reason for constructing this White Paper. It is our intention that this document be straightforward and informational in order to dispel these misconceptions and also educate interested parties on the Group 2 complex rehab space.

What Is Complex Rehab

To begin with, we will first define exactly what the term "Complex Rehab" product is about. A "Complex Rehab" product is defined as an item that is medically necessary and is configured for an individual who requires non-standard equipment, and also requires specific equipment recommendations such as evaluation, assembly, fitting, training, and ongoing support. Standard PWC's are incapable (by design limitations) of accommodating a Power Tilt or Power Recline System and may only be able to accept Power Elevating Leg Rests. It is therefore considered to be a No Power Option *Standard PWC*. Alternatively, Complex Rehab PWCs are capable of accommodating a Power Tilt or Power Recline system that may be added to the PWC in order to accommodate a beneficiary's specific need for seating assistance.

What Makes a Group 2 Base a Complex Rehab PWC?

The Power Positioning System (Power Tilt or Power Recline) qualify a Group 2 base as a complex rehab PWC. The recommended seating, determined by an ATP, in addition to a power tilt or power recline system are outlined below.

SHOPRIDER Power Chairs HCPCS Codes for Group 2 Complex Rehab:

- K0835 – PWC, Group 2 Standard, Single Power Option, Captain Back Pan Seat, Patient Weight Capacity up to and Including 300 lb.
- K0836 – PWC, Group 2 Standard, Single Power Option, Captains Seat, Patient Weight Capacity up to and Including 300 lb.

- E1002 - Wheelchair accessory, power seating system, tilt only. Works with Captain Seat, Captain Back Pan Seat & Rehab style seating systems.

Definitions

Solid Seat/Back (K0835) - Rigid metal or plastic material, with or without some padding material designed to serve as the support for the buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.

PWCs with a Captains-style back and a solid seat pan are considered as a solid seat/back system, not a Captains Chair. A Solid Seat/Back is used in conjunction with special Skin Protection/Positioning Cushions or Backs and are covered only if a Skin Protection and/or Positioning Seat or Back Cushion that meets coverage criteria is provided. *Refer to Medicare’s Wheelchair Seating Policy for details.*

Captain’s Chair (K0836) - A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user.

Medicare Product Specifications for Group 2 VS Group 3 Complex Rehab

Group 2 Complex Rehab PWCs v. Group 3 Complex Rehab PWCs Specifications			
Performance Characteristics	Group 2 Complex Rehab PWCs	Shoprider Group 2 Complex Rehab XLR14 PWCs	Group 3 Complex Rehab PWCs
Standard Integrated or Remote Proportional Joystick	Yes	Yes	Yes
Accommodates Seating and Positioning items	Yes	Yes	Yes
Length	< or = to 48"	43" (Actual)	< or = to 48"
Width	< or = to 34"	24.8" (Actual)	< or = to 34"
Minimum Top End Speed	3 mph	4 mph	4.5 mph
Minimum Range	7 miles	16 - 20 miles	12 miles
Minimum Obstacle Climb	40 mm	40 mm	60mm
Dynamic Stability Incline	6°	6°	7.5°
Capable of Upgrade to Expandable Controller	Yes	Yes	Yes
Capable of Upgrade to Alternative Control Devices	Yes	Yes	Yes
Drive Wheel Suspension to Reduce Vibration	No	Yes	Yes

What type of diagnosis/condition qualifies the beneficiary for a Group 2 Complex Rehab PWC?

For Group 2 Complex Rehab PWCs any diagnosis/condition that interferes with the beneficiary’s mobility is a potential qualifying diagnosis/condition. The beneficiary must meet all conditions A, B, C, and D listed below:

- A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLS.
- B. The beneficiary’s mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- C. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.
- D. The beneficiary is unable to safely operate a POV (scooter).

Common Diagnosis that may qualify a person for a G2 Complex Rehab. PWC with power tilt or recline.

The Medicare PMD policy is not diagnosis driven; meaning that a beneficiary may qualify for a PWC if the above coverage criteria are met irrespective of the diagnosis/condition responsible for the beneficiary's mobility limitations. Below are a few examples of diagnoses that could potentially be a Group 2 complex rehab PWC qualifying disease/condition. In some instances, there may be comorbidities involved that are responsible for the beneficiary's overall mobility limitations (e.g. Bilateral AKA and Rotator Cuff Tears).

ICD-10 Codes E00–E90: Endocrine, nutritional and metabolic diseases

- Diabetes/Diabetic Neuropathy

ICD-10 Codes I00–I99: Diseases of the circulatory system

- Congestive Heart Failure (CHF)
- Hypertension

ICD-10 Codes J00–J99: Diseases of the respiratory system

- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema

ICD-10 Code L00–L99: Diseases of the skin and subcutaneous tissue

- Scleroderma

ICD-10 codes M00–M99: Diseases of the musculoskeletal system and connective tissue

- Arthritis/Rheumatoid Arthritis/Osteoarthritis
- Osteoporosis
- Degenerative Disc Disease (DDD)
- Degenerative Joint Disease (DJD)
- Spondylosis

ICD-10 Codes S00–T98: Injury, poisoning and certain other consequences of external causes

- Amputations
- Above Knee Amputee (AKA)
- Below Knee Amputee (BKA)

For Group 2 Complex Rehab, the E1002 (Power Tilt) code is not diagnosis driven. However, there is some coverage criteria that needs to be met in order for an individual to use a power tilt system.

