


MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
Effective Date: 2/1/2022	Medical Policy Number: 140
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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

This policy is based on several Centers for Medicare and Medicaid Services Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) for wheelchairs and related accessories.

Policy Criteria Links:

- [Manual Wheelchair Bases](#)
 - [Additional Criteria for Specific Manual Wheelchairs](#)
- [Wheelchair Options/Accessories](#)
 - [Arm of Chair](#)
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Manual Wheelchair Bases

Based on *Local Coverage Determination (LCD): Manual Wheelchair Bases* (L33788)¹

- I. A manual wheelchair for use inside the home (E1037-E1039, E1161, K0001–K0009) may be considered **medically necessary and covered** if all of the following are met:
- 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**
 - The member’s mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker; **and**
 - The member’s home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided; **and**
 - 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**
 - The member has not expressed an unwillingness to use the manual wheelchair that is provided in the home; **and**
 - 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.

- II. A transport chair (E1037, E1038 or E1039) may be considered **medically necessary and covered** as an alternative to a standard manual wheelchair (K0001) if basic coverage criteria I.A-F above are met.
- III. A standard hemi-wheelchair (K0002) may be considered **medically necessary and covered** when the member requires a lower seat height (17" to 18") 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 and covered** when a member meets both of the following criteria (A-B):
 - A. Cannot self-propel in a standard wheelchair in the home; **and**
 - B. The member can and does self-propel in a lightweight wheelchair.
- V. A high strength lightweight wheelchair (K0004) may be considered **medically necessary and covered** when a member meets the following criteria (A-B):
 - A. 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**
 - B. 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 and covered** for a member if the following criteria are met:
 - A. 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**
 - B. 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**
 - 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.

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- VII. A heavy duty wheelchair (K0006) may be considered **medically necessary and covered** if 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 and covered** if the member weighs more than 300 pounds.
- IX. A manual wheelchair with tilt in space (E1161) may be considered **medically necessary and covered** if the member meets 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 the wheelchair and its 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 and covered** if, in addition to the general coverage criteria above, 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), such that the individual construction of a unique individual manual wheelchair base is required.
- XI. A custom manual wheelchair is not considered **not medically necessary and not covered** if the expected duration of need is less than three months (e.g., post-operative recovery).
- XII. A manual wheelchair used inside the home is considered **not medically necessary and not covered** if the above criteria (I-XI) are not met.
- XIII. A manual wheelchair that is only used outside the home is considered **not medically necessary and not covered**.
- XIV. If the manual wheelchair base is not covered, then related accessories will be considered **not medically necessary and not covered**.
- XV. Backup chairs are considered **not medically necessary and not covered**.
- XVI. One month's rental for a standard manual wheelchair (K0001) may be considered **medically necessary and covered** if a member-owned wheelchair is being repaired.

Wheelchair Options and Accessories

Based on *Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792)*²

- XVII. Options and accessories for wheelchairs may be considered **medically necessary and covered** 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

- XVIII. Adjustable arm height option (E0973, K0017, K0018, and K0020) may be considered **medically necessary and covered** 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.

- XIX. An arm trough (E2209) may be considered **medically necessary and covered** if the member has quadriplegia, hemiplegia, or uncontrolled arm movements.

Footrest/Leg rest

- XX. Elevating leg rests (E0990, K0046, K0047, K0053, K0195) may be considered **medically necessary and covered** 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

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

Wheels/tires for manual wheelchairs

- XXII. A gear reduction drive wheel (E2227) may be considered **medically necessary and covered** 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

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

- XXVII. 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 and covered** 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.

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

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

XXX. 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

XXXI. An attendant control may be considered **medically necessary and covered** in place of a member-operated drive control system if the member meets coverage criteria for a wheelchair, 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.

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

XXXIII. If an attendant control (E2331) is provided in addition to a member-operated drive control system, it will be considered **not medically necessary and not covered**.

