


MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
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Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business except Medicare

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

Mechanical Wheelchair Home Assessment

- Information about whether the member’s home can accommodate the wheelchair, also called the home assessment, must be fully documented in the medical record or elsewhere by the supplier. For manual wheelchairs, the home assessment may be done directly by visiting the beneficiary’s home or indirectly based upon information provided by the member or their designee. When the home assessment is based upon indirectly obtained information, the supplier must, at the time of delivery, verify that the item delivered meets the requirements specified in the criteria.

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- Issues such as the physical layout of the home, surfaces to be traversed, and obstacles must be addressed by and documented in the home assessment. Information from the member's medical record and the supplier's records must be available upon request.

Custom Manual Wheelchair Documentation

- If documentation of the medical necessity for a custom manual wheelchair is requested, contractors must be able to determine that the item delivered is a customized item.
- Documentation must include a description of the member's unique physical and functional characteristics that require a customized manual wheelchair base. This must include a detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it.
- The record must document that the needs of the member cannot be met using another manual wheelchair base that incorporates seating modifications or other options or accessories (prefabricated and/or custom).
- The documentation must demonstrate that the custom wheelchair is so different from another wheelchair base that the two items cannot be grouped together for pricing purposes.

Transport Chair Documentation

- Documentation of the medical necessity for a transport chair (E1037, E1038 and E1039) must include a description of why the member is unable to make use of a standard manual wheelchair (K0001, K0002, K0003, K0004, and K0005) on their own, and provide specific information that the member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

POLICY CRITERIA

Policy Criteria Links:

- [Manual Wheelchair Bases](#)
 - [Additional Criteria for Specific Manual Wheelchairs](#)
- [Wheelchair Options/Accessories](#)
 - [Arm of Chair](#)
 - [Footrest/Legrest](#)
 - [Non-Standard Seat Frame Dimensions](#)
 - [Wheels/Tires](#)
 - [Batteries/Chargers](#)
 - [Power Tilt and/or Recline Seating Systems](#)
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- [Wheelchair Seating](#)
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 - [Power Wheelchairs](#)
 - [Additional Criteria for Specific Types of Power Wheelchairs](#)
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- [Replacements](#)

Manual Wheelchair Bases

- I. A manual wheelchair (E1037-E1039, E1161, K0001–K0009) may be considered **medically necessary** if all of the following are met:
 - A. The chair is required for use inside the member’s home; **and**
 - B. The member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 1. Prevents the member from accomplishing an MRADL entirely, **or**
 2. Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
 3. Prevents the member from completing an MRADL within a reasonable time frame; **and**
 - C. The member’s mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker; **and**
 - D. The member’s home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided; **and**
 - E. Use of a manual wheelchair will significantly improve the member’s ability to participate in MRADLs and the member will use it on a regular basis in the home; **and**
 - F. The member has not expressed an unwillingness to use the manual wheelchair that is provided in the home; **and**
 - G. The member meets either of the following criteria:
 1. Sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **or**
 2. The member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

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- II. A transport chair (E1037, E1038 or E1039) may be considered **medically necessary** as an alternative to a standard manual wheelchair (K0001) if basic coverage criteria I.A-F **and** I.G.2 above are met.
- III. A standard hemi-wheelchair (K0002) may be considered **medically necessary** when both of the following are met (A-B):
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. A lower seat height (17" to 18") is required because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.
- IV. A lightweight wheelchair (K0003) may be considered **medically necessary** when a member meets both of the following criteria (A-C):
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. Cannot self-propel in a standard wheelchair in the home; **and**
 - C. The member can and does self-propel in a lightweight wheelchair.
- V. A high strength lightweight wheelchair (K0004) may be considered **medically necessary** when a member meets the following criteria (A-C):
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. The member self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair; **and**
 - C. The member requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.
- Note: A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).
- VI. An ultra-lightweight manual wheelchair (K0005) may be considered **medically necessary** for a member if the following criteria are met:
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. The member either:
 - 1. Is a full-time manual wheelchair user; **OR**
 - 2. Requires individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair; **AND**
 - C. The member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician

who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier; **AND**

- D. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

VII. A heavy duty wheelchair (K0006) may be considered **medically necessary** if both of the following are met (A-B):

- A. Basic coverage criteria (I.A-G) are met; **and**
- B. The member weighs more than 250 pounds or the member has severe spasticity.

