
Wheelchairs and Power Vehicles

MEDICAL POLICY NUMBER: 140

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| Effective Date: 6/1/2023 | COVERAGE CRITERIA | 2 |
| Last Review Date: 4/2023 | POLICY CROSS REFERENCES..... | 16 |
| Next Annual Review: 7/2023 | POLICY GUIDELINES..... | 16 |
| | REGULATORY STATUS..... | 19 |
| | BILLING GUIDELINES AND CODING | 19 |
| | REFERENCES..... | 33 |
| | POLICY REVISION HISTORY..... | 33 |

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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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”).

PLAN PRODUCT AND BENEFIT APPLICATION

Commercial

Medicaid/OHP*

Medicare**

*Medicaid/OHP 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.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered “**not medically necessary**” for Medicare members.

COVERAGE CRITERIA

Policy Criteria Links:

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

Manual Wheelchair Bases

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

- II. A transport chair (E1037, E1038 or E1039) may be considered **medically necessary** as an alternative to a standard manual wheelchair (K0001) if basic coverage criteria I.A-F **and** I.G.2 above are met.

- III. A standard hemi-wheelchair (K0002) may be considered **medically necessary** when both of the following are met (A-B):
 - A. Basic coverage criteria (I.A-G) are met; **and**
 - B. A lower seat height (17" to 18") is required because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

- IV. A lightweight wheelchair (K0003) may be considered **medically necessary** when a member meets both of the following criteria (A-C):
 - A. Basic coverage criteria (I.A-G) are met; **and**
 - B. Cannot self-propel in a standard wheelchair in the home; **and**
 - C. The member can and does self-propel in a lightweight wheelchair.

- V. A high strength lightweight wheelchair (K0004) may be considered **medically necessary** when a member meets the following criteria (A-C):
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. The member self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair; **and**
 - C. The member requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.

Note: A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

- VI. An ultra-lightweight manual wheelchair (K0005) may be considered **medically necessary** for a member if the following criteria are met:
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. The member either:
 - 1. Is a full-time manual wheelchair user; **OR**
 - 2. Requires individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair; **AND**
 - C. The member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier; **AND**
 - D. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

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

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

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

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

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

- A. The general coverage criteria for a manual wheelchair above (I.A-F) is met; **and**
 - B. The member has a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for both the wheelchair and any special features.
 - C. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.
- X. A custom manual wheelchair base (K0008) may be considered **medically necessary** if both of the following are met (A-B):
- A. Basic coverage criteria (I.A-G) are met; **and**
 - B. The specific configuration required to address the member's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated) and that the individual construction of a unique individual manual wheelchair base is required; and
 - C. The expected duration of need is greater than three months
- XI. A custom manual wheelchair is not considered **not medically necessary** if the above criteria (X) are not met.
- XII. A manual wheelchair is considered **not medically necessary** if the above criteria (I-XI) are not met.
- XIII. If the manual wheelchair base is not covered, then related accessories will be considered **not medically necessary**.
- XIV. One month's rental for a standard manual wheelchair (K0001) may be considered **medically necessary** if a member-owned wheelchair is being repaired.

Wheelchair Options and Accessories

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

Arm of chair

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

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

Footrest/Leg rest

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

Nonstandard seat frame dimensions

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

Wheels/tires for manual wheelchairs

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

Batteries/chargers

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

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

- XXV. A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating leg rests may be considered **medically necessary** if the following criteria are met:
- A. The member meets all the coverage criteria for a power wheelchair described below; **and**
 - B. A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations of the beneficiary’s seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; **and**
 - C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member; **and**
 - D. One of the following criteria is met:
 - 1. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
 - 2. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **or**
 - 3. The power seating system is needed to manage increased tone or spasticity.
- XXVI. If criteria XXV (A-D) are not met, the power seating component(s) will be considered **not medically necessary**.
- XXVII. A power seat elevation feature (E2300) and power standing feature (E2301) are considered **not medically necessary**.
- XXVIII. An electrical connection device for power seating system motors described by code E2310 or E2311 may be **medically necessary** if required for the effective use of a covered power seating system (e.g., tilt, recline, or combination systems [E1002-E1010, E1012]. See Criterion XXV for potentially covered power seating systems)
- XXIX. Electrical connection devices for power seating system motors (E2310 or E2311) are considered **not medically necessary** if the sole function of the connection is for a non-covered power seating system or feature (e.g., power seat elevation [E2300] or power standing [E2301] feature; See Criterion XXVII for these non-covered seating power seating systems).

Power wheelchair drive control systems

- XXX. An attendant control may be considered **medically necessary** in place of a member-operated drive control system if both of the following are met:
- A. The member meets coverage criteria for a power wheelchair; **and**

B. Is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

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

Miscellaneous accessories

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

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

XXXIV. A swing away, retractable, or removable hardware (E1028) may be considered **medically necessary** if the component needed to be moved out of the way so that a member can perform a slide transfer to a chair or bed.

