Medicare Medical Policy

Wheelchairs and Power Vehicles

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. 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.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

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

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Notes:

- While the noted local coverage determinations (LCDs) provide most of the medical necessity criteria, the related local coverage articles (LCAs) also provide coverage and non-coverage guidance for some products. For a given device and all accessories, ***all*** of the Medicare policies relevant to that device should be reviewed and considered.
- Not all accessories are considered medically reasonable and necessary under Medicare, even if the base item is medically necessary. Review of all references is required to ensure accurate coverage for all components and accessories.

See *Policy Guidelines* below for more important information.

Service	Medicare Guidelines	HCPCS Code(s)
All mobility assistive equipment (MAEs)	National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) (280.3) **NOTE:** This NCD provides general coverage criteria and applies to all MAE, from canes to power operated vehicles (POVs), including the Medicare requirement that durable medical equipment (DME) be **both** medically necessary **and** medically reasonable. This includes determining if there is a "less costly alternative" that 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 provides sequential criteria to determine the equipment that is of the appropriate type and complexity to restore the beneficiary's ability to participate in mobility related activities of daily living (MRADLs). A flow chart to guide this decision-making can be found in CMS Transmittal Change Request 3791 (page 19). Specific coverage criteria for	

	various types of wheelchairs and accessories/components are provided below.	
INDEPENDENCE™ IBOT™ Mobility System	NCD for INDEPENDENCE iBOT 4000 Mobility System (280.15) The standard function of this item may be medically necessary when NCD criteria are met, but the 4-Wheel, balance, stair and remote functions of this device are never medically necessary.	K0898 Use of HCPCS code K0898 is not limited to just this purpose. In addition, other codes may be used to report individual components for different functions. If an item is non-covered per the NCD, it is non-covered regardless of code used.
Customized chairs	For customized chair criteria, see relevant LCDs below for criteria. (LCD selection is based on whether a manual or power wheelchair is requested). See Policy Guidelines for custom items.	K0008, K0013
Manual Wheelchair Bases	• LCD: Manual Wheelchair Bases (L33788) • LCA: Manual Wheelchair Bases - Policy Article (A52497)	E1037, E1038, E1039, E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009
Wheelchair Options/Accessories	• LCD: Wheelchair Options/Accessories (L33792) • LCA: Wheelchair Options/Accessories - Policy Article (A52504) **NOTES:** Even if useful to an individual, many accessories or components are never considered medically necessary. See the LCD and LCA for coverage details. Examples include, but are not limited to, any option or accessory which is primarily used to allow the member to perform leisure or recreational activities.	A9270, A9900, E0705, E0950, E0951, E0952, E0954, E0958, E0959, E0961, E0967, E0971, E0973, E0974, E0978, E0981, E0982, E0985, E0988, E0990, E0995, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1011, E1012, E1014, E1015, E1016, E1017, E1018, E1020, E1022, E1023, E1028, E1029, E1030, E1032, E1033, E1034, E1225, E1226, E2201, E2202, E2203, E2204, E2205, E2206, E2207, E2208, E2209, E2210, E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2230, E2295, E2301, E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2351, E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365, E2366, E2367, E2368,

		E2369, E2370, E2371, E2372, E2373, E2374, E2375, E2376, E2377, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397, E2398, K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077, K0098, K0105, K0108, K0195, K0733
Power Seat Elevation System	• **Prior to 5/16/2023:** Apply L33792 and A52504 above. • **As of 5/16/2023:** NCD: Seat Elevation Equipment (Power Operated) on Power Wheelchairs (280.16) **NOTES:** 1. In order for power seat elevation systems to be considered for coverage, the power wheelchair it is used with must also meet medically necessary coverage criteria, found in LCDs above. 2. Complex rehabilitative power-drive wheelchairs are HCPCS codes K0835-K0843 and K0848-K0864. While not likely to impact Medicare Advantage members, CMS has determined eligible wheelchairs also include Group 5 (pediatric) power wheelchairs (K0890, K0891); see Billing Guidelines below for more information. 3. The above NCD provides coverage of power seat elevation systems when used with Medicare covered complex rehabilitative power-driven wheelchairs. **Codes K0830 and K0831** represent Group 2 power wheelchairs that are **not** complex rehabilitative power-	E2298, K0830, K0831 **NOTE:** This CMS coverage only applies to *seat elevation* systems. It does **not** apply to power *standing* systems (E2301). Continue to apply the above LCD/LCA for this accessory.

