


MEDICAL POLICY		Wheelchairs and Power Vehicles	
Effective Date: 7/1/2020		Section: DME	Policy No: 375
 <div style="text-align: right;">7/1/2020</div>		Medical Policy Committee Approved Date: 10/15; 9/16; 8/17; 7/18; 8/19; 12/19; 4/2020	
		Medical Officer	Date

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

SCOPE:

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

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

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

POLICY CRITERIA

This policy is based on several Centers for Medicare and Medicaid Services Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs) for wheelchairs and related accessories. Please see policy criteria for links to applicable guidance documents:

Policy Criteria Links:

- [Manual Wheelchair Bases](#)
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- [Wheelchair Options/Accessories](#)
 - [Arm of Chair](#)
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- [Power Tilt and/or Recline Seating Systems](#)
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 - [Power Wheelchairs](#)
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Manual Wheelchair Bases

Local Coverage Determination (LCD): Manual Wheelchair Bases ([L33788](#))¹

A manual wheelchair for use inside the home (E1037-E1039, E1161, K0001–K0009) is covered if:

- A. Criteria 1,2,3,4, and 5 are met; **and**
- B. Criterion 6 or 7 is met.
 1. The beneficiary 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:
 - a. Prevents the beneficiary from accomplishing an MRADL entirely, **or**
 - b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
 - c. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
 2. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.
 3. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
 4. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.
 5. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.
 6. The beneficiary has 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.

7. The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

ADDITIONAL CRITERIA FOR SPECIFIC MANUAL WHEELCHAIRS (E1037, E1038, E1039, E1161, K0002 – K0008)

In addition to the general manual wheelchair criteria above, the specific criteria below must be met for each manual wheelchair. If the specific criteria are not met, the manual wheelchair will be denied as not reasonable and necessary.

A transport chair (E1037, E1038 or E1039) is covered as an alternative to a standard manual wheelchair (K0001) and if basic coverage criteria A-E and G above are met.

A standard hemi-wheelchair (K0002) is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

A lightweight wheelchair (K0003) is covered when a beneficiary meets both criteria (1) and (2):

1. Cannot self-propel in a standard wheelchair in the home; **and**
2. The beneficiary can and does self-propel in a lightweight wheelchair.

A high strength lightweight wheelchair (K0004) is covered when a beneficiary meets the criteria in (1) or (2):

1. The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
2. The beneficiary 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.

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).

An ultra-lightweight manual wheelchair (K0005) is covered for a beneficiary if criteria (1) or (2) is met and (3) and (4) are met:

1. The beneficiary must be a full-time manual wheelchair user.
2. The beneficiary must require 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.

3. The beneficiary 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 (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
4. 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.

A heavy duty wheelchair (K0006) is covered if the beneficiary weighs more than 250 pounds or the beneficiary has severe spasticity.

An extra heavy duty wheelchair (K0007) is covered if the beneficiary weighs more than 300 pounds.

A manual wheelchair with tilt in space (E1161) is covered if the beneficiary meets the general coverage criteria for a manual wheelchair above, and if criteria (1) and (2) are met:

1. The beneficiary 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 (see Documentation Requirements section). The LCMP may have no financial relationship with the supplier.
2. 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.

A custom manual wheelchair base (K0008) is covered if, in addition to the general coverage criteria above, the specific configuration required to address the beneficiary's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual manual wheelchair base is required.

If K0008 is used to describe a prefabricated manual wheelchair base, even one that has been modified in any fashion, the claim will be denied for incorrect coding. Refer to the CODING GUIDELINES section of the related Policy Article for additional information about correct coding of K0008.

A custom manual wheelchair is not reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

If the manual wheelchair will be used inside the home and the coverage criteria are not met, it will be denied as not reasonable and necessary.

If the manual wheelchair will only be used outside the home, see NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES section of the related Policy Article for information concerning statutory coverage requirements.

If the manual wheelchair base is not covered, then related accessories will be denied as not reasonable and necessary.

MISCELLANEOUS

Payment is made for only one wheelchair at a time. Backup chairs are denied as not reasonable and necessary. One month's rental for a standard manual wheelchair (K0001) is covered if a beneficiary-owned wheelchair is being repaired.

Wheelchair Options and Accessories

Local Coverage Determination (LCD): Wheelchair Options/Accessories ([L33792](#))²

Options and accessories for wheelchairs are covered if the beneficiary has a wheelchair that meets Medicare coverage criteria and the option/accessory itself is medically necessary. Coverage criteria for specific items are described below.

If these criteria are not met, the item will be denied as not reasonable and necessary.

ARM OF CHAIR:

Adjustable arm height option (E0973, K0017, K0018, and K0020) is covered if the beneficiary 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.

An arm trough (E2209) is covered if the beneficiary has quadriplegia, hemiplegia, or uncontrolled arm movements.

FOOTREST/ LEGREST:

Elevating leg rests (E0990, K0046, K0047, K0053, K0195) are covered if:

1. The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
2. The beneficiary has significant edema of the lower extremities that requires an elevating leg rest; **or**
3. The beneficiary meets the criteria for and has a reclining back on the wheelchair.