VIII. An extra heavy duty wheelchair (K0007) may be considered **medically necessary** if both of the following are met (A-B):

- A. Basic coverage criteria (I.A-G) are met; **and**
- B. The member weighs more than 300 pounds.

IX. A manual wheelchair with tilt in space (E1161) may be considered **medically necessary** if the member meets all of the following criteria:

- A. The general coverage criteria for a manual wheelchair above (I.A-F) is met; **and**
- B. The member has a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for both the wheelchair and any special features.
- C. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

X. A custom manual wheelchair base (K0008) may be considered **medically necessary** if both of the following are met (A-B):

- A. Basic coverage criteria (I.A-G) are met; **and**
- B. The specific configuration required to address the member's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated) and that the individual construction of a unique individual manual wheelchair base is required; and
- C. The expected duration of need is greater than three months

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- XI. A custom manual wheelchair is not considered **not medically necessary and not covered** if the above criteria (X) are not met.
- XII. A manual wheelchair is considered **not medically necessary and not covered** if the above criteria (I-XI) are not met (this includes manual wheelchairs with an intended purpose for use *outside* the home).
- XIII. If the manual wheelchair base is not covered, then related accessories will be considered **not medically necessary and not covered**.
- XIV. One month's rental for a standard manual wheelchair (K0001) may be considered **medically necessary** if a member-owned wheelchair is being repaired.

Wheelchair Options and Accessories

- XV. Options and accessories for wheelchairs may be considered **medically necessary** if the member has a wheelchair that meets the above criteria (I-XVI) and the option/accessory itself is medically necessary (see criteria below).

Arm of chair

- XVI. Adjustable arm height option (E0973, K0017, K0018, and K0020) may be considered **medically necessary** if the member requires an arm height that is different than that available using nonadjustable arms and the beneficiary spends at least 2 hours per day in the wheelchair.
- XVII. An arm trough (E2209) may be considered **medically necessary** if the member has quadriplegia, hemiplegia, or uncontrolled arm movements.

Footrest/Leg rest

- XVIII. Elevating leg rests (E0990, K0046, K0047, K0053, K0195) may be considered **medically necessary** if:
 - A. The member has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
 - B. The member has significant edema of the lower extremities that requires an elevating leg rest; **or**
 - C. The member meets the criteria for and has a reclining back on the wheelchair.

Nonstandard seat frame dimensions

- XIX. A nonstandard seat width and/or depth for a manual wheelchair (E2201-E2204) may be considered **medically necessary** only if the member's physical dimensions justify the need.

Wheels/tires for manual wheelchairs

- XX. A gear reduction drive wheel (E2227) may be considered **medically necessary** if all of the following criteria (A-C) are met:
- A. The member has been self-propelling in a manual wheelchair for at least one year; **and**
 - B. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home. The PT, OT, or physician may have no financial relationship with the supplier; **and**
 - C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

Batteries/chargers

- XXI. Up to two batteries (E2359, E2361, E2363, E2365, E2371, K0733) at any one time may be considered **medically necessary** if required for a power wheelchair.
- XXII. A non-sealed battery (E2358, E2360, E2362, E2364, E2372) will be considered **not medically necessary and not covered**.
- XXIII. A single mode battery charger (E2366) is considered **medically necessary** for charging a sealed lead acid battery.
- XXIV. A dual mode battery charger (E2367) provided as a replacement for a single mode battery charger, it will be considered **not medically necessary and not covered**.

Power tilt and/or recline seating systems (E1002-E1012)

- XXV. A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating leg rests may be considered **medically necessary** if the following criteria are met:
- A. The member meets all the coverage criteria for a power wheelchair described below; **and**
 - B. A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific

training and experience in rehabilitation wheelchair evaluations of the beneficiary's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; **and**

- C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member; **and**
- D. One of the following criteria is met:
 - 1. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
 - 2. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **or**
 - 3. The power seating system is needed to manage increased tone or spasticity.

XXVI. If criteria XXVII (A-D) are not met, the power seating component(s) will be considered **not medically necessary and not covered**.

XXVII. A power seat elevation feature (E2300) and power standing feature (E2301) are considered **not medically necessary and not covered**.

XXVIII. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it is considered **not medically necessary and not covered**.

