



Preventative Maintenance for Power Wheelchairs

Effective January 1, 2026 for Fee-for-Service (FFS), and March 1, 2026 for Managed Care, preventative maintenance will be covered for all primary power wheelchairs (PWC) that are less than 5 years old.

SUMMARY OF CHANGES		
Coding/Description	A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
Modifier/Description	MS	The MS modifier must be included with the A9900 HCPCS code. Modifier description: Six-month maintenance and servicing fee for reasonable and necessary parts and labor which are not covered under any manufacturer or supplier warranty.
Method Of Authorization	Direct Bill	No prior approval necessary. Providers can file a claim and bill Medicaid directly.
Frequency	F16	Once every 6 months
MRA	\$175	for up to 90-minutes of service

Details:

Preventative maintenance is covered for all PWCs that are less than 5 years old. Backup PWCs are not eligible for preventative maintenance. A physician's order is not required.

The service is for up to 90 minutes and permitted once every 6 months. This includes (but is not limited to the following examples):

- Evaluation, diagnostics, assessment
- Tightening of bolts and screws
- Check tires for wear and inflate if needed
- General cleaning
- Any necessary lubrication/oiling
- Check integrity of wires and connections
- Check all positioning components for wear and cover integrity
- Simple repairs or replacement of minor parts (i.e. nuts, bolts, screws) are included in the fee

Preventative maintenance must be performed by a qualified technician who is an employee of an enrolled DME provider and must be performed according to the manufacturer's guidelines. Replacement parts, other than basic minor parts that do not require prior approval (i.e. armrests, cushions) and are not covered by the

manufacturer's warranty, may be billed separately at the time of the preventative maintenance service.

The authorized PWC supplier must document and maintain all records of preventative maintenance services performed including claims, payment, work orders, checklists, etc. All documentation must be maintained for a minimum of 6 years and should be available when requested by the NYS Department of Health. (See 18 NYCRR § 504.3(a))

The labor code (K0739) should not be billed simultaneously with A9900.

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

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