Miscellaneous accessories

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

XXXV. A safety belt/pelvic strap (E0978) may be considered **medically necessary and covered** if the member has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.

XXXVI. A swing away, retractable, or removable hardware (E1028) may be considered medically necessary and covered 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.

XXXVII. A manual fully reclining back option (E1226) may be considered **medically necessary and covered** 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.

XXXVIII. If criterion XXXIV is not met, the manual reclining back will be considered **not medically necessary and not covered**.

XXXIX. An option or accessory that is beneficial primarily in allowing the member to perform leisure or recreational activities is considered **not medically necessary and not covered**.

XL. An electronic interface used to control lights or other electrical devices is considered **not medically necessary and not covered**.

XLI. The following features of a power wheelchair are considered **not medically necessary and not covered**:

- A. Stair climbing (A9270),
- B. Electronic balance (A9270),
- C. Ability to elevate the seat by balancing on two wheels (A9270), and
- D. Remote operation (A9270)

XLII. 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.

XLIII. A manual standing system for a manual wheelchair (E2230) is considered **not medically necessary and not covered**.

Wheelchair Seating

Based on *Local Coverage Determination (LCD): Wheelchair Seating (L33312)*³

XLIV. A general use seat cushion (E2601, E2602) and a general use wheelchair back cushion (E2611-E2612) may be considered **medically necessary and covered** for a member who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets coverage criteria.

XLV. If the member does not have a covered wheelchair, then the cushion will be considered **not medically necessary and not covered**.

XLVI. 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**.

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- XLVII. 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) will be covered 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**
 - B. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.
- XLVIII. 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**.
- XLIX. 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**.
- L. A skin protection seat cushion (E2603, E2604, E2622, E2623) may be considered **medically necessary and covered** 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.
- LI. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0955-E0957, E0960) may be considered **medically necessary and covered** 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:

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monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology; spinocerebellar disease; above knee leg amputation, osteogenesis imperfecta, transverse myelitis.

- LII. A headrest (E0955) may be considered **medically necessary and covered** when the member has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.
- LIII. 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**.
- LIV. 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.
- LV. 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**.
- LVI. 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**.
- LVII. If a positioning accessory is provided and the criteria are not met, the item will be considered **not medically necessary and not covered**.
- LVIII. A custom fabricated seat cushion (E2609) may be considered **medically necessary and covered** 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.
- LIX. A custom fabricated back cushion (E2617) may be considered **medically necessary and covered** 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.
- LX. 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**.
- LXI. Powered seat cushions (E2610) will be denied as **not medically necessary and not covered**.

Power Mobility Devices

Based on *Local Coverage Determination (LCD): Power Mobility Devices* (L33789)⁴ and Noridian Article: Upgrades to Group 2 POVs (K0806-K0808) and Group 4 PWCs (K0868-K0886)⁵

- LXII. Power mobility devices or push-rim activated power assist devices may be considered **medically necessary and covered** when all of the following criteria are met:
- A. 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.
 - B. The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
 - C. 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.
- LXIII. A Powered Operated Vehicle (POV) (K0800, K0801, K0802, K0812) may be considered **medically necessary and covered** if all of the following criteria are met:
- A. Criterion LXII (A-C) 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.
- LXIV. If a POV will be used inside the home and coverage criteria LXIII.A-G are not met, it will be considered **not medically necessary and not covered**.
- LXV. Group 2 POVs (K0806-K0808) are considered **not medically necessary and not covered**.
- LXVI. A power wheelchair (PWC) may be considered medically necessary and covered if all of the following is met:
- A. Basic coverage criteria for Power Mobility Devices are met (criterion LXII.A-C.); **and**
 - B. The member does not meet coverage criterion LXIII.B, LXIII.C, or LXIII.D for a power operated vehicles (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.
- LXVII. If a power wheelchair will be used inside the home and if coverage criteria LXVI.A-E are not met, it will be considered **not medically necessary and not covered**.