NONSTANDARD SEAT FRAME DIMENSIONS:

A nonstandard seat width and/or depth for a manual wheelchair (E2201-E2204) is covered only if the beneficiary's physical dimensions justify the need.

WHEELS/TIRES FOR MANUAL WHEELCHAIRS:

A gear reduction drive wheel (E2227) is covered if all of the following criteria are met:

1. The beneficiary has been self-propelling in a manual wheelchair for at least one year; **and**
2. The beneficiary 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**
3. 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 beneficiary.

BATTERIES/ CHARGERS:

Up to two batteries (E2359, E2361, E2363, E2365, E2371, K0733) at any one time are allowed if required for a power wheelchair.

A non-sealed battery (E2358, E2360, E2362, E2364, E2372) will be denied as not reasonable and necessary.

A single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery. If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary.

The usual maximum frequency of replacement for a lithium-based battery (E2397) is one every 3 years. Only one battery is allowed at any one time.

POWER TILT AND/OR RECLINE SEATING SYSTEMS (E1002-E1012):

A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating leg rests will be covered if criteria 1, 2, and 3 are met and if criterion 4, 5, or 6 is met:

1. The beneficiary meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices LCD; **and**

2. 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**
3. 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 beneficiary.
4. The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
5. The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **or**
6. The power seating system is needed to manage increased tone or spasticity.

If these criteria are not met, the power seating component(s) will be denied as not reasonable and necessary.

POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

An attendant control is covered in place of a beneficiary-operated drive control system if the beneficiary meets coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

OTHER POWER WHEELCHAIR ACCESSORIES:

An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface is covered if the beneficiary has a covered speech generating device. (Refer to the Speech Generating Devices LCD for details.)

MISCELLANEOUS ACCESSORIES:

Anti-rollback device (E0974) is covered if the beneficiary self-propels and needs the device because of ramps.

A safety belt/pelvic strap (E0978) is covered if the beneficiary has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.

One example (not all-inclusive) of a covered indication for swing away, retractable, or removable hardware (E1028) would be to move the component out of the way so that a beneficiary can perform a slide transfer to a chair or bed.

A manual fully reclining back option (E1226) is covered if the beneficiary has one or more of the following conditions:

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

If these criteria are not met, the manual reclining back will be denied as not reasonable and necessary.

For information concerning a push-rim activated power assist device for a manual wheelchair, refer to the Power Mobility Devices medical policy.

Wheelchair Seating

Local Coverage Determination (LCD): Wheelchair Seating ([L33312](#))³

A general use seat cushion (E2601,E2602) and a general use wheelchair back cushion (E2611-E2612) is covered for a beneficiary who has a manual wheelchair or a power wheelchair with a sling/solid seat/back which meets Medicare coverage criteria. If the beneficiary does not have a covered wheelchair, then the cushion will be denied as not reasonable and necessary. If the beneficiary has a POV or a power wheelchair with a captain's chair seat, the cushion will be denied as not reasonable and necessary.

For beneficiaries who meet coverage criteria for a power wheelchair and who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered if either criterion 1 or criterion 2 is met:

1. 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**
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

If the beneficiary has a POV or a power wheelchair with a captain's chair seat, a separate seat and/or back cushion will be denied as not reasonable and necessary.

A skin protection seat cushion (E2603, E2604, E2622, E2623) is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **and**
2. The beneficiary has either of the following:
 - a. Current pressure ulcer or past history of a pressure ulcer (see diagnosis codes that support medical necessity section below) on the area of contact with the seating surface; **or**
 - b. 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(see diagnosis codes that support medical necessity section below).

A positioning seat cushion (E2605, E2606), positioning back cushion (E2613-E2616, E2620, E2621), and positioning accessory (E0955-E0957, E0960)is covered for a beneficiary who meets both of the following criteria:

1. The beneficiary has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the beneficiary meets Medicare coverage criteria for it; **and**
2. The beneficiary has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b 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 (see diagnosis codes that support medical necessity section below).

A headrest (E0955) is also covered when the beneficiary 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.

If the beneficiary has a POV or a power wheelchair with a captain's chair seat, a headrest or other positioning accessory will be denied as not reasonable and necessary.

A combination skin protection and positioning seat cushion (E2607, E2608, E2624, E2625) is covered for a beneficiary who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

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 denied as not reasonable and necessary.

If a positioning back cushion is provided for a beneficiary who does not meet the stated coverage criteria, it will be denied as not reasonable and necessary.

If a positioning accessory is provided and the criteria are not met, the item will be denied as not reasonable and necessary.

A custom fabricated seat cushion (E2609) is covered if criteria (1) and (3) are met. A custom fabricated back cushion (E2617) is covered if criteria (2) and (3) are met:

1. Beneficiary meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
2. Beneficiary meets all of the criteria for a prefabricated positioning back cushion;
3. 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. The PT or OT may have no financial relationship with the supplier.

If a custom fabricated cushion is provided for a beneficiary who does not meet the stated coverage criteria, it will be denied as not reasonable and necessary.

