



PROVIDER COMMUNICATION – BILLING GUIDANCE FOR BACKUP POWER WHEELCHAIR REPAIRS (K0899-TW)

Effective January 1, 2026 for Fee-for-Service (FFS) and March 1, 2026 for Managed Care, in limited instances, Group 2, Group 3, Group 4, Group 5, and Group 6 power wheelchairs (PWC) with or without power options, are eligible for use as a backup PWC when the user has been provided with a new, primary PWC.

Overview:

1. Eligible wheelchairs: Group 2 through Group 6 PWCs that were previously used as the member's primary source of mobility.
2. Method of authorization: direct bill - no prior approval is necessary.
3. HCPCS code/modifier: Reimbursement for repair of any backup PWC regardless of group or code at purchase requires use of HCPCS code K0899 with the TW modifier.
4. Limits: Repairs for backup PWCs will be reimbursed up to \$5000 over a period of 5 years.

Detailed billing guidance:

1. When submitting a claim for K0899-TW, the Reimbursement form for Backup Wheelchair Repairs (found here: [Reimbursement Form for Backup PWC Repairs](#)) should be completed by the billing provider (DME vendor), and the attestation should be signed by the provider's Assistive Technology Professional (ATP).
2. Parts will be reimbursed at the typical MRA for the code for that part. Parts that do not have a Maximum Reimbursable Amount (MRA) will be reimbursed at cost +51%.
3. Invoices must be provided, showing all dealer discounts for parts and to support pricing of components at cost plus 51%.
4. Labor performed by the billing provider will be reimbursed at the MRA for K0739 which is currently \$18.18. Please itemize the type of labor and number of units requested. Up to 8 units are available, if additional labor is needed, please provide rationale on the form.
5. Please note: If any fields are left blank on the form, or invoices are missing, the claim will be denied, and a new claim would need to be filed.

For questions related to policy and coverage guidelines, contact the Bureau of Medical Review at 1-800-342-3005 or OHIPMedPA@health.ny.gov.

For questions related to billing, call GDIT at 1-800-343-9000.



Department of Health

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BACKUP POWER WHEELCHAIR REPAIRS

Code K0899-TW Reimbursement Worksheet

Instructions: This form should be completed by the billing provider (DME vendor) and the attestation signed by the provider's ATP for reimbursement of backup power wheelchair repairs for code K0899-TW. Parts will be reimbursed at the typical MRA for the code for that part. Parts that do not have an MRA will be reimbursed at cost +51%. Please submit invoices, showing all dealer discounts, for parts and to support pricing of components at cost plus 51%. Labor performed by the billing provider will be reimbursed at the MRA for K0739 which is currently \$18.18. Please itemize the type of labor and number of units requested.

Member info

Member name:	Member CIN:	Member DOB:
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Backup PWC info

Make/model of wheelchair:	Serial number:	Date of purchase:
	HCPCS code(s):	Funding source:

Primary PWC info

Make/model of wheelchair:	Serial number:	Date of purchase:
	HCPCS code(s):	Funding source:

Requested repairs

	Item description	HCPCS: (code that would typically be assigned to item)	QTY	COST: Medicaid's MRA fee for code OR if no fee – invoice cost +51%
1				
2				
3				
4				
5				
6				
7				
		Total reimbursement requested (parts) 		\$

Labor (\$18.18 per unit – 15 minutes)

	Description of labor	Number of units requested	Requested reimbursement (\$18.18 x units)
1			
2			
3			
4			
5			
	Total reimbursement requested (labor) 	units	\$

Attestation

If the requested repairs are made, the member's backup power wheelchair will be safe to operate by the user when the primary PWC is being repaired or when a backup manual wheelchair or suitable loaner wheelchair cannot be provided.

ATP signature	Date

Comments

Invoices (showing all dealer discounts) must be received with this form.