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

- LXVIII. A Group 1 PWC (K0813-K0816) or a Group 2 PWC (K0820-K0829) may be considered **medically necessary and covered** if all of the coverage criteria for a PWC (criterion LXVI) are met and the wheelchair is appropriate for the member's weight.
- LXIX. A Group 2 Single Power Option PWC (K0835 – K0840) may be considered **medically necessary and covered** if all of the coverage criteria for a PWC (criterion LXVI) 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 XXVII) 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.
- LXX. If a Group 2 Single Power Option PWC is provided and if criterion LXIX.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**.
- LXXI. A Group 2 Multiple Power Option PWC (K0841-K0843) may be considered **medically necessary and covered** if all of the coverage criteria for a PWC (criterion LXVI) 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 XXVII) 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.
- LXXII. If a Group 2 Multiple Power Option PWC is provided and if criterion LXXI. is not met, it will be considered **not medically necessary and not covered**.
- LXXIII. 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 LXVI) 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.
- LXXIV. If a Group 3 PWC is provided and if criteria LXXIII are not met, it will be considered **not medically necessary and not covered**.
- LXXV. 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 LXXIII.A-C are met; **and**
 - B. The Group 2 Single Power Option (criterion LXIX) or Multiple Power Options (criterion LXXI) are met.
- LXXVI. If a Group 3 Single Power Option or Multiple Power Options PWC is provided and if criterion LXXV.A-B are not met, it will be considered **not medically necessary and not covered**.
- LXXVII. Group 4 PWCs (K0868-K0886) are considered **not medically necessary and not covered**.
- LXXVIII. 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 LXVI) are met; **and**
 - B. The member is expected to grow in height; **and**
 - C. The Group 2 Single Power Option (criterion LXIX) or Multiple Power Options (criterion LXXI) are met.
- LXXIX. If a Group 5 PWC is provided and criteria LXXVII.A-C are not met, it will be considered **not medically necessary and not covered**.
- LXXX. 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:
- A. All of the criteria for a power mobility device (criterion LXII) 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.
- LXXXI. 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 LXVI); **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.
- LXXXII. 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).
- LXXXIII. If the PWC base is considered not medically and not covered, then related accessories will be considered **not medically necessary and not covered**.
- LXXXIV. 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**.

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- LXXXV. 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**.
- LXXXVI. Backup chairs are denied as not reasonable and necessary.
- LXXXVII. 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.
- LXXXVIII. A power mobility device will be considered 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).

POLICY GUIDELINES

Definitions:

Wheelchair bases

- A complete manual wheelchair base includes:
 - A complete frame
 - Propulsion wheels
 - Casters
 - Brakes
 - A sling seat, seat pan which can accommodate a wheelchair seat cushion, or a seat frame structured in such a way as to be capable of accepting a seating system
 - A sling back, other seat back support which can accommodate a wheelchair back cushion, or a back frame structured in such a way as to be capable of accepting a back system
 - Standard leg and footrests
 - Armrests
 - Safety accessories
- Adult manual wheelchairs (K0001-K0009, E1161) are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009, the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. In addition, specific codes are defined by the following characteristics:

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.

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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			

- Adult Tilt-In-Space wheelchair must have the ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle. Wheelchairs with less than 20 degrees of tilt must not be coded based upon the tilt feature. The appropriate base product must be coded as K0001 – K0007. The product must not be coded as E1161 or K0108.
- “Weight” represents the weight of the wheelchair itself in pounds without the front rigging as in the case of the K0001, K0002, K0003, K0004, and K0005. “Weight capacity” represents the carrying capacity or the amount of weight (beneficiary plus all accessories) that the wheelchair can carry for safe operation as in the case of the K0001, K0002, K0003, K0006 and K0007.

The following features are included in the allowance for all adult manual wheelchairs:

- Seat Width: 15" - 19"
 - Seat Depth: 15" – 19"
 - Arm Style: Fixed, swingaway, or detachable; fixed height
 - Footrests: Fixed, swingaway, or detachable
- Codes K0003-K0008 and E1161 include any seat height.

