



April 12, 2019

Web Announcement 1881

**Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):**

**Wheelchair Accessory Procedure Code E1012 Effective Date Revised**

The effective date for provider type (PT) 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies) to be reimbursed for Healthcare Common Procedural Coding System (HCPCS) code E1012 (Wheelchair accessory, center mount power elevating leg rest/platform, complete system, any type, each) has been revised to January 1, 2017. Prior authorization is required. Procedure code E1012 can be billed with modifiers NU and RR.

Claims for procedure code E1012 with dates of service January 1, 2017, through November 30, 2017, that had an approved prior authorization have denied in error. The impacted claims that denied in error will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future web announcement will notify providers when the claims are reprocessed.