

Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories, DME 28

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details.

Purpose:

This policy addresses Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories.

Description & Definitions:

A manual wheelchair is a device that is self-propelled using the individual's limbs or by being pushed by another individual.

A power operated vehicle (POV) or scooter is a three or four wheeled motorized device that is used when an individual cannot ambulate. They are not made for highway use.

Power mobility devices run off of a battery or electricity to move an individual around. They are often referred to as power wheelchairs. There are 5 Power Wheelchairs Groups:

- Group 1 power wheelchairs are designed for light duty and are generally for intermittent use indoors, typically used two hours or less per day. Group 1 power chairs do not accommodate seating and positioning items.
- Group 2 power wheelchairs are for daily indoor basic mobility, typically 8 hours per day or longer. Wheelchairs in this group are capable of accommodating seating and positioning items. Some examples of diagnoses that may qualify under a group 2 power wheelchair include but are not limited to: COPD, congestive heart failure, diabetes, osteoarthritis, amputation, weakness, and fatigue.
- Group 3 power wheelchairs are for complex rehab and are designed for indoor use by individuals with complex disabilities (neurological condition, myopathy, or congenital skeletal deformity). Some examples of diagnosis that may qualify under a group 3 include but are not limited to: Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS), spinal cord injury, spinal muscular atrophy, osteogenesis imperfecta and Cardiovascular Accident (CVA).
- Group 4 power wheelchairs have added capabilities that are not typically considered for use in the home. Please note these wheelchairs will be considered on a case by case basis and only if the wheelchair will be primarily used indoors.
- Group 5 power wheelchairs are for pediatric use when the individual is expected to grow in height.

Criteria:

Wheelchairs, power motorized devices and motorized scooters are considered medically necessary for **1 or more** of the following:

- Battery replacement for motorized wheelchairs and scooters should meet **1 or more** of the following:
 - Individual may receive up to two sealed replacement batteries every 6 months
 - Individual using rechargeable batteries may receive a replacement charger every 3 years
 - Individual using lithium-based batteries may receive one replacement every 3 years
- Manual wheelchair may be indicated with **ALL** of the following:
 - Ambulation is impaired, and **1 or more** of the following:
 - Mobility-related activities of daily living unable to be completed
 - Mobility-related activities of daily living unable to be completed in reasonable amount of time
 - Mobility-related activities of daily living unable to be completed safely
 - Ambulatory assistive device (eg, cane, crutches, walker) does not sufficiently resolve mobility deficit.
 - Patient or caregiver available and able to participate in training
 - Physical layout, surfaces, and obstacles in area in which wheelchair is to be used permit safe operation of device.
 - Provider or team of experts with appropriate expertise in patient's condition has evaluated patient, concurs that manual wheelchair is most appropriate means for improving primary or secondary mobility, and has written prescription specifying **1 or more** of the following:
 - Manual wheelchair
 - Manual wheelchair accessories, as indicated by **1 or more** of the following:
 - Grade aids needed to prevent chair from rolling backward, as indicated by **1 or more** of the following:
 - Inclines (eg, ramps) are difficult.
 - Patient has limited strength and endurance.
 - Hand rim needed for self-propulsion, with **1 or more** of the following:
 - One-hand drive chair due to **1 or more** of the following:
 - Hemiparesis
 - Hemiplegia
 - Plexus injury
 - Upper extremity amputee
 - Projections (vertical, horizontal, or oblique) for difficulty in propulsion
 - Standard circular steel tube
 - Vinyl, rubber, or plastic coating, with optional glove use, for patient difficulty gripping standard circular steel tube
 - Manual elevating leg rest needed due to **1 or more** of the following:
 - Below knee amputation
 - Dependent edema
 - Knee extension contracture
 - Other clinically important knee joint abnormality
 - Manual recliner or tilt-in-space backrest mechanism needed, as indicated by **1 or more** of the following:
 - Adequate weight shifts require reclined or tilted backrest.
 - Fully erect seating not possible for patient
 - High risk for pressure injury development or skin breakdown
 - Intermittent catheterization needed for bladder management, and patient unable to independently transfer from wheelchair to bed
 - Poor endurance
 - Poor sitting balance
 - Respiratory needs require reclined or tilted backrest