Wheelchair Options/Accessories

- Power Wheelchair Basic Equipment Package - Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.
 - Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
 - Battery charger, single mode
 - Complete set of tires and casters, any type
 - Legrests. There is no separate billing/payment if fixed, swingaway, or detachable non-elevating legrests with or without calf pad are provided. Elevating legrests may be billed separately.
 - Footrests/foot platform. There is no separate billing/payment if fixed, swingaway, or detachable footrests or a foot platform without angle adjustment are provided. There is no

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- separate billing for angle adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests. There is no separate billing/ payment if fixed, swingaway, or detachable non-adjustable height armrests with arm pad are provided (K0015). Adjustable height armrests (E0973, K0020) may be billed separately.
 - Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by beneficiary weight capacity.
 - Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, seat width and/or depth greater than 20 inches;
 - For Heavy Duty, seat width and/or depth greater than 22 inches;
 - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
 - Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, back width greater than 20 inches;
 - For Heavy Duty, back width greater than 22 inches;
 - For Very Heavy Duty, back width greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
 - Controller and Input device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.
- Power Operated Vehicle (POV) Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at time of initial issue):
 - Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately
 - Battery or batteries required for operation
 - Battery charger, single mode
 - Weight appropriate upholstery and seating system
 - Tiller steering
 - Non-expandable controller with proportional response to input
 - Complete set of tires
 - All accessories needed for safe operation

Wheels/Tires for Manual Wheelchairs:

- A propulsion wheel is a large wheel which can be used by a member to propel the wheelchair with his/her arms.
- A caster is a small wheel that is in contact with the ground during normal operation of the wheelchair and which cannot be used for arm propulsion. This includes rear tires on tilt-in-space wheelchairs that are not used for arm propulsion.
- A lever activated drive (E0988) is an alternative drive mechanism for propulsion of a manual wheelchair. It includes a user-powered lever-arm mechanism attached to one or both wheel

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hub(s). The lever activates adjustable-ratio gears and has the capability to shift between forward, reverse and braking.

- A pneumatic tire (E2211, E2214) is a rubber tire which is used in conjunction with a separate tube (E2212, E2215) which is filled with air.
- A flat free insert (E2213) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.
- A foam filled tire (E2216, E2217) is one in which a rubber tire shell has been filled with foam which is non-removable.
- A foam tire (E2218, E2219) is one which is made entirely of self-skinning urethane.
- A replacement only solid tire (E2220, E2221, E2222) is one which is made of hard plastic or rubber.
- A gear reduction drive wheel (E2227) is one that has more than one gear ratio option. Pushing on the rim allows the user to manually shift between the gears in order to provide additional leverage to assist propulsion of a manual wheelchair.
- A wheel braking and lock system (E2228) is a caliper or disc type braking system that permits the controlled slowing of a manual wheelchair or the controlled descent on inclines. It also has full wheel lock capability.
- A replacement only rear wheel assembly (K0069, K0070) includes a wheel rim plus a tire. For pneumatic tires, it also includes the tire tube, but not a flat free insert.
- A replacement only caster assembly (K0071, K0072, K0077) includes a caster fork, wheel rim, and tire.

Footrest/Legrest

- A footbox, E0954, is a padded box designed to position a beneficiary's foot. This item comes in multiple configurations, i.e., it may be for a single foot or for both feet. Regardless of configuration, the unit of service (UOS) is per foot. E0954 includes both prefabricated and custom fabricated products. The code also includes all mounting hardware.
- Elevating legrests that are used with a wheelchair that is purchased or owned by the beneficiary are coded E0990. This code is per legrest. Elevating legrests that are used with a capped rental wheelchair base are coded K0195. This code is per pair of legrests.

Power Seating Systems

- A power tilt seating system (E1002) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; back height of at least 20 inches;

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ability for the supplier to adjust the seat to back angle; ability to support beneficiary weight of at least 250 pounds.