A seat or back cushion that is provided for use with a transport chair (E1037, E1038) will be denied as not reasonable and necessary.

The effectiveness of a powered seat cushion (E2610) has not been established. Claims for a powered seat cushion will be denied as not reasonable and necessary.

A prefabricated seat cushion, a prefabricated positioning back cushion, or a brand name custom fabricated seat or back cushion which has not received a written coding verification from the Pricing, Data Analysis, and Coding (PDAC) contractor or which does not meet the criteria stated in the Coding Guidelines section (see Policy Article) will be denied as not reasonable and necessary.

Power Mobility Devices

Local Coverage Determination (LCD): Power Mobility Devices [L33789](#)⁴

All of the following basic criteria (A-C) must be met for a power mobility device (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) or a push-rim activated power assist device (E0986) to be covered. Additional coverage criteria for specific devices are listed below.

- A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 - 1. Prevents the beneficiary from accomplishing an MRADL entirely, **or**
 - 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
 - 3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.
- B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- C. The beneficiary 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.

POWER OPERATED VEHICLES (K0800, K0801, K0802, K0806, K0807, K0808, K0812): A POV is covered if all of the basic coverage criteria (A-C) have been met and if criteria D-I are also met.

- D. The beneficiary 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.
- E. The beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- F. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.

- G. The beneficiary'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.
- H. Use of a POV will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home.
- I. The beneficiary has not expressed an unwillingness to use a POV in the home.

If a POV will be used inside the home and coverage criteria A-I are not met, it will be denied as not reasonable and necessary.

Group 2 POVs (K0806-K0808) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be denied as not reasonable and necessary.

If a POV will only be used outside the home, see related Policy Article for information concerning noncoverage.

POWER WHEELCHAIRS (K0013, 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):

A power wheelchair is covered if:

- a. All of the basic coverage criteria (A-C of Power Mobility Device) are met; **and**
 - b. The beneficiary does not meet coverage criterion D, E, or F for a power operated vehicles (POV); **and**
 - c. Either criterion J or K is met; **and**
 - d. Criteria L, M, N, and O are met; **and**
 - e. Any coverage criteria pertaining to the specific wheelchair type (see below) are met.
- J. The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; **or**
 - K. If the beneficiary is unable to safely operate the power wheelchair, the beneficiary 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**
 - L. The beneficiary'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 – i.e., a Heavy Duty PWC is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a beneficiary weighing 428 – 600

pounds; an Extra Heavy Duty PWC is covered for a beneficiary weighing 570 pounds or more.

- M. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
- N. Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home. For beneficiaries with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
- O. The beneficiary has not expressed an unwillingness to use a power wheelchair in the home.

If a PWC will be used inside the home and if coverage criteria (a)-(e) are not met, it will be denied as not reasonable and necessary.

If a PWC will only be used outside the home, see related Policy Article for information concerning noncoverage.

ADDITIONAL CRITERIA FOR SPECIFIC TYPES OF POWER WHEELCHAIRS:

- I. A Group 1 PWC (K0813-K0816) or a Group 2 PWC (K0820-K0829) is covered if all of the coverage criteria (a)-(e) for a PWC are met and the wheelchair is appropriate for the beneficiary's weight.
- II. A Group 2 Single Power Option PWC (K0835 – K0840) is covered if all of the coverage criteria (a)-(e) for a PWC are met and if:
 - A. Criterion 1 or 2 is met; **and**
 - B. Criteria 3 and 4 are met.
 - 1. The beneficiary 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).
 - 2. The beneficiary meets coverage criteria for a power tilt or a power recline seating system (see Wheelchair Options and Accessories policy for coverage criteria) and the system is being used on the wheelchair.
 - 3. The beneficiary 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). The PT, OT, or practitioner may have no financial relationship with the supplier.

4. 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 beneficiary.

If a Group 2 Single Power Option PWC is provided and if criterion II(A) or II(B) 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 denied as not reasonable and necessary.

III. A Group 2 Multiple Power Option PWC (K0841-K0843) is covered if all of the coverage criteria (A)- (E) for a PWC are met and if:

A. Criterion 1 or 2 is met; **and**

B. Criteria 3 and 4 are met.

1. The beneficiary meets coverage criteria for a power tilt and recline seating system (see Wheelchair Options and Accessories policy) and the system is being used on the wheelchair.
2. The beneficiary uses a ventilator which is mounted on the wheelchair.
3. The beneficiary 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). The PT, OT, or physician may have no financial relationship with the supplier.
4. 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 beneficiary.

If a Group 2 Multiple Power Option PWC is provided and if criterion III(A) or III(B) is not met, it will be denied as not reasonable and necessary.

IV. A Group 3 PWC with no power options (K0848-K0855) is covered if:

- A. All of the coverage criteria (a)-(e) for a PWC are met; **and**
- B. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **and**
- C. The beneficiary 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). The PT, OT, or practitioner may have no financial relationship with the supplier; **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 beneficiary.

If a Group 3 PWC is provided and if criteria (IV)(A) – (IV)(D) are not met, it will be denied as not reasonable and necessary.