XXXV. A manual fully reclining back option (E1226) may be considered **medically necessary** if the member has one or more of the following conditions:

- A. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
- B. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

XXXVI. If criterion XXXV is not met, the manual reclining back will be considered **not medically necessary**.

XXXVII. Swingaway, retractable, or removable hardware (E1028) are considered **not medically necessary** if the primary indication for its use is to allow the member to move close to desks or other surfaces.

Wheelchair Seating

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

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

XL. 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**.

- XLI. If a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) may be considered **medically necessary** if either criterion (A or B) is met:
- A. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes K0839, K0840, K0843, K0860 – K0864, K0870, K0871, K0879, K0880, K0886, K0890, K0891; **or**
 - B. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.
- XLII. If criterion XLI is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be considered **not medically necessary**.
- XLIII. If the member has a POV or a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be considered **not medically necessary**.
- XLIV. A skin protection seat cushion (E2603, E2604, E2622, E2623) may be considered **medically necessary** for a member who meets both of the following criteria:
- A. The member has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the member meets coverage criteria for it; **and**
 - B. The member has either of the following:
 - 1. Current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**
 - 2. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis.
- XLV. A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0955-E0957, E0960) may be considered **medically necessary** for a member who meets both of the following criteria:
- A. The member has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the member meets coverage criteria for it; **and**
 - B. The member has any significant postural asymmetries that are due to one of the diagnoses listed in criterion XLIV.B.2 above or to one of the following diagnoses: monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology; spinocerebellar disease; above knee leg amputation, osteogenesis imperfecta, transverse myelitis.

- XLVI. A headrest (E0955) may be considered **medically necessary** when the member has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.
- XLVII. 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**.
- XLVIII. A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is considered **medically necessary** for a member who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.
- XLIX. 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**.
- L. 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**.
- LI. If a positioning accessory is provided and the criteria are not met, the item will be considered **not medically necessary**.
- LII. A custom fabricated seat cushion (E2609) may be considered **medically necessary** if the member meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion and all of the criteria for a prefabricated positioning back cushion.
- LIII. A custom fabricated back cushion (E2617) may be considered **medically necessary** if the member meets all the criteria for a prefabricated back cushion and there is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the beneficiary's seating and positioning needs.
- LIV. A seat or back cushion that is provided for use with a transport chair (E1037, E1038) will be considered **not medically necessary**.

Power Mobility Devices

- LV. Power mobility devices or push-rim activated power assist devices may be considered **medically necessary** when all of the following criteria are met:
 - A. The power mobility device is required for use inside the member's home; **and**
 - B. The member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 - 1. Prevents the beneficiary from accomplishing an MRADL entirely, **or**

- 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
 - 3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
 - C. The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
 - D. The member does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.
 - 1. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 - 2. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.
- LVI. A Powered Operated Vehicle (POV) (K0800, K0801, K0802, K0812) may be considered **medically necessary** if all of the following criteria are met:
- A. Criterion LV (A-D) has been met.
 - B. The member is able to:
 - 1. Safely transfer to and from a POV; **and**
 - 2. Operate the tiller steering system; **and**
 - 3. Maintain postural stability and position while operating the POV in the home.
 - C. The member's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
 - D. The member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
 - E. The member's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.
 - F. Use of a POV will significantly improve the member's ability to participate in MRADLs and the beneficiary will use it in the home.
 - G. The member has not expressed an unwillingness to use a POV in the home.
- LVII. If coverage criteria LVI.A-G are not met, a POV will be considered **not medically necessary** .
- LVIII. Group 2 POVs (K0806-K0808) are considered **not medically necessary**.
- LIX. A power wheelchair (PWC) may be considered **medically necessary** if all of the following is met:
- A. Basic coverage criteria for Power Mobility Devices are met (criterion LV.A-D.); **and**
 - B. The member does **not** meet coverage criterion LVI.B, LVI.C, or LVI.D for a POV; **and**
 - C. One of the following is met:

1. The member has the mental and physical capabilities to safely operate the power wheelchair that is provided; **or**
 2. The member has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; **and**
- D. All of the following are met:
1. The member's weight is less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC; and
 2. The member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; and
 3. Use of a power wheelchair will significantly improve the member's ability to participate in MRADLs and the member will use it in the home. For members with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver; and
 4. The member has not expressed an unwillingness to use a power wheelchair in the home.
- E. Any coverage criteria pertaining to specific wheelchair types are met.

LX. If coverage criteria for a PWC (LIX.A-E) are not met, the PWC and all accessories will be considered **not medically necessary** .