- A power recline seating system (E1003, E1004, E1005) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height arm rests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support beneficiary weight of at least 250 pounds.
- A power tilt and recline seating system (E1006, E1007, E1008) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; two motors and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support beneficiary weight of at least 250 pounds.
- A mechanical shear reduction feature (E1004 and E1007) consists of two separate back panels. As the posterior back panel reclines or raises there is a mechanical linkage between the two panels which allows the member's back to stay in contact with the anterior panel without sliding along that panel.
- A power shear reduction feature (E1005 and E1008) consists of two separate back panels. As the posterior back panel reclines or raises there is a separate motor which controls the linkage between the two panels and allows the member back to stay in contact with the anterior panel without sliding along that panel.
- A mechanically linked leg elevation feature (E1009) involves a pushrod which connects the legrest to a power recline seating system. With this feature, when the back reclines, the legrest elevates; when the back raises, the legrest lowers.
- A power leg elevation feature (E1010, E1012) involves dedicated motor(s) and related electronics with or without variable speed programmability which allows the legrest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s). It includes either articulating or non-articulating legrests. The unit of service of code E1010 is a pair. The unit of service for code E1012 is each.

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- A power seat elevation system (E2300) includes: a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It must provide a seat elevation of at least 6 inches.
- A power standing system (E2301) includes: a solid seat platform and a solid back; detachable or flip-up fixed height armrests; hinged legrests; anterior knee supports; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a basic switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to move the beneficiary to a standing position; ability to support beneficiary weight of at least 250 pounds.

Wheelchair Seating

- A general use seat cushion (E2601, E2602) is a prefabricated cushion, which has the following characteristics:
 - It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 25mm with an overload deflection of at least 5 mm, or
 - Human subject tests demonstrate an average peak pressure index that is less than 125% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
 - Following testing simulating 12 months of use:
 - Simulation tests demonstrate an overload deflection of at least 5 mm, or
 - Human subject tests demonstrate an average peak pressure index that is less than 125% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
 - It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and
 - The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; and
 - It has a permanent label indicating the model and the manufacturer; and
 - It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

A nonadjustable skin protection seat cushion (E2603, E2604) is a prefabricated cushion, which has the following characteristics:

- It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 40 mm with an overload deflection of at least 5 mm, or
 - Human subject tests demonstrate an average peak pressure index that is less than 85% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
- Following testing simulating 18 months of use:
 - Simulation tests demonstrate an overload deflection of at least 5 mm, or

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- Human subject tests demonstrate an average peak pressure index that is less than 85% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
 - It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and
 - The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; and
 - It has a permanent label indicating the model and the manufacturer; and
 - It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.
- An adjustable skin protection seat cushion (E2622, E2623) has all the characteristics of a E2603 or E2604 cushion and is determined to be adjustable by the PDAC.
 - A positioning seat cushion (E2605, E2606) is a prefabricated cushion that has the following characteristics:
 - It has the minimum structural features described in (a) or (b):
 - The feature must be at least 25 mm in height in the pre-loaded state. It has two or more of the following:
 - A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
 - Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,
 - A medial thigh support which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
 - Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs.
 - It has two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume; and
 - It has the following minimum performance characteristics:
 - Simulation tests demonstrate a loaded contour depth of at least 25mm with an overload deflection of at least 5 mm, or
 - Human subject tests demonstrate an average peak pressure index that is less than 125% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and
 - Following testing simulating 18 months of use:
 - Simulation tests demonstrate an overload deflection of at least 5 mm, or
 - Human subject tests demonstrate an average peak pressure index that is less than 125% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; and

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- It has a removable vapor permeable or waterproof cover or it has a waterproof surface; and
- The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; and
- It has a permanent label indicating the model and the manufacturer; and
- It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months

Power Mobility Devices

- Power Mobility Device (PMD) - Base codes include both integral frame and modular construction type power wheelchairs (PWCs) and power operated vehicles (POVs).
- Power Wheelchair - Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction.
- Power Operated Vehicle - Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four-wheel non-highway construction.
- Member Weight Capacity – The terms Standard Duty, Heavy Duty, etc., refer to weight capacity, not performance. For example, the term Group 3 heavy duty power wheelchair denotes that the PWC has Group 3 performance characteristics and beneficiary weight handling capacity between 301 and 450 pounds. A device is not required to carry all the weight listed in the class of devices, but must have a beneficiary weight capacity within the range to be included. For example, a PMD that has a weight capacity of 400 pounds is coded as a Heavy Duty device.