- Self-propulsion of manual wheelchair is feasible, or caregiver is willing and able to assist in propulsion.
- Short-term functional decline is not expected (ie, no requirement for additional support offered by powered wheelchair).
- No other uncompensated conditions that limit ability to participate in daily activities or to safely operate manual wheelchair (eg, impaired vision, cognition, or judgment) are present.
- Scooters may be indicated with **ALL** of the following:
 - Ambulation is impaired, and **1 or more** of the following:
 - Mobility-related activities of daily living unable to be completed
 - Mobility-related activities of daily living unable to be completed in reasonable amount of time
 - Mobility-related activities of daily living unable to be completed safely
 - Ambulatory assistive device (eg, cane, crutches, walker) does not sufficiently resolve mobility deficit.
 - Inability to operate wheelchair manually due to **1 or more** of the following:
 - Absence or deformity of upper extremity
 - Chronic upper extremity pain or dysfunction from long-term use of manual wheelchair
 - Decreased cardiopulmonary tolerance
 - Inadequate endurance
 - Inadequate upper extremity strength, range of motion, or coordination
 - Patient able to participate in training
 - Physical layout, surfaces, and obstacles in area in which scooter is to be used permit safe operation of device.
 - Provider or team of experts with appropriate expertise in patient's condition has evaluated patient and concurs that scooter is most appropriate means for improving mobility.
 - Scooter controls can be independently operated.
 - Short-term functional decline is not expected (ie, no requirement for additional support offered by powered wheelchair).
 - Strength and postural stability allow safe riding in scooter.
 - Transfer into and out of scooter can be safely accomplished.
 - No other uncompensated conditions that limit ability to participate in daily activities or safely operate scooter (eg, impaired vision, cognition, or judgment)
- Powered wheelchair may be indicated with **ALL of the** following:
 - Ambulation is impaired, and **1 or more** of the following:
 - Mobility-related activities of daily living unable to be completed
 - Mobility-related activities of daily living unable to be completed in reasonable amount of time
 - Mobility-related activities of daily living unable to be completed safely
 - Ambulatory assistive device (eg, cane, crutches, walker) does not sufficiently resolve mobility deficit.
 - Controls of powered wheelchair can be safely operated.
 - Inability to operate wheelchair manually due to **1 or more** of the following:
 - Absence or deformity of upper extremity
 - Cardiopulmonary tolerance decreased
 - Chronic upper extremity pain or dysfunction from injuries or long-term use of manual wheelchair
 - Endurance inadequate
 - Upper extremity strength, range of motion, or coordination inadequate
 - Patient able to participate in training
 - Physical layout, surfaces, and obstacles in area in which powered wheelchair is to be used permit safe operation of device.
 - Provider or team of experts with appropriate expertise in patient's condition has evaluated patient, concurs that powered wheelchair is most appropriate means for improving primary or secondary mobility, and has written prescription specifying **1 or more** of the following:
 - Powered wheelchair
 - Powered wheelchair accessories, as indicated by **1 or more** of the following:
 - Control mechanism needed, as indicated by **1 or more** of the following:

- Attendant control, if patient is unable to operate manual or powered wheelchair, and caregiver is unable to operate manual wheelchair but can operate powered wheelchair
 - Chin control, for patient with chin control who is unable to use joystick
 - Electronic interface, if patient has appropriate speech-generating device that can be operated by powered wheelchair control interface
 - Head control, for patient with head control who is unable to use joystick
 - Joystick, for patient with hand control
 - Sip and puff control, for patient with respiratory control who is unable to use other control mechanisms
- Powered elevating leg rest needed due to **1 or more** of the following:
 - Below knee amputation
 - Dependent edema
 - Knee extension contracture
 - Other clinically important knee joint abnormality
- Powered recliner or tilt-in-space backrest needed, as indicated by **1 or more** of the following:
 - Adequate weight shifts require reclined or tilted backrest.
 - Fully erect seating not possible for patient
 - High risk for pressure injury development or skin breakdown
 - Intermittent catheterization needed for bladder management, and patient unable to independently transfer from wheelchair to bed
 - Poor endurance
 - Poor sitting balance
 - Respiratory needs require reclined or tilted backrest.
- Seat (rigid, elevating) needed for independent transfer to and from wheelchair
- Other wheelchair accessories as indicated by **1 or more** of the following:
 - Anti-tipping devices needed when curb negotiation is not a concern, as indicated by **1 or more** of the following:
 - Above knee amputation
 - Instability in wheelchair
 - Spinal cord injury
 - Armrests needed, as indicated by **1 or more** of the following:
 - Desk armrest needed for close access of wheelchair to table
 - Fixed armrest needed for patient with infrequent transfers
 - Full-length armrest needed for increased arm support or sit-to-stand positioning
 - Removable armrest needed to facilitate patient transfers
 - Standard (not tubular) armrests needed for upper extremity weight shifts
 - Swing-away or flip-up armrests needed for active spinal cord injury patient, or facilitation of transfers
 - Backrest needed, as indicated by **1 or more** of the following:
 - Custom contoured backrest to accommodate clinically important orthopedic asymmetries and provide pressure management
 - Noncustom contoured backrest for postural support or pressure management
 - Planar backrest (ie, noncontoured backrest) for patient with flexible posture and intact motor control
 - Casters needed, as indicated by **1 or more** of the following:
 - Casters of 5 inch (12.7 cm) diameter for sports or children's chairs
 - Casters of 8 inch (20.3 cm) diameter (pneumatic or semipneumatic) for rough surfaces or outdoors
 - Casters of 8 inch (20.3 cm) diameter (standard) for smooth surfaces and indoors
 - Cushion needed, as indicated by **1 or more** of the following:
 - Air-filled cushion, for seating stability
 - Air-filled villous cushion, for heat dissipation and pressure relief
 - Contoured foam cushion (coated or with gel insert), for durability, seating stability and pressure relief

- Foam cushion (standard)
 - Gel-filled cushion, for heat dissipation
- Footrest needed, as indicated by **1 or more** of the following:
 - Fixed footrest, when transfers and portability are not concerns
 - Swing-away footrest, for easier transfers and improved portability
- Headrest needed, as indicated by **1 or more** of the following:
 - Poor head control
 - Reclining wheelchair
- Leg rests needed, as indicated by **1 or more** of the following:
 - Elevating leg rests to allow multiple leg positions or to relieve dependent edema
 - Removable leg rests to facilitate foot propulsion or transfers
- Parking locks or parking brakes needed, as indicated by **1 or more** of the following:
 - Brake extension, if patient cannot reach from ipsilateral side (eg, hemiplegic patient)
 - High-mounted, if needed by patient and do not interfere with transfers
 - Toggle or lever parking locks or brakes (standard)
- Push-rim activated power assist device for manual wheelchair, and **ALL** of the following:
 - Individual has mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) in customary locations in the home, as indicated by **1 or more** of the following:
 - Mobility limitation prevents Individual from accomplishing an MRADL entirely.
 - Mobility limitation places Individual at reasonably determined heightened risk of morbidity or mortality secondary to attempts to perform an MRADL.
 - Mobility limitation prevents Individual from completing an MRADL within reasonable time frame.
 - Individual's mobility limitation cannot be sufficiently and safely resolved by use of appropriately fitted cane or walker.
 - Individual does not have sufficient upper extremity function to self-propel optimally-configured manual wheelchair in the home to perform MRADLs during typical day.
 - Individual has been self-propelling in manual wheelchair for at least 1 year.
 - Individual has had specialty evaluation that was performed by licensed/certified medical professional, such as physical therapist (PT) or occupational therapist (OT), or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents medical necessity for wheelchair and its special features.
- Seat needed, as indicated by **1 or more** of the following:
 - Molded seat, when required to accommodate clinically important orthopedic asymmetries
 - Rigid seat to ease child's growth, or when postural control is preferred and relative heaviness is acceptable
 - Vinyl sling (standard for adults), when postural control or accommodation is not a concern
- Seatbelt, safety belt, or pelvic strap needed for safety, or to maintain pelvis in good position in patient with weak upper body muscles, upper body instability, or muscle spasticity
- Support needed, as indicated by **1 or more** of the following:
 - Anterior support needed for poor trunk control (eg, shoulder straps, shoulder retractors, chest straps, vests)
 - Lateral support needed for poor trunk control or scoliosis (eg, lateral pelvic supports or hip guides, lateral chest pads)
 - Posterior support needed for poor head or neck control (eg, headrests or head supports)
- Tires needed, as indicated by **1 or more** of the following:
 - All-terrain tires, for frequent soft or sandy terrain
 - Pneumatic tires, for carpeting or frequent outdoor use
 - Solid rubber tires (standard), for low rolling resistance on flat or smooth surfaces