	driven wheelchairs. Since these do not meet the NCD coverage criteria, and Noridian follows the NCD for coverage of these systems, these PWCs are considered not medically necessary. See Policy Guidelines below for more information.	
Wheelchair Seating	• LCD: Wheelchair Seating (L33312) • LCA: Wheelchair Seating - Policy Article (A52505)	A9900, E0953, E0955, E0956, E0957, E0960, E0966, E0992, E1028, E2231, E2291, E2292, E2293, E2294, E2601, E2602, E2603, E2604, E2605, E2606, E2607, E2608, E2609, E2610, E2611, E2612, E2613, E2614, E2615, E2616, E2617, E2619, E2620, E2621, E2622, E2623, E2624, E2625, K0669, K0108
Power Mobility Devices	• LCD: Power Mobility Devices (L33789) • LCA: Power Mobility Devices - Policy Article (A52498) **NOTES:** A power mobility device is not considered medically necessary if the underlying condition is reversible and the length of need is less than three months. Power mobility devices are not medically necessary if ordered by a podiatrist. Even if useful to an individual, many accessories or components are never considered medically necessary. See the LCD and LCA for coverage details.	E0983, E0984, E0986, K0013, K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899
For repair or replacement requests	Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, §110.2 - Repairs, Maintenance, Replacement, and Delivery, Subsections A and C See *Policy Guidelines* below	Varies
Multiple Wheelchairs	Multiple wheelchairs are **not medically necessary** under Medicare. (See LCD L33789 for	Varies

	"backup chairs" and the Noridian J-D web page for Back-Up Equipment)	
*Wheelchairs, PWC, or POVs for Use **Outside** the Home*	Any wheelchair, PWC, or POV only for use outside the home is **not medically necessary** (see LCA A52497 for manual wheelchairs and LCA A52498 for PWC or POV).	
See *Policy Guidelines* below for more important information.		

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A).* If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

USE OF MOBILITY DEVICE OUTSIDE OF THE HOME

While members who qualify for coverage of a wheelchair may use the device outside the home, coverage of a wheelchair under Medicare is determined solely by the beneficiary's mobility needs ***within*** the home. Therefore, the documentation must clearly distinguish the abilities and needs of the individual within the home from any *additional* needs for use outside the home.

HEAVY DUTY, VERY HEAVY DUTY AND EXTRA HEAVY DUTY OPTIONS

Heavy duty, very heavy duty, and extra heavy duty mobility options have specific weight requirements. If a heavy duty, very heavy duty, or extra heavy duty manual wheelchair, PWC or POV is provided, but the beneficiary's weight is outside the range listed in the criterion, the item may be denied as not medically reasonable and necessary. However, some of the above LCDs suggest that if the member is within 5% of the weight capacity limits for a chair, considering the next higher weight class is reasonable. This is to allow flexibility in the event the member gains weight, thus avoiding any need for a replacement chair.

CUSTOM WHEELCHAIRS OR POWER OPERATED VEHICLES (POVS)

In order to be classified as "custom," the chair must be so uniquely constructed or substantially modified for one specific member because their needs cannot be met by existing wheelchair options or accessories, including customized seating options. Simply using wheelchair cushions or other options or accessories (regardless of if prefabricated or custom fabricated) and adding to a wheelchair base does not it itself classify the wheelchair as "custom." This applies to any type of wheelchair (manual, POV or PWC).

Custom **manual wheelchairs** are never considered to be medically necessary if the expected length of need is less than three months. In addition, a **custom motorized or power wheelchair base** are not considered medically necessary if the underlying condition is reversible and the length of need is less than three months.

POWER SEAT ELEVATION SYSTEMS – NEW CMS COVERAGE

Prior to May 16, 2023, **all** power seat elevation features and the power wheelchairs which included them were non-covered.

CMS published a final Benefit Category Determination and National Coverage Determination (BCD NCD) for Seat Elevation Equipment (Power Operated) on Power Wheelchairs on May 16, 2023. Coverage under this NCD is limited to power seat elevation equipment on **Medicare-covered complex rehabilitative power-driven wheelchairs.** While the NCD states the DME MACs have authority to determine coverage for power seat elevation equipment on ***non***-complex rehabilitative power-driven wheelchairs, to date, the DME MACs have updated local coverage policies to align with the NCD, and have **not** provided additional coverage of this feature with **non**-complex power-driven wheelchairs (including HCPCS K0830 and K0831).