BILLING GUIDELINES

The following information has been taken from the below guidance documents.

- 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

Manual Wheelchair Bases

- If K0008 is used to describe a prefabricated manual wheelchair base, even one that has been modified in any fashion, the claim will be denied for incorrect coding.

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- Reimbursement for wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Reimbursement also includes support services such as emergency services, delivery, set-up, education, and on-going assistance with use of the wheelchair.
- A custom manual wheelchair base (K0008) must be uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of the beneficiary's treating practitioner. The beneficiary's needs cannot be accommodated by any other existing manual wheelchair and accessories, including customized seating arrangements.

Manual Wheelchair base coding guide (each codes describes a complete product):

- Rollabout Chair (E1031)
- Transport Chairs (E1037, E1038, E1039)
- Manual Wheelchair Bases (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)
- Manual wheelchair bases (K0001 - K0009) include construction of any type material, including but not limited to, titanium, carbon, or any other lightweight high strength material. Suppliers must not bill HCPCS code K0108 in addition to the base wheelchair for construction materials or for a "heavy duty package" reflecting the type of material used to construct the manual wheelchair base. Billing for construction material is considered incorrect coding - unbundling.
- A manual wheelchair with a seat width and/or depth of 14" or less is considered a pediatric size wheelchair and is billed with codes E1231-E1238 or E1229.
- Codes E1050-E1060, E1070-E1160, E1170-E1200, E1220-E1224, E1240-E1295 should only be used to bill for maintenance and service for an item for which the initial claim was paid by the local carrier prior to transition to the DME MAC.

Wheelchair Accessories

Batteries/chargers

- The usual maximum frequency of replacement for a lithium-based battery (E2397) is one every 3 years. Only one battery is allowed at any one time.
- A sealed battery (E2359, E2361, E2363, E2365, E2371, E2397, K0733) is separately payable from a power wheelchair base
- There is no additional/separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair.
- A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base.

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General

- Codes K0015, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0069, K0070, K0071, K0072, K0077, K0098, E0967, E0995, E2206, E2220, E2221, E2222, and E2224 are for replacement items only. These codes are not used at the time of initial issue.
- A replacement option/accessory for POV is billed using a wheelchair option/accessory code. All options and accessories provided at the time of initial issue of a POV are not separately billable.
- Accessories provided at the time of initial issue of a rollabout chair are not separately billable. Accessories provided with the initial issue of a transport chair are not separately billable with the exception of elevating legrests (E0990, K0195). A replacement accessory for a rollabout or transport chair is billed using code E1399.
- Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded 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, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge. If a supplier chooses to bill separately for a component that is included in another code, code A9900 must be used.
- The right (RT) and left (LT) modifiers must be used when appropriate. Effective for claims with dates of service (DOS) on or after 3/1/2019, if bilateral items (left and right) are provided as a purchase and the unit of service of the code is “each”, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on each claim line. Do not use the RTLT modifier on the same claim line and billed with 2 UOS. Claims for purchased items billed without modifiers RT and/or LT, or with RTLT on the same claim line and 2 UOS, will be rejected as incorrect coding. If bilateral items are provided as a rental and the UOS is “each”, bill the items on two separate claim lines with the RT modifier on one line and the LT modifier on the other. If bilateral items are provided and the unit of service is “pair”, the LT and RT modifiers do not need to be reported.
- Codes E0968, E0969, E0970, E0980, E0994, E1227, E1228, E1296, E1297, E1298, and E2340, E2341, E2342, E2343 are not valid for claim submission.