Power wheelchair drive control systems

XXIX. An attendant control may be considered **medically necessary** in place of a member-operated drive control system if both of the following are met:

- A. The member meets coverage criteria for a power wheelchair; **and**
- B. Is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

XXX. An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface may be considered **medically necessary** if the member has a covered speech generating device.

Miscellaneous accessories

XXXI. Anti-rollback device (E0974) may be considered **medically necessary** if the member self-propels and needs the device because of ramps.

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- XXXII. A safety belt/pelvic strap (E0978) may be considered **medically necessary** if the member has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.
- XXXIII. A swing away, retractable, or removable hardware (E1028) may be considered **medically necessary** if the component needed to be moved out of the way so that a member can perform a slide transfer to a chair or bed.
- XXXIV. A manual fully reclining back option (E1226) may be considered **medically necessary** if the member has one or more of the following conditions:
- A. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
 - B. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.
- XXXV. If criterion XXXIV is not met, the manual reclining back will be considered **not medically necessary and not covered**.
- XXXVI. Swingaway, retractable, or removable hardware (E1028) are considered **not medically necessary and not covered** if the primary indication for its use is to allow the member to move close to desks or other surfaces.

Wheelchair Seating

- XXXVII. A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) may be considered **medically necessary** for a member who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets coverage criteria.
- XXXVIII. If the member does not have a covered wheelchair, then the cushion will be considered **not medically necessary and not covered**.
- XXXIX. If the member has a power-operated vehicle (POV) or a power wheelchair with a captain's chair seat, the cushion will be considered **not medically necessary and not covered**.
- XL. If a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) may be considered **medically necessary** if either criterion (A or B) is met:
- A. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; **or**

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- B. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.
- XLII. If criterion XXXVII is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be considered **not medically necessary and not covered**.
- XLIII. If the member has a POV or a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be considered **not medically necessary and not covered**.
- XLIII. A skin protection seat cushion (E2603, E2604, E2622, E2623) may be considered **medically necessary** for a member who meets both of the following criteria:
 - A. The member has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the member meets coverage criteria for it; **and**
 - B. The member has either of the following:
 1. Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**
 2. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis.
- XLIV. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0955-E0957, E0960) may be considered **medically necessary** for a member who meets both of the following criteria:
 - A. The member has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the member meets coverage criteria for it; **and**
 - B. The member has any significant postural asymmetries that are due to one of the diagnoses listed in criterion L.B.2 above or to one of the following diagnoses: monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology; spinocerebellar disease; above knee leg amputation, osteogenesis imperfecta, transverse myelitis.
- XLV. A headrest (E0955) may be considered **medically necessary** when the member has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a

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manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

- XLVI. If the member has a POV or a power wheelchair with a captain's chair seat, a headrest or other positioning accessory will be considered **not medically necessary and not covered**.
- XLVII. A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is considered **medically necessary and covered** for a member who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.
- XLVIII. If a skin protection seat cushion, positioning seat cushion or combination skin protection and positioning seat cushion is provided and if the stated coverage criteria are not met, it will be considered **not medically necessary and not covered**.
- XLIX. If a positioning back cushion is provided for a member who does not meet the stated coverage criteria, it will be considered **not medically necessary and not covered**.
- L. If a positioning accessory is provided and the criteria are not met, the item will be considered **not medically necessary and not covered**.
- LI. A custom fabricated seat cushion (E2609) may be considered **medically necessary** if the member meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion and all of the criteria for a prefabricated positioning back cushion.
- LII. A custom fabricated back cushion (E2617) may be considered **medically necessary** if the member meets all the criteria for a prefabricated back cushion and there is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs.
- LIII. A seat or back cushion that is provided for use with a transport chair (E1037, E1038) will be considered **not medically necessary and not covered**.

Power Mobility Devices

- LIV. Power mobility devices or push-rim activated power assist devices may be considered **medically necessary** when all of the following criteria are met:
 - A. The power mobility device is required for use inside the member's home; **and**
 - B. The member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as

toileting, feeding, dressing, grooming, and bathing in customary locations in the home.