DOCUMENTATION REQUIREMENTS

Initial Provision

For initial provision of a wheelchair (any type), use the following documentation checklists (as applicable) to determine documentation requirements:

- Documentation checklist for Manual Wheelchairs (includes documentation requirements for custom manual wheelchairs).
- Documentation checklist for Power Mobility Devices.
- Documentation checklist for Power Wheelchairs: Group 1, 2 and 3 No Power Option OR Custom PWCs (includes documentation requirements for custom power wheelchairs).
- Documentation checklist for Power Wheelchairs: Group 2 and 3 Single and Multiple Power Option.

Replacement Requests

Replacement of wheelchair (any type) or component of a wheelchair may be medically necessary when Medicare's DME replacement requirements in the Medicare coverage manual found in the criteria table are met. These include documentation of the following:

- Continued medical need for the performance group the mobility device falls under (e.g., if a member using a manual wheelchair wants to replace with a new manual wheelchair, documentation must show the continued medical need and benefit of the manual wheelchair; however, if they want to replace with a PWC or POV, documentation must support the need for the performance grade change);
- Condition of the wheelchair or component, etc.,
- The wheelchair or component are not under manufacturer warranty, and
- The 5-year useful lifetime of the item has been reached. If replacement is requested prior to the 5-year useful lifetime of the item being reached, documentation must show loss (or stolen) or irreparable damage from a specific event (e.g., accident, natural disaster, etc.)

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

See associated local coverage articles (LCAs) for coding and billing guidance:

- Local Coverage Article: Manual Wheelchair Bases - Policy Article (A52497)
- Local Coverage Article: Wheelchair Options/Accessories - Policy Article (A52504)
- Local Coverage Article: Power Mobility Devices - Policy Article (A52498)
- Local Coverage Article: Wheelchair Seating - Policy Article (A52505)
- **Coding and Payment information for HCPCS code E2300 as of 5/16/2023 (and new code E2298, as of 4/1/2024):** CMS Durable Medical Equipment (DME) Center

These LCAs provide a large amount of information with respect to coding and billing, as well as what may or may not be covered and what components of a wheelchair might be bundled into the initial provision of a chair.

HCPCS CODE K0108

Correct Uses for K0108

On initial issue of a wheelchair (any type), many components are included in the base provision of the chair and are not allowed separate payment if billed with individual codes, regardless of what code is used. This applies to K0108 as well.

Miscellaneous options, accessories, or replacement parts for wheelchairs may be coded using K0108 when the option, accessory, or replacement part meets **both** of the following:

- does **not** have a specific HCPCS code **and**
- is **not** included in another HCPCS code. *(A52504)*
    - If a supplier selects to bill separately for a component that **is** included in another code, HCPCS A9900 must be used instead of K0108. *(A52504)*

If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code K0108. Also 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. *(A52504)*

Incorrect Uses for K0108

The following are examples of incorrect use of HCPCS code K0108[5-20]:

- Wheelchair Headrest
- Wheelchair Ventilator Tray
- Wheelchair Tray
- Actuator
- Battery Replacement
- Privacy Flap
- Drive Wheel Gear Box
- Anti-Tip Devices for Manual Wheelchairs
- Replacement of Wheelchair Seat and Back Upholstery
- Bill for a Battery Charger
- Front Riggings: Calf Pad or Calf Support
- Transit System and Associated Bracket (as of 4/1/2025, specific HCPCS codes are available [E1022, E1023])
- Labor Charges
- Front Riggings: Shoe Holder or Shoe Holder Replacement Straps
- Wheel Lock Brake Extension for Manual Wheelchairs
- Center Mount Elevating Leg Rest *(A52504)*
- Cantilever Type Armrest (aka, flip-up armrest) – initial issue vs. repair

Additional inappropriate uses of K0108 include:

- **Braces (Orthoses) Attached to Wheelchairs:** "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." *(A52504)* Since separate E-codes do exist for these accessories, the specific codes should be used instead of K0108.
- **Manual Wheelchairs Constructed of Titanium:** "Manual wheelchair bases (K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, and 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." *(A52497)*

POWER SEAT ELEVATION SYSTEMS – CODING AND BILLING FOR NEW CMS COVERAGE

According to the CMS DME Center web page (**bold underline** added for emphasis):

> "… provides for national coverage of power seat elevation equipment on **Medicare-covered complex rehabilitative power-driven wheelchairs**, **as defined in 42 CFR 414.202**, under the criteria specified in the NCD."