Nonstandard Seat Frame Dimensions

- For all adult manual wheelchairs (E1161, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009), payment for seat widths and/or seat depths of 15-19 inches is included in the payment for the base code. These seat dimensions should not be billed separately. Codes E2201, E2202, E2203, E2204 describe seat widths and/or depths of 20 inches or more for manual wheelchairs.

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- For power wheelchairs, there is no separate billing for nonstandard seat frame dimensions (width, depth, or height) with the following exceptions: For Group 3 and 4 power wheelchairs, with a sling/solid seat/back, the following items may be billed separately using code K0108:
 - For Standard Duty, seat width and/or depth greater than 20 inches;
 - For Heavy Duty, seat width and/or depth greater than 22 inches;
 - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
- For Group 3 and 4 PWCs with a sling/solid seat/back, the following items may be billed separately using code K0108:
 - For Standard Duty, back width greater than 20 inches;
 - For Heavy Duty, back width greater than 22 inches;
 - For Very Heavy Duty, back width greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
- Code K0108 may not be billed for nonstandard dimensions of a power tilt and/or recline seating system (E1002, E1003, E1004, E1005, E1006, E1007, E1008). The definition of those codes includes any frame width and depth.

Power Seating Systems

- Coding for a power tilt system (E1002), power recline system (E1003, E1004 and E1005), and tilt/recline system (E1006, E1007 and E1008) are all-inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed.
- A power tilt seating system or power tilt and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees is considered to be the same as the standard seat included in the base wheelchair. Codes E1002, E1003, E1004, E1005, E1006, E1007, E1008 must not be used to describe a power tilt seating system or a power tilt and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees. These seating systems must be coded as A9900 and are not separately payable.
- HCPCS code E1012 includes all components of the leg rest, including fixed angle footplates and foot platforms. Adjustable angle footplates coded K0040 (ADJUSTABLE ANGLE FOOTPLATE, EACH) are separately payable when provided with leg rests coded as E1012.

Wheelchair Seating

- If a supplier chooses to bill separately for mounting hardware, either nonadjustable or adjustable, for a seat or back cushion or solid support base, code A9900 must be used.
- Pediatric size positioning accessories are billed with the codes described in this policy. Codes E1025, E1026, E1027 (lateral thoracic and lateral/anterior supports) are invalid for claim submission.

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- Code E1028 (swingaway or removable mounting hardware upgrade) may be billed in addition to codes E0953, E0955, E0956, E0957. It must not be billed in addition to code E0960. It must not be used for mounting hardware related to a wheelchair seat cushion or back cushion code.
- Wheelchair seat and back cushion codes are all-inclusive. Use of HCPCS code K0108 or any other HCPCS code to separately bill for added components such as the foam blocks, gel packs, air cells, or equivalent material is incorrect coding.

The following items listed in Column II are considered incidental to/included in the allowance for the item listed in Column I, therefore separate reimbursement will not be provided for the items in Column II when provided in association with the item(s) in Column 1:

Column I	Column II
Power Operated Vehicle (K0800- K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power wheelchair Base Groups 1 and 2 (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power wheelchair Base Groups 3, 4, and 5 (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
E2325	E1028

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K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

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

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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
E2610	Wheelchair seat cushion, powered
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

MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
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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
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
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
E0980	Safety vest, wheelchair
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each

MEDICAL POLICY	Wheelchairs and Power Vehicles (All Lines of Business Except Medicare)
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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
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, gimballed
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

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

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E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest
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)

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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
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
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds

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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.

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

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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 (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 4/12/2021.
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 4/12/2021.
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 4/12/2021.
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 4/12/2021.
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 4/12/2021.

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- 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 4/12/2021.
- 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 4/12/2021.
- 9. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Seating - Policy Article (A52505), Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52505>. Accessed 4/12/2021.