A mobility limitation is one that:

1. Prevents the beneficiary from accomplishing an MRADL entirely, **or**
 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
 3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- C. The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- D. The member 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.
1. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 2. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.
- LV. A Powered Operated Vehicle (POV) (K0800, K0801, K0802, K0812) may be considered **medically necessary** if all of the following criteria are met:
- A. Criterion LIV (A-D) has been met.
 - B. The member is able to:
 1. Safely transfer to and from a POV; **and**
 2. Operate the tiller steering system; **and**
 3. Maintain postural stability and position while operating the POV in the home.
 - C. The member's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
 - D. The member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
 - E. The member's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.
 - F. Use of a POV will significantly improve the member's ability to participate in MRADLs and the beneficiary will use it in the home.
 - G. The member has not expressed an unwillingness to use a POV in the home.
- LVI. If coverage criteria LV.A-G are not met, a POV will be considered **not medically necessary and not covered** (this includes POVs with an intended purpose for use *outside* the home).

- LVII. Group 2 POVs (K0806-K0808) are considered **not medically necessary and not covered**.
- LVIII. A power wheelchair (PWC) may be considered **medically necessary** if all of the following is met:
- A. Basic coverage criteria for Power Mobility Devices are met (criterion LIV.A-C.); **and**
 - B. The member does **not** meet coverage criterion LV.B, LV.C, or LV.D for a POV; **and**
 - C. One of the following is met:
 - 1. The member has the mental and physical capabilities to safely operate the power wheelchair that is provided; **or**
 - 2. The member has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; **and**
 - D. All of the following are met:
 - 1. The member's weight is less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC; and
 - 2. The member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; and
 - 3. Use of a power wheelchair will significantly improve the member's ability to participate in MRADLs and the member will use it in the home. For members with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver; and
 - 4. The member has not expressed an unwillingness to use a power wheelchair in the home.
 - E. Any coverage criteria pertaining to specific wheelchair types are met.
- LIX. If a coverage criteria for a PWC (LVIII.A-E) are not met, the PWC and all accessories will be considered **not medically necessary and not covered** (this includes PWCs with an intended purpose for use *outside* the home).

Additional Criteria For Specific Types Of Power Wheelchairs (PWC):

- LX. A Group 1 PWC (K0813-K0816) or a Group 2 PWC (K0820-K0829) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LVIII) are met and the wheelchair is appropriate for the member's weight.
- LXI. A Group 2 Single Power Option PWC (K0835 – K0840) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LVIII) are met and if:
- A. One of the following criteria is met:

- 1. The member requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); and
 - 2. The member meets coverage criteria for a power tilt or a power recline seating system (criterion XXV) and the system is being used on the wheelchair; **and**
 - B. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section).
 - C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
- LXII. If a Group 2 Single Power Option PWC is provided and if criterion LXI.A-C is not met (including but not limited to situations in which it is only provided to accommodate a power seat elevation feature, a power standing feature, or power elevating leg rests), it will be considered **not medically necessary and not covered**.
- LXIII. A Group 2 Multiple Power Option PWC (K0841-K0843) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LVIII) are met and if:
- A. One of the following criteria is met:
 - 1. The member meets coverage criteria for a power tilt or a power recline seating system (criterion XXV) and the system is being used on the wheelchair; **or**
 - 2. The member uses a ventilator which is mounted on the wheelchair; **and**
 - B. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section).
 - C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
- LXIV. If a Group 2 Multiple Power Option PWC is provided and if criterion LXIII. is not met, it will be considered **not medically necessary and not covered**.
- LXV. A Group 3 PWC with no power options (K0848-K0855) may be considered **medically necessary and covered** if all of the coverage criteria for a PWC (criterion LVIII) are met and if:

- A. The member’s mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **and**
 - B. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). **and**
 - C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
- LXVI. If a Group 3 PWC is provided and if criteria LXV are not met, it will be considered **not medically necessary and not covered**.
- LXVII. A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) may be considered **medically necessary and covered** if all of the following are met:
- A. The Group 3 criteria LXV.A-C are met; **and**
 - B. The Group 2 Single Power Option (criterion LXI) or Multiple Power Options (criterion LXIII) are met.
- LXVIII. If a Group 3 Single Power Option or Multiple Power Options PWC is provided and if criterion LXVII.A-B are not met, it will be considered **not medically necessary and not covered**.
- LXIX. Group 4 PWCs (K0868-K0886) are considered **not medically necessary and not covered**.
- LXX. A Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891) may be considered **medically necessary and covered** if all of the following are met:
- A. All the coverage criteria for a PWC (criterion LVIII) are met; **and**
 - B. The member is expected to grow in height; **and**
 - C. The Group 2 Single Power Option (criterion LXI) or Multiple Power Options (criterion LXIII) are met.
- LXXI. If a Group 5 PWC is provided and criteria LXX.A-C are not met, it will be considered **not medically necessary and not covered**.
- LXXII. A push-rim activated power assist device (E0986) for a manual wheelchair may be considered **medically necessary and covered** if all of the following criteria are met:

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- A. All of the criteria for a power mobility device (criterion LIV) are met; **and**
 - B. The member has been self-propelling in a manual wheelchair for at least one year; **and**
 - C. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home; **and**
 - D. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
- LXXIII. A custom motorized/power wheelchair base (K0013) may be considered **medically necessary and covered** if all of the following criteria are met:
- A. The member meets the general coverage criteria for a power wheelchair (criterion LVIII); **and**
 - B. The specific configurational needs of the member are not able to be met using wheelchair cushions, or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.
- LXXIV. A custom motorized/power wheelchair base is considered **not medically necessary and not covered** if the expected duration of need for the chair is less than three months (e.g., post-operative recovery).
- LXXV. If the PWC base is considered not medically and not covered, then related accessories will be considered **not medically necessary and not covered**.
- LXXVI. If a heavy duty, very heavy duty, or extra heavy duty PWC or POV is provided and if the member's weight is outside the range (i.e., for heavy duty: 285 – 400 pounds, for very heavy duty: 428 – 600 pounds, for extra heavy duty 570 pounds or more), it will be considered **not medically necessary and not covered**.
- LXXVII. An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller-controlled power mobility device (E0984) will be considered **not medically necessary and not covered**.
- LXXVIII. Backup chairs of any type (manual wheelchair, POV, PWC, etc.) are considered **not medically necessary**.
- LXXIX. One month's rental of a PWC or POV (K0462) may be considered **medically necessary and covered** if a member-owned wheelchair is being repaired.

LXXX. A power mobility device will be considered **not medically necessary and not covered** if the underlying condition is reversible and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).

Non-Covered Features

LXXXI. The following features are always considered **not medically necessary and not covered** for any type of manual wheelchair, PWC, or POV:

- A. Stair climbing (A9270),
- B. Electronic balance (A9270),
- C. Ability to elevate the seat by balancing on two wheels (A9270),
- D. Remote operation (A9270),
- E. An electronic interface used to control lights or other electrical devices,
- F. A manual standing system for a manual wheelchair (E2230),
- G. Any option or accessory that is beneficial primarily in allowing the member to perform leisure or recreational activities,
- H. An attendant control (E2331) provided in addition to a patient-operated drive control system,
- I. A power seat elevation feature (E2300) and power standing feature (E2301), and Powered seat cushions (E2610)

Replacements

LXXXII. Replacement of a manual wheelchair, PWC, or POV may be considered **medically necessary** for member-owned equipment when all of the following (A-B) are met:

- A. One of the following applies:
 - 1. There is a significant change in the physical condition of the patient and the current wheelchair, POV, or PWC no longer meets the member's medical needs; **or**
 - 2. Replacement is needed due to irreparable *damage* (e.g., fire, flood, etc.) or if the existing equipment is lost or stolen; **or**
 - 3. When replacement is needed due to irreparable *wear* and when the reasonable useful lifetime (RUL) of the equipment has been reached (at least 5 years) and the equipment has been in continuous use by the patient; **or**
 - 4. The cost to repair the existing equipment exceeds the purchase price of a replacement; **and**
- B. Item is not under manufacturer warranty that would cover the costs of repair or replacement.

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LXXXIII. Replacement of components or accessories may be considered **medically necessary** for member-owned equipment when both of the following (A-B) are met:

- A. The item is otherwise medically necessary and coverage criteria was met for initial issue; **and**
- B. The item continues to provide therapeutic benefit for the member.

LXXXIV. Replacement of a rented wheelchair, POV, or PWC or components of such are considered **not medically necessary and not covered**.