V. A Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864) is covered if:

- A. The Group 3 criteria IV(A) and IV(B) are met; **and**
- B. The Group 2 Single Power Option (criteria II[A] and II[B]) or Multiple Power Options (criteria III[A] and III[B]) (respectively) are met.

If a Group 3 Single Power Option or Multiple Power Options PWC is provided and if criterion V(A) or (V)(B) is not met, it will be denied as not reasonable and necessary.

VI. Group 4 PWCs (K0868-K0886) have added capabilities that are not needed for use in the home. Therefore, if these wheelchairs are provided they will be denied as not reasonable and necessary.

VII. A Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891) is covered if:

- A. All the coverage criteria (a)-(e) for a PWC are met; **and**
- B. The beneficiary is expected to grow in height; **and**
- C. The Group 2 Single Power Option (criteria II[A] and II[B]) or Multiple Power Options (criteria III[A] and III[B]) (respectively) are met.

If a Group 5 PWC is provided and if criteria (VII)(A) – (VII)(C) are not met, it will be denied as not reasonable and necessary.

VIII. A push-rim activated power assist device (E0986) for a manual wheelchair is covered if all of the following criteria are met:

- A. All of the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; **and**
- B. The beneficiary has been self-propelling in a manual wheelchair for at least one year; **and**

- C. The beneficiary 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. The PT, OT, or practitioner may have no financial relationship with the supplier; **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 beneficiary.

If all of the coverage criteria are not met, it will be denied as not reasonable and necessary.

A custom motorized/power wheelchair base (K0013) will be covered if:

1. The beneficiary meets the general coverage criteria for a power wheelchair; **and**
2. The specific configurational needs of the beneficiary 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.

If coverage criterion 1 for K0013 is not met, the claim will be denied as not reasonable and necessary.

If coverage criterion 2 for K0013 is not met, the claim will be denied for incorrect coding (see related Policy Article for additional information).

A custom motorized/power wheelchair base is not reasonable and necessary if the expected duration of need for the chair is less than three months (e.g., post-operative recovery).

If the PWC base is not covered, then related accessories will be denied.

MISCELLANEOUS:

A POV or power wheelchair with Captain's Chair is not appropriate for a beneficiary who needs a separate wheelchair seat and/or back cushion. If a skin protection and/or positioning seat or back cushion that meets coverage criteria (see Wheelchair Seating LCD) is provided with a POV or a power wheelchair with Captain's Chair, the POV or PWC will be denied as not reasonable and necessary. (Refer to Wheelchair Seating LCD and Policy Article for information concerning coverage of general use, skin protection, or positioning cushions when they are provided with a POV or power wheelchair with Captain's Chair.)

For beneficiaries who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. 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, K0890, K0891; **or**
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

If a heavy duty, very heavy duty, or extra heavy duty PWC or POV is provided and if the beneficiary's weight is outside the range listed in criterion G or L above (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 denied as not reasonable and necessary.

Refer to the related Policy Article for information concerning coverage of Group 2 PWCs with seat elevators (K0830, K0831).

For PWCs that go through Advance Determination of Medicare Coverage (ADMC) or Prior Authorization (PA) and receive an affirmative determination, the delivery must be within 6 months following the determination.)

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 denied as not reasonable and necessary.

Payment is made for only one wheelchair at a time. Backup chairs are denied as not reasonable and necessary.

One month's rental of a PWC or POV (K0462) is covered if a beneficiary-owned wheelchair is being repaired. Payment is based on the type of replacement device that is provided but will not exceed the rental allowance for the power mobility device that is being repaired.

A power mobility device will be denied as not reasonable and 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).

A POV or PWC which has not been reviewed by the Pricing, Data Analysis, and Coding (PDAC) contractor or which has been reviewed by the PDAC and found not to meet the definition of a specific POV/PWC will be denied as not reasonable and necessary and should be coded as K0899.

GENERAL

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD

documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

BILLING GUIDELINES

The following information has been taken from the below guidance documents. Please refer to these Articles for detailed information:

- Local Coverage Article: Wheelchair Options/Accessories - Policy Article ([A52504](#))⁵
- Local Coverage Article: Power Mobility Devices - Policy Article ([A52498](#))⁶
- Local Coverage Article: Manual Wheelchair Bases - Policy Article ([A52497](#))⁷
- Local Coverage Article: Wheelchair Seating - Policy Article ([A52505](#))⁸

Manual Wheelchair

KX, GA, GY, AND GZ MODIFIERS:

Suppliers must add a KX modifier to the code for the manual wheelchair base only if all of the coverage criteria in the Coverage Indications, Limitations, and/or Medical Necessity section of this policy have been met and evidence of such is retained in the supplier's files and available to the DME MAC upon request. If the coverage criteria are not met, the KX modifier must not be used.

If all of the coverage criteria in the Coverage Indications, Limitations, and/or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the wheelchair is only to be used for mobility outside the home, the GY modifier must be added to the code.

Claim lines billed without a KX, GA, GY, or GZ modifier will be rejected as missing information.