42 CFR 414.202 defines "complex rehabilitative power-driven wheelchairs" as follows:

> *Complex rehabilitative power-driven wheelchair* means a power-driven wheelchair that is classified as—
>
> (1) Group 2 power wheelchair with power options that can accommodate rehabilitative features (for example, tilt in space); or
>
> (2) Group 3 power wheelchair.

In addition, while not included within 42 CFR 414.202, CMS also determined Group 5 (pediatric) power wheelchairs are eligible wheelchairs for coverage with a power seat elevation system. *(Medicare MLN Matters MM13277)*[2]

Therefore, at this time, complex rehabilitation power wheelchairs will be considered HCPCS codes K0835–K0843 and K0848–K0864. *(Office of Inspector General Report, OEI-04-09-00260, July 2011, p. 8, footnote #12)* While unlikely to impact Medicare Advantage plan members, Group 5 (pediatric) power wheelchairs reported using K0890/K0891 will also be included for coverage consideration.

The CMS DME Center also provides the following additional billing guidance:

- Generally, HCPCS code E2300 *(Wheelchair accessory, power seat elevation system, any type)* will be used. However, exceptions do apply.
- HCPCS codes K0830 and K0831 must be used to submit claims for individuals with Medicare using seat elevation on Group 2 power wheelchairs that are **not** complex rehabilitative power-driven wheelchairs.
- Claims submitted using HCPCS code E2300 for power seat elevation equipment on wheelchairs other than Group 5 and complex rehabilitative power-driven wheelchairs will be denied.
- Effective 4/1/2024, new code E2298 should be used when seat elevation is used with complex rehabilitation power wheelchairs.

NOTE: This policy will be updated as more information is released by CMS regarding this new coverage for HCPCS E2300/E2298.

"INCIDENTAL TO" DENIALS

Certain components and accessories of a wheelchair are included in the reimbursement of the base chair, and thus, are not eligible for separate reimbursement at initial issue. According to LCA A52498, "All accessories needed for safe operation" are included on initial issue and thus are not allowed separate payment, nor should they be separately reported at the time of initial issue, even if the HCPCS code used is not included in the Column I/Column II table in LCA A52504. In addition, not all accessories will be considered medically necessary because they may not meet the definition of DME, as defined by Medicare.

The LCA for *Wheelchair Options/Accessories - Policy Article* (A52504) provides a detailed up-to-date table to determine which items or components would be considered incidental to/included in the allowance for the base item listed in Column I, which means separate reimbursement will not be provided for these items. To determine if additional components may be approved separately, see the LCAs A52498 and A52504.

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 may deny as not separately payable when reported in connection to components or accessories for which Medicare does **not** allow separate payment.

HCPCS Code E1028

It is possible for a single claim to have multiple units of HCPCS code E1028 reported on it, with some units being considered payable, while other units may not be eligible for payment per Medicare guidelines. It is recommended wheelchairs/POV suppliers add a description for each unit of E1028 that is reported on a claim.[3]

<u>HCPCS E1028 may not be reimbursed separately in the following situations (not an all-inclusive list):</u>

- E1028 must **not** be billed in addition to code E0960.
- E1028 must **not** be used for mounting hardware related to a wheelchair seat cushion or back cushion code. (A52505)
- E1028 is **non-covered** if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces. (A52504)
- E1028 is **not** to be used for swingaway hardware used with a sip and puff interface (E2325). (A52504)
- E1028 is **not** to be used for hardware on a wheelchair tray (E0950). (A52504)
- E1028 is **not** to be used in addition to E1020 (Residual limb support system). (A52504)

<u>HCPCS E1028 may be reimbursed separately in the following situations:</u>

- Code E1028 **may** be billed in addition to codes E0953, E0955, E0956, E0957.
- E1028 **may be** allowed when needed to move the component out of the way so that a member can perform a slide transfer to a chair or bed. (L33792)
    - Examples include:
    - Swingaway hardware used with remote joysticks or touchpads (A52504)
    - Swingaway or flip-down hardware for head control interfaces E2327, E2328, E2329, E2330 (A52504)

    - Swingaway hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311 (A52504)
- Note: Even in situations where E1028 is reported with a potentially covered component or accessory HCPCS code, that component or accessory must meet coverage criteria and be medically necessary.