POLICY GUIDELINES

Medicare and Mobility Assistive Equipment (MAE)

The Medicare National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) ([280.3](#)) provides general coverage criteria and applies to all MAE, from canes to power operated vehicles (POVs). Specifically, Medicare requires requested DME items to be both medically necessary and reasonable. This includes determining if there is a “less costly alternative” which can provide the necessary and appropriate therapeutic benefit for the individual (e.g., if a functional mobility deficit can be sufficiently resolved with a cane, a wheelchair would not be considered reasonable and necessary, even if applicable criteria appear to be met). NCD 280.3 notes sequential criteria to determine the equipment that is of the appropriate type and complexity to restore the beneficiary’s ability to participate in MRADLs. A flow chart to guide this decision-making can be found in the [Medicare Transmittal Change Request 3791](#) (page 19). The Durable Medical Equipment Medicare Administrative Contractors (DMEMACs) incorporate this algorithm in the development of their local coverage policies.

General

This policy may be primarily based on several Centers for Medicare and Medicaid Services Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) for wheelchairs and related accessories, including the following:

- Local Coverage Determination (LCD): Manual Wheelchair Bases (L33788)¹
- Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792)²
- Local Coverage Determination (LCD): Wheelchair Seating (L33312)³
- Local Coverage Determination (LCD): Power Mobility Devices (L33789)⁴
- Noridian Article: Upgrades to Group 2 POVs (K0806-K0808) and Group 4 PWCs (K0868-K0886)⁵
- Local Coverage Article: Manual Wheelchair Bases - Policy Article (A52497)⁶
- Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504)⁷
- Local Coverage Article: Power Mobility Devices - Policy Article (A52498)⁸
- Local Coverage Article: Wheelchair Seating - Policy Article (A52505)⁹

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The above LCDs and LCAs can also be reviewed to locate Medicare definitions of different types of wheelchairs, POVs, PWCs, and their associated accessories and options.

Wheelchair Type	Code	Weight	Seat Height	Weight capacity
Standard wheelchair	K0001	> 36 lbs.	≥ 19 in	≤ 250 lbs.
Standard hemi (low seat) wheelchair	K0002	> 36 lbs.	< 19 in	≤ 250 lbs.
Lightweight wheelchair	K0003	34-36 lbs.		≤ 250 lbs.
High strength, lightweight wheelchair (Lifetime Warranty on side frames and cross braces)	K0004	< 34 lbs.		
Heavy duty wheelchair	K0006			> 250 lbs.
Extra heavy duty wheelchair	K0007			> 300 lbs.
Custom manual wheelchair/base	K0008			
Adult Tilt-In-Space wheelchair (Lifetime Warranty: On side frames and cross braces)	E1161			

BILLING GUIDELINES

General

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as Medicare definitions, additional coverage and non-coverage scenarios and frequency utilization allowances and limitations:

- Local Coverage Article: Manual Wheelchair Bases - Policy Article (A52497)⁶
- Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504)⁷
- Local Coverage Article: Power Mobility Devices - Policy Article (A52498)⁸
- Local Coverage Article: Wheelchair Seating - Policy Article (A52505)⁹

Please see LCA A52504 for additional coding guidelines, including what HCPCS codes are considered bundled and not separately reimbursable when provided in association with various types of wheelchairs, POVs, PWCs, etc.

Replacement Parts, Components and Accessories

Some codes specific represent *replacement* options or parts. Many options and accessories provided at the time of initial issue of a wheelchair, PWC, or POV are not separately billable. Codes specific to replacement parts should not be used at the initial issue of the chair.

A replacement option or accessory should be reported using an appropriate wheelchair option/accessory code when available.

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Miscellaneous options, accessories, or replacement parts for wheelchairs that do **not** have a specific HCPCS code available and those which are not included in another code should be reported using HCPCS code K0108. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code K0108. When billing more than one line item with code K0108, supplies must ensure each line item on the claim can be matched to the relevant item on an invoice. If a supplier chooses to bill separately for a component that is included in another code, HCPCS code A9900 must be used, but no separate reimbursement will be allowed for this code.

The Company medical policy *Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) (All Lines of Business Except Medicare)* (MP142) can be reviewed for additional information regarding Medicare guidelines for durable medical equipment, including replacements.