Adult manual wheelchairs (K0001-K0009, E1161) are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009, the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. In addition, specific codes are defined by the following characteristics:

Standard wheelchair (K0001)
Weight: Greater than 36 lbs.
Seat Height: 19 inches or greater
Weight capacity: 250 pounds or less

Standard hemi (low seat) wheelchair (K0002)

Weight: Greater than 36 lbs

Seat Height: Less than 19 inches

Weight capacity: 250 pounds or less

Lightweight wheelchair (K0003)

Weight: 34-36 lbs

Weight capacity: 250 pounds or less

High strength, lightweight wheelchair (K0004)

Weight: Less than 34 lbs

Lifetime Warranty on side frames and crossbraces

Ultralightweight wheelchair (K0005)

Weight: Less than 30 lbs

Adjustable rear axle position

Lifetime Warranty on side frames and crossbraces

Heavy duty wheelchair (K0006)

Weight capacity: Greater than 250 pounds

Extra heavy duty wheelchair (K0007)

Weight capacity: Greater than 300 pounds

Custom manual wheelchair/base (K0008)

In addition to meeting the statutory criteria above in the "Non-Medical Necessity Coverage and Payment Rules", custom manual wheelchairs must also have a lifetime warranty on side frames and crossbraces.

Adult tilt-in-space wheelchair (E1161)

Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle. Lifetime Warranty: On side frames and cross braces

Wheelchairs with less than 20 degrees of tilt must not to be coded based upon the tilt feature. The appropriate base product must be coded as K0001 – K0007. The product must not be coded as E1161 or K0108.

"Weight" represents the weight of the wheelchair itself in pounds without the front rigging as in the case of the K0001, K0002, K0003, K0004, and K0005. "Weight capacity" represents the carrying capacity or the amount of weight (beneficiary plus all accessories) that the wheelchair can carry for safe operation as in the case of the K0001, K0002, K0003, K0006 and K0007.

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

Seat Width: 15" - 19"

Seat Depth: 15" – 19"

Arm Style: Fixed, swingaway, or detachable; fixed height

Footrests: Fixed, swingaway, or detachable

Codes K0003-K0008 and E1161 include any seat height.

Manual wheelchair bases (K0001 - K0009) include construction of any type material, including but not limited to, titanium, carbon, or any other lightweight high strength material. Suppliers must not bill HCPCS code K0108 in addition to the base wheelchair for construction materials or for a "heavy duty package" reflecting the type of material used to construct the manual wheelchair base. Billing for construction material is considered incorrect coding - unbundling.

Refer to the medical policy on Wheelchair Options and Accessories for information on other features included in the allowance for the wheelchair base.

A manual wheelchair with a seat width and/or depth of 14" or less is considered a pediatric size wheelchair and is billed with codes E1231-E1238 or E1229.

Codes E1050-E1060, E1070–E1160, E1170-E1200, E1220-E1224, E1240-E1295 should only be used to bill for maintenance and service for an item for which the initial claim was paid by the local carrier prior to transition to the DME MAC.

Wheelchair Accessories

KX, GA, GY, AND GZ MODIFIERS:

For accessories for a power mobility device, if the requirements related to a 7-element order and face-to-face examination in the Power Mobility Devices Policy Article have not been met, the GY modifier must be added to the codes for all accessories.

For accessories provided with a manual wheelchair or power mobility device, if it is only needed for mobility outside the home, the GY modifier must be added to the codes for all accessories.

If the conditions for use of the GY modifier are not met, the KX modifier must be added to the code for the accessory only if (a) the coverage criteria that are specified in the Manual Wheelchair Bases or Power Mobility Devices LCD have been met and (b) any specific coverage criteria for the accessory in this LCD have been met. If the coverage criteria are not met, the KX modifier must not be used.

If the conditions for use of the GY modifier are not met and if the requirements for use of the KX modifier are not met, the GA or GZ modifier must be added to a claim line for the accessory. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

If the GY modifier is used, the KX, GA, and GZ modifiers should not be used.

Claim lines billed without a GA, GY, GZ, or KX modifier will be rejected as missing information.

MISCELLANEOUS

The allowance for a power operated vehicle (POV) includes all options and accessories that are provided at the time of initial issue, including but not limited to batteries, battery chargers, seating systems, etc. If a beneficiary owned POV meets coverage criteria, medically necessary replacement items are covered.

The allowance for a rollabout chair includes all options and accessories that are provided at the time of initial issue. The allowance for a transport chair includes all options and accessories that are provided at the time of initial issue except for elevating legrests (E0990, K0195). If a rollabout chair or transport chair are covered, medically necessary replacement items are covered.

An option/accessory that is beneficial primarily in allowing the beneficiary to perform leisure or recreational activities is non-covered.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable. (Refer to Coding Guidelines section for additional information on correct coding.)

BATTERIES/ CHARGERS:

A sealed battery (E2359, E2361, E2363, E2365, E2371, E2397, K0733) is separately payable from a power wheelchair base.

There is no additional/separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair.

A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base.

POWER SEATING SYSTEMS:

A power seat elevation feature (E2300) and power standing feature (E2301) are non-covered because they are not primarily medical in nature. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it will be denied as non-covered.

POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

If an attendant control (E2331) is provided in addition to a beneficiary-operated drive control system, it will be denied as non-covered. (See the related LCD for situations in which it is provided in place of a beneficiary operated system.)

OTHER POWER WHEELCHAIR ACCESSORIES:

An electronic interface used to control lights or other electrical devices is non-covered because it is not primarily medical in nature.

The following features of a power wheelchair will be denied as non-covered: stair climbing (A9270), electronic balance (A9270), ability to elevate the seat by balancing on two wheels (A9270), and remote operation (A9270).

MISCELLANEOUS ACCESSORIES:

Swingaway, retractable, or removable hardware (E1028) is non-covered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces. If it ordered for this indication, a GY modifier must be added to the code.

A manual standing system for a manual wheelchair (E2230) is non-covered (no benefit category) because it is not primarily medical in nature.

MISCELLANEOUS

When billing for a custom fabricated cushion (E2609, E2617), the claim must include the manufacturer and model name/ number of the product (if applicable), or if not, a detailed description of the product that was provided.

The following definitions of seat cushions include results of simulation testing or human subject testing. See the Testing Methodologies section for technical information about the required testing.

A general use seat cushion (E2601, E2602) is a prefabricated cushion, which has the following characteristics:

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

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

1. It has the following minimum performance characteristics:
 - a. Simulation tests demonstrate a loaded contour depth of at least 40 mm with an overload deflection of at least 5 mm, **or**
 - b. Human subject tests demonstrate an average peak pressure index that is less than 85% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; **and**
2. Following testing simulating 18 months of use:
 - a. Simulation tests demonstrate an overload deflection of at least 5 mm, **or**
 - b. Human subject tests demonstrate an average peak pressure index that is less than 85% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; **and**
3. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; **and**
4. The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; **and**
5. It has a permanent label indicating the model and the manufacturer; **and**
6. It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

An adjustable skin protection seat cushion (E2622, E2623) has all the characteristics of a E2603 or E2604 cushion and is determined to be adjustable by the PDAC.

A positioning seat cushion (E2605, E2606) is a prefabricated cushion that has the following characteristics:

1. It has the minimum structural features described in (a) or (b):
 - a. The feature must be at least 25 mm in height in the pre-loaded state. It has two or more of the following:
 - i. A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
 - ii. Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,
 - iii. A medial thigh support which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
 - iv. Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs.

- b. It has two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume; **and**
2. It has the following minimum performance characteristics:
 - a. Simulation tests demonstrate a loaded contour depth of at least 25mm with an overload deflection of at least 5 mm, **or**
 - b. Human subject tests demonstrate an average peak pressure index that is less than 125% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; **and**
3. Following testing simulating 18 months of use:
 - a) Simulation tests demonstrate an overload deflection of at least 5 mm, **or**
 - b) Human subject tests demonstrate an average peak pressure index that is less than 125% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; **and**
4. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; **and**
5. The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; **and**
6. It has a permanent label indicating the model and the manufacturer; **and**
7. It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

A positioning cushion may have materials or components that can be added or removed to help address orthopedic deformities or postural asymmetries. This definition includes cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material.

A nonadjustable skin protection and positioning seat cushion (E2607, E2608) is a prefabricated cushion which has the following characteristics:

1. It has the minimum structural features described in (a) **or** (b):
 - a. The feature must be at least 25 mm in height in the pre-loaded state. It has two or more of the following:
 - i. A pre-ischial bar or ridge which is placed anterior to the ischial tuberosities and prevents forward migration of the pelvis,
 - ii. Two lateral pelvic supports which are placed posterior to the trochanters and are intended to maintain the pelvis in a centered position in the seat and/or provide lateral stability to the pelvis,

- iii. A medial thigh support which is placed in contact with the adductor region of the thigh and provides the prescribed amount of abduction and prevents adduction of the thighs,
 - iv. Two lateral thigh supports which are placed anterior to the trochanters and provide lateral stability to the lower extremities and prevent unwanted abduction of the thighs.
- b. It has two or more air compartments located in areas which address postural asymmetries, each of which must have a cell height of at least 50 mm, must allow the user to add or remove air, and must have a valve which retains the desired air volume; **and**
2. It has the following minimum performance characteristics:
- a. Simulation tests demonstrate a loaded contour depth of at least 40mm with an overload deflection of at least 5 mm, **or**
 - b. Human subject tests demonstrate an average peak pressure index that is less than 85% of that of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; **and**
3. Following testing simulating 18 months of use:
- a. Simulation tests demonstrate an overload deflection of at least 5 mm, **or**
 - b. Human subject tests demonstrate an average peak pressure index that is less than 85% of those of a standard reference cushion within the area of the ischial tuberosities and sacrum/coccyx; **and**
4. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; **and**
5. The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; **and**
6. It has a permanent label indicating the model and the manufacturer; **and**
7. It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

This definition includes cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material.

An adjustable skin protection and positioning seat cushion (E2624,E2625) has all the characteristics of a E2607 or E2608 cushion and is determined to be adjustable by the PDAC. The adjustability feature only relates to the skin protection properties of the cushion.

