

Wheelchairs, Power Motorized Devices, Motorized Scooters and Accessories

Table of Content

- [Purpose](#)
- [Description & Definitions](#)
- [Criteria](#)
- [Coding](#)
- [Document History](#)
- [References](#)
- [Special Notes](#)
- [Keywords](#)

| | |
|-------------------------|------------|
| <u>Effective Date</u> | 10/2008 |
| <u>Next Review Date</u> | 02/13/2024 |
| <u>Coverage Policy</u> | DME 28 |
| <u>Version</u> | 5 |

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, gimbaled |
| 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 |
| 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 |
| 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 |

Document History:

Revised Dates:

- 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).

(2024). Retrieved Jan 2024, from MCG 27th Edition: <https://careweb.careguidelines.com/ed27/index.html>

Guide to Adaptive Devices for People with Disabilities. (2021). Retrieved Jan 2024, from United Disabilities Services: <https://udservices.org/adaptive-devices-people-disabilities/>

Powered Standing Wheelchair Devices for Adults with Paraplegia or Quadriplegia. (2021). Retrieved Jan 2024, from Hayes: <https://evidence.hayesinc.com/report/earb.powered5174>

Rehab Management: Mobility. (2024). Retrieved Jan 2024, from American Occupational Therapy Association (AOTA): <https://rehabpub.com/mobility/>

Position Statement on the application of ultralight manual wheelchairs (ULWCs) Literature Update. (2021). Retrieved Jan 2024, from RESNA: <https://www.resna.org/Portals/0/Position%20Papers/Draft%20013022%20for%20comments.pdf?ver=2022-01-31-102446-467>

DME Manual - Appendix B. (2023, Jan). Retrieved Dec 2023, from DMAS DME: <https://www.dmas.virginia.gov/media/5511/appendix-b-apnea-respiratory-oxygen-and-vents-f2f-january-2023.pdf>

Provider Manual Title: Durable Medical Equipment Chapter IV: Covered Services and Limitations. (1/4/2024). Retrieved Jan 2024, from DMAS: https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-01/DME%20Chapter%20IV%20%28updated%201.4.24%29_Final.pdf

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