The following wheelchairs, power motorized devices and motorized scooters **do not meet the definition of medical necessity**, to include but not limited to:

- Auto carrier - car attachment to carry assistive device

- Back support systems: Back support systems have a plastic frame which is padded and covered with cloth or other material; they are designed to be attached to a wheelchair base, but do not completely replace the wheelchair back. These back support systems are considered convenience items, because they are not generally necessary to provide trunk support in members in wheelchairs. An adequate seating system would allow the member to function appropriately in the wheelchair
- Backup chairs
- Baskets, bags/backpacks/pouch - used to transport personal belongings
- Battery charger: A battery charger for a power wheelchair is included in the allowance for a power wheelchair base. A dual mode battery charger for a power wheelchair is considered a convenience item
- Canopies
- Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flaps for cars)
- Crutch or cane holder
- Cup holders
- Firearm/weapon holder/support
- Flat-free inserts (zero pressure tubes): Flat free inserts have a removable ring of firm material that is placed inside of a pneumatic tire. Flat free inserts are intended to allow the wheelchair to continue to move if the pneumatic tire is punctured
- Frame/holder for ice chest
- Generally a wheelchair accessory/attachment or wheelchair upgrade is considered a convenience item when used to adapt to the outside environment, for work, or to perform leisure or recreational activities.
- Gloves
- Hi-Lo Activity Chair
- Home modifications: Modifications to the structure of the home to accommodate wheelchairs are not considered treatment of disease. Examples of home modifications and installations that are: wheelchair ramps, wheelchair accessible showers, elevators, and lowered bath or kitchen counters and sink
- Identification devices (such as labels, license plates, name plates)
- Lifts providing access to stairways or car trunks
- Lighting systems
- Mobility assistive device rack for automobiles
- Monitored Usage Reminder/Warning Systems for Powered Wheelchair Users (e.g. Permobil Virtual Seating Coach)
- Non-sealed battery as it is not as reliable as a sealed battery
- Off the shelf batteries
- Prefabricated plastic or foam vest type trunk support designed to be worn over clothing and not attached to an assistive device
- Ramps (Modular/Permanent/Portable - E1399)
- Remote control options
- Shock absorbers
- Snow tires for wheelchair
- Speed conversion kits
- Stair climbing wheelchairs (IBOT) – the Independence IBOT 4000.
 - There is insufficient scientific evidence to support the medical necessity of the Independence IBOT 4000 for any other uses, including but not limited to **all** of the following:
 - 4-Wheel Function of INDEPENDENCE iBOT 4000 Mobility System that provides movement across obstacles, uneven terrain, curbs, grass, gravel, and other soft surfaces
 - Balance Function of INDEPENDENCE iBOT 4000 Mobility System that provides mobility in seated position at elevated height
 - Stair Function of INDEPENDENCE iBOT 4000 Mobility System that allows for ascent and descent of stairs, with or without assistance
 - Remote Function of INDEPENDENCE iBOT 4000 Mobility System that assists in transportation of product while unoccupied

- Support frames for cellular phone/CDs/etc.
- Towing package
- Transit System and related components (tiedowns (K0108) - also known as transit options or transport brackets) in vehicle for wheelchair
- Transport chair
- Trunk loader - assists in lifting the assistive device into a van
- Upgraded and specialty wheels (e.g., Spinergy) are considered not medically necessary because they are not required for performance of instrumental activities of daily living.
- Upgrading for racing or sports
- Van modifications, van lifts, hand controls, etc. that allow transportation or driving while seated in the manual wheeled mobility device
- Warning devices, such as horns and backup signals
- Wheelchair baskets, bags, or pouches - used to hold personal belongings
- Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) - devices to assist in lifting wheelchair up stairways, into car trunks, or in vans
- Wheelchair rack for automobile (auto carrier) - car attachment to carry wheelchair
- Wheelchair ramp - provides access to stairways or vans

Coding:

Medically necessary with criteria:

Coding	Description
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 legrest
E0971	Manual wheelchair accessory, antitipping device, each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, antirollback 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
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push-rim activated power assist system
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E0990	Wheelchair accessory, elevating legrest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Armrest, 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 legrest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, 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
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimballed
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
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 legrest
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests
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 legrests
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests
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 footrests