Wheelchair cushions containing a fluid medium (air, gas, liquid, or gel) that have the capability for the immersion characteristics of the cushion to be altered by addition or removal of fluid will be considered

adjustable. The adjustment may be in the manner of direct addition or removal of the fluid (e.g. add or remove air) or indirectly by addition or removal of packets of fluid.

Adjustment applies to the skin protection portion of the cushion's function only.

All cushions are considered to be adjustable up to the point of delivery to the beneficiary. Fitting of the cushion to the individual beneficiary may involve various forms of adjustment. Adjustable as applied here, requires that the procedure is capable of being performed by the beneficiary or caregiver using items supplied at the time of initial issue of the device in response to the beneficiary's need for more or less skin protection because of weight loss or gain or muscle tone changes.

A general use back cushion (E2611,E2612) is a prefabricated cushion, which has the following characteristics:

1. It is planar or contoured; **and**
2. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; **and**
3. The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; **and**
4. It has a permanent label indicating the model and the manufacturer; **and**
5. It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 12 months.

A positioning back cushion (E2613-E2616, E2620, E2621) is a prefabricated cushion which has the following characteristics:

1. For codes E2613-E2616, there is at least 25 mm of posterior contour in the pre-loaded state. A posterior contour is a backward curve measured from a horizontal line in the midline of the cushion; **and**
2. For posterior-lateral cushions (E2615, E2616) and for planar cushions with lateral supports (E2620, E2621), there is at least 75 mm of lateral contour in the pre-loaded state. A lateral contour is a backward curve measured from a horizontal line connecting the lateral extensions of the cushion; **and**
3. For posterior pelvic cushions (E2613, E2614), there is mounting hardware that is adjustable for vertical position, depth, and angle; **and**
4. It has a removable vapor permeable or waterproof cover or it has a waterproof surface; **and**
5. The cushion and cover meet the minimum standards of the California Bulletin 117 or 133 for flame resistance; **and**
6. It has a permanent label indicating the model and the manufacturer; **and**
7. It has a warranty that provides for repair or full replacement if manufacturing defects are identified or the surface does not remain intact due to normal wear within 18 months.

Included in this definition are cushions which have a planar surface but have positioning features within the cushion which are made of a firmer material than the surface material.

A positioning back cushion may have materials or components that may be added or removed to help address orthopedic deformities or postural asymmetries.

A custom fabricated seat cushion (E2609) and a custom fabricated back cushion (E2617) are cushions that are individually made for a specific beneficiary starting with basic materials including:

- a. liquid foam or a block of foam **and**
- b. sheets of fabric or liquid coating material.

The cushion must be fabricated using molded-to-beneficiary-model technique, direct molded-to-beneficiary technique, CAD-CAM technology, or detailed measurements of the beneficiary used to create a configured cushion. The cushion must have structural features that significantly exceed the minimum requirements for a seat or back positioning cushion. The cushion must have a removable vapor permeable or waterproof cover or it must have a waterproof surface. A custom fabricated cushion may include certain prefabricated components (e.g., gel or multi-cellular air inserts); these components must not be billed separately. If a custom fabricated seat and back are integrated into a one-piece cushion, code as E2609 plus E2617.

If foam-in-place or other material is used to fit a substantially prefabricated cushion to an individual beneficiary, the cushion must be billed as a prefabricated cushion, not custom fabricated.

A powered wheelchair seat cushion (E2610) is a battery-powered, prefabricated cushion in which an air pump provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the cushion. One type of powered seat cushion is an alternating pressure cushion.

Pediatric seating system codes E2291-E2294 may only be billed with pediatric wheelchair base codes. A headrest extension (E0966) is a sling support for the head. Code E0955 describes any type of cushioned headrest.

A headrest (E0955) describes any type of cushioned headrest which may contain one or more cushions to position the head and fixed mounting hardware.

Lateral positioning items are used to provide lateral thigh or knee support (E0953) or lateral trunk or hip support (E0956). These are provided in a variety of shapes and sizes to suit the needs of the user.

The code for a seat or back cushion includes any rigid or semi-rigid base or posterior panel, respectively that is an integral part of the cushion.

A solid insert is a separate rigid piece of wood or plastic which is inserted in the cover of a cushion to provide additional support. If a supplier chooses to bill separately for a solid insert used with a seat cushion use code E0992 whether it is a manual or a power wheelchair. Code A9900 must be used for a solid insert used with a back cushion.

A solid support base for a seat cushion is a rigid piece of plastic or other material which is attached with hardware to the seat frame of a wheelchair in place of a sling seat. A cushion is placed on top of the support base. Use code E2231 for a solid support base that is used with a manual wheelchair. A solid support base is included in the allowance for the power wheelchair codes. There should be no separate billing with power wheelchairs.

If a supplier chooses to bill separately for mounting hardware, either nonadjustable or adjustable, for a seat or back cushion or solid support base, code A9900 must be used.