NON-COVERED ITEMS

While not an all-inclusive list, some HCPCS codes are not covered under Medicare. These codes may not be considered medically necessary or may not be eligible for separate reimbursement. Such codes include, but are not limited to, the following:

Table 1: Non-Covered Items (Not All-Inclusive)

Code	Description	Non-Coverage Rationale
E0968	Commode seat, wheelchair	Medicare criteria for a commode require the member be confined to a single room or to their bed. A commode feature on a wheelchair would not meet these criteria, making the commode seat on a wheelchair not medically necessary.
E0969	Narrowing device, wheelchair	Convenience item. Wheelchairs must be selected in a manner to allow for adequate navigation through a member's home. Thus, this device *within* the home shouldn't be necessary. To require a narrowing device for use *outside* the home would not be medically necessary.
E0970	No. 2 footplates, except for elevating leg rest	Other codes for footplates are available.
E0980	Safety vest, wheelchair	Not primarily medical in nature, not medically necessary.
E0994	Arm rest, each	Other more specific codes are available - E0973, K0015-K0020
E1227	Special height arms for wheelchair	Per A52497, codes for manual wheelchairs include armrests and per A52498, codes for power wheelchairs include fixed height armrests. Specific codes are available for adjustable armrests when appropriate.
E1228	Special back height for wheelchair	Per A52497, codes for manual wheelchairs include the back support so this is not allowed separate reimbursement.
E1296	Special wheelchair seat height from floor	Codes for wheelchairs include any seat height so this is not allowed separate reimbursement.
E1297	Special wheelchair seat depth, by upholstery	Codes for wheelchairs include any seat depth so this is not allowed separate reimbursement.
E1298	Special wheelchair seat depth and/or width, by construction	Codes for wheelchairs include any seat depth and width so this is not allowed separate reimbursement.
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Per A52504, for power wheelchairs, separate billing for nonstandard seat frame dimensions is not allowed separate reimbursement with minimal exceptions. For the exceptions, K0108 is used instead.

E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Per A52504, for power wheelchairs, separate billing for nonstandard seat frame dimensions is not allowed separate reimbursement with minimal exceptions. For the exceptions, K0108 is used instead.
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Per A52504, for power wheelchairs, separate billing for nonstandard seat frame dimensions is not allowed separate reimbursement with minimal exceptions. For the exceptions, K0108 is used instead.
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Per A52504, for power wheelchairs, separate billing for nonstandard seat frame dimensions is not allowed separate reimbursement with minimal exceptions. For the exceptions, K0108 is used instead.

CODES*		
CPT	None	
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, 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
	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
	E0994	Arm rest, 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
	E1022	Wheelchair transportation securement system, any type includes all components and accessories
	E1023	Wheelchair transit securement system, includes all components and accessories
	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other
	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
	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
	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
	E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests
	E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
	E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest
	E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests
	E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests
	E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests
	E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
	E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
	E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest
	E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests
	E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
	E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
	E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests
	E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest
	E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests
	E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests
	E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests
	E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests

	E1161	Manual adult size wheelchair, includes tilt in space
	E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests
	E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest
	E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest
	E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests
	E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests
	E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests
	E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest
	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
	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
	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

	E1296	Special wheelchair seat height from floor
	E1297	Special wheelchair seat depth, by upholstery
	E1298	Special wheelchair seat depth and/or width, by construction
	E2230	Manual wheelchair accessory, manual standing system
	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
	~~E2300~~	**TERMED 3/31/2024** ~~Wheelchair accessory, power seat elevation system, any type~~
	E2301	Wheelchair accessory, power standing system, any type
	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
	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
	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
	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
	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
	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)
	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
	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

	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
	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

	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
	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
	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
	K0898	Power wheelchair, not otherwise classified
	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria

*****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.

******Not medically necessary when the need for the device is solely due to non-covered power seating accessories. See the relevant LCD and LCA for specific information.

*******May be medically necessary 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.

***Coding Notes:**

- The code list above 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. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- 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.

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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Interim update and converted to new format
6/2023	Interim update, added clarification that separate reimbursement for some services is based on LCDs/LCAs
7/2023	Annual review; updated coverage for power seat elevation systems as per CMS changes dated 5/16/2023
9/2023	Interim update; replaced decision memo with formal NCD, added MM13277 reference
4/2024	Q2 2024 Code updates
7/2024	Annual review; add billing instruction for K0108
10/2024	Interim update; clarified non-coverage of power seat elevation systems with **non**-complex rehabilitative power-driven wheelchairs
4/2025	Q2 2025 Code updates
10/2025	Q4 2025 Code updates
11/2025	Annual review; no criteria changes
9/2026	Annual review; no criteria changes