E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests
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 legrests
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1229	Wheelchair, pediatric size, not otherwise specified
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1239	Power wheelchair, pediatric size, not otherwise specified
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery

E1298	Special wheelchair seat depth and/or width, by construction
E1399	Durable medical equipment, miscellaneous [when specified as a robotic arm assistive device such as a wheelchair mounted robotic arm or a robotic feeding assistive device]
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22
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
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
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
E2300	Wheelchair accessory, power seat elevation system, any type
E2301	Wheelchair accessory, power standing system, any type
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware

E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20
E2341	Power wheelchair accessory, nonstandard seat frame width, 24
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2359	Power wheelchair accessory, group 34
E2361	Power wheelchair accessory, 22
E2363	Power wheelchair accessory, group 24
E2365	Power wheelchair accessory, U-1
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, 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
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, nonexpandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each

E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601	General use wheelchair seat cushion, width less than 22
E2602	General use wheelchair seat cushion, width 22
E2603	Skin protection wheelchair seat cushion, width less than 22
E2604	Skin protection wheelchair seat cushion, width 22
E2605	Positioning wheelchair seat cushion, width less than 22
E2606	Positioning wheelchair seat cushion, width 22
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22
E2608	Skin protection and positioning wheelchair seat cushion, width 22
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2611	General use wheelchair back cushion, width less than 22
E2612	General use wheelchair back cushion, width 22
E2613	Positioning wheelchair back cushion, posterior, width less than 22
E2614	Positioning wheelchair back cushion, posterior, width 22
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22
E2623	Skin protection wheelchair seat cushion, adjustable, width 22
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support

E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633	Wheelchair accessory, addition to mobile arm support, supinator
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base
K0010	Standard-weight frame motorized/power wheelchair
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	Lightweight portable motorized/power wheelchair
K0013	Custom motorized/power wheelchair base
K0014	Other motorized/power wheelchair base
K0015	Detachable, nonadjustable height armrest, 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, 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 legrest, lower extension tube, replacement only, each
K0047	Elevating legrest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or legrest, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
K0098	Drive belt for power wheelchair, replacement only
K0108	Wheelchair component or accessory, not otherwise specified

K0195	Elevating legrests, pair (for use with capped rental wheelchair base)
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
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
K0812	Power operated vehicle, not otherwise classified
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, captain's 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, captain's 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, captain's 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, captain's chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy-duty, captain's 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, captain's 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, captain's chair, patient weight 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captain's 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, captain's 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, captain's 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, captain's 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, captain's chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria

Considered Not Medically Necessary:

Coding	Description
A9270	Noncovered item or service
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
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300
E2207	Wheelchair accessory, crutch and cane holder, each
E2358	Power wheelchair accessory, group 34
E2360	Power wheelchair accessory, 22
E2362	Power wheelchair accessory, group 24
E2364	Power wheelchair accessory, U-1
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2372	Power wheelchair accessory, group 27

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Document History:

Revised Dates:

- 2024: August – codes added references updated
- 2022: February
- 2020: April
- 2019: September
- 2016: March
- 2015: March, June, September, November
- 2013: October
- 2012: October
- 2011: October (changed from Medical 147)

Reviewed Dates:

- 2024: February
- 2023: February
- 2021: April
- 2018: August
- 2017: November

- 2016: July, August, September, November
- 2014: September
- 2010: October
- 2009: October

Effective Date:

- October 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Federal Policies do NOT cover Motorized Wheelchairs or Power Motorized Devices- See Plan Documents
One month's rental of a wheelchair is covered if a patient-owned wheelchair is being repaired.

Reimbursement for the wheelchair codes includes all labor charges involved in the assembly of the wheelchair and all covered additions or modifications. Reimbursement also includes support services, such as emergency services, delivery, set-up, education, and on-going assistance with use of the wheelchair.

For requests, a prescription is needed which is a written order from any treating physician or treating practitioner (PA, NP etc) based on a face-to face examination, a narrative history and a diagnosis. Treating medical doctor does not need to be a physical therapy specialist, neurologist or orthopedic surgeon.

Hospital discharged patients do not need a face-to face examination.

ALL miscellaneous codes (ie. E1399 & K0108) require written COST invoices.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

Wheelchair, Power Operated Vehicle, POV, Mobility assist device, manual