The beneficiary must meet any one of the conditions A, B, or C listed below:

- A. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift.
- B. The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed.
- C. The power seating system is needed to manage increased tone or spasticity.

Note: For Group 3 Complex Rehab PWCs, Medicare requires the beneficiary’s mobility limitation be due to a neurological condition, myopathy, or congenital skeletal deformity.

Documentation & Billing Requirements

For Group 2 complex rehab PWC’s, a supplier employed ATP must be involved in the in-person assessment and for equipment selection for a patient. A written report of this assessment is required.

- A. A specialty evaluation performed by a therapist who has no financial relationship with the supplier is also required.
- B. The actual billing to Medicare for these complex rehab codes is the same as billing for Group 2 standard PWCs with the exception that the base and accessories are billed as a purchase.
- C. Except as noted above, there are not any specific challenges/nuances/processes to bill for a Group 2 complex rehab PWC.

Provider Staffing Requirements:

Per the DMEPOS Quality Standards for Complex Rehab PWCs and Assistive Technology, a supplier must employ (W-2 employee) at least one qualified individual as an Assistive Technology Professional (ATP). The ATP shall have at least one or more trained technicians available to service each location appropriately depending on the size and scope of its business. A trained technician is identified by the following:

- Factory trained by manufacturers of the products supplied by the company.
- Experienced in the field of Rehabilitative Technology, (e.g., on the job training, familiarity with rehabilitative clients, products and services).
- Completed at least 10 hours annually of continuing education specific to Rehabilitative Technology; and
- Able to program and repair sophisticated electronics associated with power wheelchairs, alternative drive controls, and power seating systems.

Capped Rental v. Lump Sum Purchase (PWC base and options)

CMS has established that Complex Rehab PWCs (HCPCS codes K0835-K0836*) and options/accessories that are categorized as capped rental items furnished for use as part of a Complex Rehabilitative PWC are payable under the lump sum purchase method. The supplier must give beneficiaries the option of purchasing at the time the item is first furnished.

**There are more HCPCS codes beyond what is listed above.*

The purchase fee schedule amount for Complex Rehabilitative PWCs is equal to the monthly rental fee schedule amount divided by 0.15.

Group 2 Complex Rehab PWC Referral Sources	
Workers Comp.	Specialist Private Clinics
Vocational Rehab	Community Practitioners
Private and Public Hospitals	Clients Currently Using a Complex Rehab PWC
Private and Public Sub-Acute Facilities	Current PWC Clients whose Condition has changed to necessitate a Group 2 Complex Rehab PWC

K0835 w/ Power Tilt Lump Sum Purchase Example (2018 Medicare Fee Schedule)

Code	Lump Sum Purchase
K0835 (Group 2 Single Power Base)	\$2,237.60
E1002 (Power Tilt)	\$3,461.60
E2363 (Batteries)*	\$281.56
E2310 (Power Tilt Through Joystick)	\$1013.60
Total	\$7095.98

*Allowable for batteries varies by state

Billing

Modifiers billed on the claim for the purchase must be NU (or UE, if used), BP and KX (if medically necessary).

Prior Authorization (PA)

Providers of Group 2 Complex Rehab PWC's are required to submit a Prior Authorization Request as a condition of payment in all 50 states, effective September 2018.

Our Solution

When we at SHOPRIDER Mobility began exploring the Group 2 Complex Rehab space, we started out by consulting with Providers, ATPs, and Therapists who were currently prescribing products that they were not totally satisfied with. What they all asked us to develop was a product robust enough to survive in real world environments. To be able to navigate outdoor terrain and have the extra battery capacity to not only last through a full day of a patient's MRADL's, but also be capable of allowing the patient to routinely operate their tilt functions without going dead.

Our solution is the XLR 14 series of Power Wheel Chairs. XLR = Extra Long Range / 14 = 14 Inch Drive Wheel.

The battery (pair) options are Group 34 (60 Amp Hours) or Group 24 (74 Amp Hours) to provide enough battery capacity to last through the day and still have the power reserve to also operate the tilt system.

The large 14-inch drive wheel coupled with the active suspension system will navigate even the toughest terrain.

The XLR 14 Power Chairs are being produced in the same facility that also produces the ROVI Group 3 Complex Rehab Power Chairs, known for great features, performance and quality.

Disclaimer: The information provided regarding Medicare reimbursement was compiled by The MOBILITY Consultants, LLC and was as accurate as possible at the time this guide was published. This information should be used as a general reference. For further assistance or any questions please contact The MOBILITY Consultants at 570-258-2317 or info@themobilityconsultants.net and reference PROMO Code XLR14 to receive a discounted rate for being a SHOPRIDER supplier.