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

LXI. A Group 1 PWC (K0813-K0816) or a Group 2 PWC (K0820-K0829) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LIX) are met and the wheelchair is appropriate for the member's weight.

LXII. A Group 2 Single Power Option PWC (K0835 – K0840) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LIX) are met and if:

- A. One of the following criteria is met:
 1. The member requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); and
 2. The member meets coverage criteria for a power tilt or a power recline seating system (criterion XXV) and the system is being used on the wheelchair; **and**
- B. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section).
- C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

- LXIII. If a Group 2 Single Power Option PWC is provided and if criterion LXI.A-C is not met (including but not limited to situations in which it is only provided to accommodate a power seat elevation feature, a power standing feature, or power elevating leg rests), it will be considered **not medically necessary**.
- LXIV. A Group 2 Multiple Power Option PWC (K0841-K0843) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LIX) are met and if:
- A. One of the following criteria is met:
 - 1. The member meets coverage criteria for a power tilt or a power recline seating system (criterion XXV) and the system is being used on the wheelchair; **or**
 - 2. The member uses a ventilator which is mounted on the wheelchair; **and**
 - B. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section).
 - C. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
- LXV. If a Group 2 Multiple Power Option PWC is provided and if criterion LXIII. is not met, it will be considered **not medically necessary**.
- LXVI. A Group 3 PWC with no power options (K0848-K0855) may be considered **medically necessary** if all of the coverage criteria for a PWC (criterion LIX) 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.
- LXVII. If a Group 3 PWC is provided and if criteria LXVI are not met, it will be considered **not medically necessary**.
- LXVIII. A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) may be considered **medically necessary** if all of the following are met:
- A. The Group 3 criteria LXVI.A-C are met; **and**
 - B. The Group 2 Single Power Option (criterion LXI) or Multiple Power Options (criterion LXIII) are met.

- LXIX. If a Group 3 Single Power Option or Multiple Power Options PWC is provided and if criterion LXVII.A-B are not met, it will be considered **not medically necessary**.
- LXX. Group 4 PWCs (K0868-K0886) are considered **not medically necessary**.
- LXXI. A Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891) may be considered **medically necessary** if all of the following are met:
- A. All the coverage criteria for a PWC (criterion LIX) are met; **and**
 - B. The member is expected to grow in height; **and**
 - C. The Group 2 Single Power Option (criterion LXII) or Multiple Power Options (criterion LXIV) are met.
- LXXII. If a Group 5 PWC is provided and criteria LXXI.A-C are not met, it will be considered **not medically necessary**.
- LXXIII. A push-rim activated power assist device (E0986) for a manual wheelchair may be considered **medically necessary** if all of the following criteria are met:
- A. All of the criteria for a power mobility device (criterion LIV) are met; **and**
 - B. The member has been self-propelling in a manual wheelchair for at least one year; **and**
 - C. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home; **and**
 - D. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
- LXXIV. A custom motorized/power wheelchair base (K0013) may be considered **medically necessary** if all of the following criteria are met:
- A. The member meets the general coverage criteria for a power wheelchair (criterion LIX); **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.
- LXXV. A custom motorized/power wheelchair base is considered **not medically necessary** if the expected duration of need for the chair is less than three months (e.g., post-operative recovery).
- LXXVI. If the PWC base is considered not medically and not covered, then related accessories will be considered **not medically necessary**.

- LXXVII. 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**.
- LXXVIII. 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**.
- LXXIX. The following are considered **not medically necessary**.
- A. Wheelchairs (manual, POV, PWC, etc.) with an intended purpose for use *outside* the home only (e.g., member does not meet the above required criteria for the requested chair or does not require a mobility assist device for use inside their home, but requests a mobility assist device for use in other settings, such as for use shopping, to use while visiting another person's home, for recreational outings, for travel, etc.).
 - 1. This includes requesting a wheelchair model which exceeds the individual's mobility needs within the home to accommodate mobility outside the home (e.g., requesting a higher level of wheelchair to allow the individual access to their yard without getting stuck).
 - B. Backup chairs of any type (manual wheelchair, POV, PWC, etc.).
- LXXX. 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.
- LXXXI. A power mobility device will be considered **not medically necessary** if the underlying condition is reversible and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).