The only products which may be billed using codes E2601-E2608, E2611-E2616, E2620, E2621, and E2622-E2625 and the only brand name products that may be billed using codes E2609 or E2617 are those products for which a written coding verification has been made by the Pricing, Data Analysis, and Coding (PDAC) contractor. Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Request can be found on the PDAC web site or by contacting the PDAC. A Product Classification List with products which have received a coding verification can be found on the PDAC web site.

If a non-powered, prefabricated seat cushion, a prefabricated back cushion, or a brand name custom fabricated seat or back cushion has not received a written coding verification from the PDAC or if it is determined that the cushion does not meet the criteria for the code, it must be billed with code K0669.

Pediatric size positioning accessories are billed with the codes described in this policy. Codes E1025-E1027 (lateral thoracic and lateral/anterior supports) are invalid for claim submission.

Code E1028 (swingaway or removable mounting hardware upgrade) may be billed in addition to codes E0953, E0955-E0957. It must not be billed in addition to code E0960. It must not be used for mounting hardware related to a wheelchair seat cushion or back cushion code.

Wheelchair seat and back cushion codes are all-inclusive. Use of HCPCS code K0108 or any other HCPCS code to separately bill for added components such as the foam blocks, gel packs, air cells, or equivalent material is incorrect coding.

POWER MOBILITY DEVICES

KX, GA, GY, AND GZ MODIFIERS: If the requirements related to a face-to-face examination (see related Policy Article) have not been met, the GY modifier must be added to the codes for the power mobility device and all accessories. If the power mobility device or push-rim activated power assist device that is provided is only needed for mobility outside the home, the GY modifier must be added to the codes for the item and all accessories. A KX modifier may be added to the code for a power mobility device and all accessories only if one of the following conditions is met:

1. If all of the coverage criteria specified in this LCD have been met for the product that is provided; or
2. If there is an affirmative Advance Determination of Medicare Coverage (ADMC) for the product that is provided.

If the requirements for use of the KX modifier or GY modifier are not met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter GA on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or GZ if they have not obtained a valid ABN.

Claim lines billed without a KX, GA, GY, or GZ modifier will be rejected as missing information.

MISCELLANEOUS:

The following power wheelchairs are eligible for Advance Determination of Medicare Coverage (ADMC):

1. A Group 2, 3 or 5 Single Power Option or Multiple Power Options wheelchair (K0835-K0843, K0856-K0864, K0890-K0891) – whether or not a power seating system will be provided at the time of initial issue.
2. A Group 3 No Power Option wheelchair (K0848-K0855) that will be provided with an alternative drive control interface at the time of initial issue.
3. Custom motorized/power wheelchair base (K0013)

Refer to the ADCMC section in the Supplier Manual for details concerning the ADCMC process. Refer to the Supplier Manual for more information on documentation requirements.

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

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

MEDICAL POLICY	Wheelchairs and Power Vehicles
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E2325	E1028
E1020	E1028
E2325	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

CPT/HCPCS CODES

All Lines of Business	
Prior Authorization Required	
Power Wheelchair	
E1239	Power wheelchair, pediatric size, not otherwise specified
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
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

MEDICAL POLICY**Wheelchairs and Power Vehicles**

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

MEDICAL POLICY	Wheelchairs and Power Vehicles
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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

Power Operated Vehicle	
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number
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
*Note: Stair-climbing wheelchairs, computerized or gyroscopic mobility systems (e.g., INDEPENDENCE™ IBOT™ Mobility System, Independence Technology, LLC, Warren, NJ) are considered not primarily medical in nature, a self-help or convenience item and/or not medically necessary.	
No Prior Authorization Required	
E0705	Transfer device, any type, each
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating leg rest

MEDICAL POLICY	Wheelchairs and Power Vehicles
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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
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

MEDICAL POLICY**Wheelchairs and Power Vehicles**

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
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

MEDICAL POLICY	Wheelchairs and Power Vehicles
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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
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
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

MEDICAL POLICY**Wheelchairs and Power Vehicles**

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
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

MEDICAL POLICY**Wheelchairs and Power Vehicles**

E2311**	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)

MEDICAL POLICY**Wheelchairs and Power Vehicles**

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

MEDICAL POLICY**Wheelchairs and Power Vehicles**

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

MEDICAL POLICY**Wheelchairs and Power Vehicles**

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

MEDICAL POLICY	Wheelchairs and Power Vehicles
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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
K0898	Power wheelchair, not otherwise classified
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)
<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>	
Not Covered	
A9270	Non-covered item or service
E2230	Manual wheelchair accessory, manual standing system
E2300	Wheelchair accessory, power seat elevation system, any type
E2301	Wheelchair accessory, power standing system, any type
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
E2610	Wheelchair seat cushion, powered
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
K0899	Power mobility device, not coded by dme pdac or does not meet criteria

DESCRIPTION

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

INSTRUCTIONS FOR USE

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

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

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

MEDICAL POLICY CROSS REFERENCES

- Durable Medical Equipment – DME214

REFERENCES

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8. Centers for Medicare & Medicaid Services. Local Coverage Article: Wheelchair Seating - Policy Article (A52505). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52505>. Published 2015. Accessed 2/4/2020.