CPT/HCPCS CODES

All Lines of Business Except Medicare	
Prior Authorization Required	
Power Wheelchair	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
K0010	Standard - weight frame motorized/power wheelchair
K0011*	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	Lightweight portable motorized/power wheelchair
K0013	Custom motorized/power wheelchair base
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds

MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
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K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds

MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
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K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
Power Operated Vehicle	
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds

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K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
K0898	Power wheelchair, not otherwise classified
*Note: Stair-climbing wheelchairs, computerized or gyroscopic mobility systems (e.g., INDEPENDENCE™ IBOT™ Mobility System, Independence Technology, LLC, Warren, NJ) are considered not primarily medical in nature, a self-help or convenience item and/or not medically necessary.	
No Prior Authorization Required	
E0705	Transfer device, any type, each
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0970	No. 2 footplates, except for elevating leg rest
E0971	Manual wheelchair accessory, anti-tipping device, each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, anti-rollback device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control

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E0986	Manual wheelchair accessory, push-rim activated power assist system
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Arm rest, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1031	Roll about chair, any and all types with casters 5" or greater
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests

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E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest

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E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1239	Power wheelchair, pediatric size, not otherwise specified
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1295	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches

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E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2207	Wheelchair accessory, crutch and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware

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E2311**	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)

MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
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E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each

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E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth

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E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633	Wheelchair accessory, addition to mobile arm support, supinator
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultra light weight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base
K0015	Detachable, non-adjustable height armrest, replacement only, each
K0017	Detachable, adjustable height armrest, base, replacement only, each
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each
K0019	Arm pad, replacement only, each
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up footrest, replacement only, each
K0038	Leg strap, each
K0039	Leg strap, h style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, replacement only, each
K0043	Footrest, lower extension tube, replacement only, each
K0044	Footrest, upper hanger bracket, replacement only, each
K0045	Footrest, complete assembly, replacement only, each
K0046	Elevating leg rest, lower extension tube, replacement only, each
K0047	Elevating leg rest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only

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K0051	Cam release assembly, footrest or leg rest, replacement only, each
K0052	Swing away, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultra-lightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
K0812	Power operated vehicle, not otherwise classified
K0098	Drive belt for power wheelchair, replacement only
K0105	Iv hanger, each
K0108***	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0462	Temporary replacement for patient owned equipment being repaired, any type
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)

**Note: Not medically necessary when the need for the upgrade is due to non-covered power accessories.

***Note: Covered when the individual meets coverage criteria for a wheelchair AND the options/accessories are required for the individual to function successfully in the home OR to perform the usual activities of daily living. Any option or accessory that is primarily for the purpose of allowing the individual to perform leisure or recreational activities is considered not medically necessary and not covered.

Not Covered

A9270	Non-covered item or service
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0980	Safety vest, wheelchair
E2230	Manual wheelchair accessory, manual standing system
E2300	Wheelchair accessory, power seat elevation system, any type
E2301	Wheelchair accessory, power standing system, any type
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each

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E2610	Wheelchair seat cushion, powered
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria

DESCRIPTION

Individuals who have physical conditions that prevent them from participating in MRADLs such as toileting, feeding dressing, grooming and bathing in customary locations in their home may require mobility assistive equipment. These physical conditions may result in impairment of mobility that can be addressed by the use of a manual wheelchair, power wheelchair or a power operated vehicle such as a scooter.

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INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) (All Lines of Business Except Medicare)

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Manual Wheelchair Bases (L33788). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788>. Accessed 5/22/2022.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33792>. Accessed 5/22/2022.
3. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Wheelchair Seating (L33312). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33312>. Accessed 5/22/2022.
4. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Power Mobility Devices (L33789). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33789>. Accessed 5/22/2022.

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5. Noridian Healthcare Solutions. Upgrades to Group 2 POVs (K0806-K0808) and Group 4 PWCs (K0868-K0886). <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/upgrades-to-group-2-povs-k0806-k0808-and-group-4-pwcs-k0868-k088-1>. Published 2011. Accessed 10/26/2021.
6. Centers for Medicare & Medicaid Services. Local Coverage Article: Manual Wheelchair Bases - Policy Article (A52497). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52497>. Accessed 5/22/2022.
7. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52504>. Accessed 5/22/2022.
8. Centers for Medicare & Medicaid Services. Local Coverage Article: Power Mobility Devices - Policy Article (A52498). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52498>. Accessed 5/22/2022.
9. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Seating - Policy Article (A52505), Effective 10/1/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52505>. Accessed 5/22/2022.