Non-Covered Features

- LXXXII. The following features are always considered **not medically necessary** for any type of manual wheelchair, PWC, or POV:
- A. Stair climbing (A9270),
 - B. Electronic balance (A9270),
 - C. Ability to elevate the seat by balancing on two wheels (A9270),
 - D. Remote operation (A9270),
 - E. An electronic interface used to control lights or other electrical devices,
 - F. A manual standing system for a manual wheelchair (E2230),
 - G. Any option or accessory that is beneficial primarily in allowing the member to perform leisure or recreational activities,
 - H. An attendant control (E2331) provided in addition to a patient-operated drive control system,
 - I. A power seat elevation feature (E2300) and power standing feature (E2301), and Powered seat cushions (E2610)

Replacements

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

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

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

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

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

Link to [Evidence Summary](#)

POLICY CROSS REFERENCES

- [Durable Medical Equipment, Prosthetics, Orthotics, and Supplies \(DMEPOS\), MP142](#)

The full Company portfolio of current Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

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

- Local Coverage Determination (LCD): Manual Wheelchair Bases (L33788)¹

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

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

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

Medicare and Mobility Assistive Equipment (MAE)

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

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.
- 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.

BACKGROUND

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.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

BILLING GUIDELINES AND CODING

General

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

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

Please see LCA A52504 for additional coding guidelines, including what HCPCS codes are considered bundled and not separately reimbursable when provided in association with various types of wheelchairs, POVs, PWCs, etc. Some HCPCS codes are only allowed separate reimbursement when reported in addition to HCPCS codes that support separate payment, as determined by relevant LCAs and LCDs (e.g., HCPCS code E1028). These codes deny as not separately payable when reported in connection to components or accessories for which Medicare does **not** allow separate payment. The above local coverage articles provide additional details regarding these situations.

Replacement Parts, Components and Accessories

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

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

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

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

| CODES* | | |
|-------------------------|-------|--|
| Power Wheelchair | | |
| HCPCS | A9270 | Non-covered item or service |
| | 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 |
| | 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 |

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

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

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| E1195 | Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests |
| 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 |
| E1230 | Power operated vehicle (three or four wheel nonhighway) specify brand name and model number |
| 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 |

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| 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 |
| 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 |
| E2230 | Manual wheelchair accessory, manual standing system |
| 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 |
| E2300 | Wheelchair accessory, power seat elevation system, any type |
| E2301 | Wheelchair accessory, power standing system, any type |

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| 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 |
| 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 |
| E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics 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 |
| E2358 | Power wheelchair accessory, group 34 non-sealed lead acid battery, each |

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| E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| E2360 | Power wheelchair accessory, 22nf non-sealed lead acid battery, each |
| E2361 | Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat) |
| E2362 | Power wheelchair accessory, group 24 non-sealed lead acid battery, each |
| E2363 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| E2364 | Power wheelchair accessory, u-1 non-sealed lead acid battery, each |
| 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 |
| E2367 | Power wheelchair accessory, battery charger, dual mode, for use with either 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 |
| E2372 | Power wheelchair accessory, group 27 non-sealed lead acid battery, 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 |

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| 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 |
| 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 |
| E2610 | Wheelchair seat cushion, powered |
| 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 |

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| 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 |
| 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 |
| 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 |
| 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 |

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| 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 |
| 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) |
| 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 |
| 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 |
| 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 |
| 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 |
| K0830 | Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0831 | Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds |
| 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 |

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| 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 |
| 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 |
| 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 |

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| 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 |
| K0898 | Power wheelchair, not otherwise classified |
| K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria |
| 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 |
| <p>*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.</p> <p>**Note: Not medically necessary when the need for the upgrade is due to non-covered power accessories.</p> <p>***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.</p> | |

***Coding Notes:**

- The above code list is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy](#), [Reimbursement Policy](#), [Pharmacy Policy](#) and [Provider Information website](#) for additional information.

- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Manual Wheelchair Bases (L33788). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788>. Accessed 5/22/2022.
2. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Wheelchair Options/Accessories (L33792). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33792>. Accessed 5/22/2022.
3. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Wheelchair Seating (L33312). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33312>. Accessed 5/22/2022.
4. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Power Mobility Devices (L33789). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33789>. Accessed 5/22/2022.
5. Noridian Healthcare Solutions. Upgrades to Group 2 POVs (K0806-K0808) and Group 4 PWCs (K0868-K0886). <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/upgrades-to-group-2-povs-k0806-k0808-and-group-4-pwcs-k0868-k088-1>. Published 2011. Accessed 10/26/2021.
6. Centers for Medicare & Medicaid Services. Local Coverage Article: Manual Wheelchair Bases - Policy Article (A52497). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52497>. Accessed 5/22/2022.
7. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52504>. Accessed 5/22/2022.
8. Centers for Medicare & Medicaid Services. Local Coverage Article: Power Mobility Devices - Policy Article (A52498). Effective 1/1/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52498>. Accessed 5/22/2022.
9. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Seating - Policy Article (A52505), Effective 10/1/2021. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52505>. Accessed 5/22/2022.

POLICY REVISION HISTORY

| DATE | REVISION SUMMARY |
|--------|--|
| 2/2023 | Interim update and converted to new policy template. |
| 6/2023 | Interim update |