

1-16a Criteria Checklist
Alabama Medicaid Agency
Wheelchair Elevating Leg Rest

PREREQUISITE CRITERIA *All of the following must be met with supporting documentation:*

- Medicaid eligible
 - Patient has significant edema or pain of the lower extremities that requires an elevating leg rest
- OR**
- Patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee
- OR**
- Patient meets the criteria for and has a reclining back on the wheelchair

PROCEDURE CODES

E0990

Requests for replacement of E0990 will be limited to one per leg every 5 years

**Documentation may include notes from the patient chart and patient medical records.*