Sentara Health Plans

Medicaid

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

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

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 on 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:

- **Power Operated Vehicle (POV)/Scooter** with **ALL** of the following:
  - Individual is able to perform **ALL** of the following:
    - Safely transfer to and from Power Operated Vehicle (POV)/Scooter
    - Operate tiller steering system
    - Maintain postural stability and position while operating Power Operated Vehicle (POV)/Scooter in the home
  - Individual's mental capabilities and physical capabilities are sufficient for safe operation of Power Operated Vehicle (POV)/Scooter in the home.
  - Individual's home provides adequate access between rooms, maneuvering space, and surfaces for operation of the Power Operated Vehicle (POV)/Scooter
  - Individual's weight is less than or equal to weight capacity per manufacturers specifications of Power Operated Vehicle (POV)/Scooter that is provided
- **Power wheelchair** with **ALL** of the following indications:
  - The individual has a mobility limitation that impairs his or her ability to perform one or more mobility related activities of daily living (MRADLs) which is not expected to change
  - The limitation cannot be resolved with a cane or walker
  - The individual does not have sufficient upper extremity strength to functionally operate an optimally configured manual wheelchair in the home
  - The individual has the mental and physical capabilities to safely operate a power wheelchair or has a caregiver who is unable to propel an optimally configured manual wheelchair but is available, willing and able to safely operate the power wheelchair
  - The individual's weight is less than or equal to the weight capacity of the power chair to be provided
  - The individual's home has adequate access, maneuvering space and surfaces for the operation of the power wheelchair to be provided.
  - Individual cannot use a Power Operated Vehicle (POV)/Scooter due to **1 or more** of the following:
    - Individual cannot safely transfer to and from Power Operated Vehicle (POV)/Scooter
    - Individual cannot operate tiller steering system
    - Individual cannot maintain postural stability, balance and position while operating Power Operated Vehicle (POV)/Scooter in the home
    - Individual's mental capabilities and physical capabilities are not sufficient for safe operation of Power Operated Vehicle (POV)/Scooter in the home.
    - Individual's home does not provide adequate access between rooms, maneuvering space, and surfaces for operation of the Power Operated Vehicle (POV)/Scooter
    - Individual's weight does not meet requirements per manufacturers specifications of a Power Operated Vehicle (POV)/Scooter
  - The individual has had a specialty "hands on" evaluation performed
  - Documentation states the medical necessity for the wheelchair and its special feature
  - Request is for **1 or more** of the following:
    - **Group 2 Single-Power Option Wheelchairs** (K0835, K0836, K0837, K0838, K0839, K0840) with **ALL** of the following:

- The individual requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control).
- The individual meets coverage criteria for a power tilt or a power recline seating system

- **Group 2 Multiple-Power Option Wheelchairs** (*K0841, K0842, K0843*) with **1 or more** of the following:
  - Power tilt or recline-seating system is being used on the wheelchair with **ALL** of the following:
    - The individual uses a ventilator mounted on the wheelchair with **ALL** of the following:
      - The individual has had a specialty hands on evaluation performed
      - Documentation states the medical necessity for the wheelchair and its special features
- A **Group 3 Power Wheelchair** (K0856, K0857, K0858, K0859, K0860) (K0861, K0862, K0863, K0864) with ALL of the following"
  - The individual's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity;
- **Group 4** *(K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886)* **and 5 Power Wheelchairs** (*K0890, K0891)* may be considered on an individual basis.
- **A power tilt, recline or tilt and recline system,** (E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012) **with or without power elevating leg rests** with **ALL** of the following criteria:
  - The individual is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift for pressure relief
  - The individual utilizes intermittent catheterization for bladder management and is unable to independently transfer from wheelchair to bed
  - The power seating system is needed to manage increased tone or spasticity
- **Push-Rim Activated Power Assist Device** (E0986) with **ALL** of the following:
  - The individual has been self-propelling in a manual wheelchair for at least one year
  - The individual has had a specialty "hands on" evaluation performed
  - Documentation states the medical necessity.

- **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

- **Standard Manual wheelchair** (*E1037, E1038, E1039, E1161, K0001***)** with **ALL** of the following:
  - The practitioner must prescribe the equipment as medically necessary;
  - Document that the individual's condition is such that without the use of a wheelchair the individual would be essentially bed, chair, or home confined;
  - The wheelchair is expected to increase mobility and independence.
  - All customized manual wheelchairs are required to have had a comprehensive "hands on" evaluation completed by a healthcare professional with experience in fitting wheelchairs and making recommendations based on the individual's needs (specifically, a practitioner, physical therapist, occupational therapist, or a rehab engineer in coordination with a physical or occupational therapist).
  - The specific criteria below must be met for each manual wheelchair for **1 or more** of the following:
    - There is not a need for specialty manual wheelchair.
    - A standard hemi-wheelchair (K0002) is covered when the individual requires a lower seat height (17" to 18") because of short stature or to enable the individual to place his/her feet on the ground for propulsion.
    - A lightweight wheelchair (K0003) is covered when a individual meets both criteria (1) and (2):
      - 1. Cannot self-propel in a standard wheelchair in the home; and
      - 2. The individual can and does self-propel in a lightweight wheelchair

- A high strength lightweight wheelchair (K0004) is covered when an individual with ALL of the following:
    - 1. The individual self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
    - 2. The individual requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.
- Note: A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).
  An ultra lightweight manual wheelchair (K0005) is covered for an individual if criteria **1 or more** of the following are met :
    - 1. The individual must be a full-time manual wheelchair user.
    - 2. The individual must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a K0001 through K0004 manual wheelchair.
- A heavy duty wheelchair (K0006) is covered if the individual weighs more than 250 pounds or the individual has severe spasticity.
- An extra heavy duty wheelchair (K0007) is covered if the individual weighs more than 300 pounds.

The following accessories to a wheelchair are considered items of convenience and therefore not-medically necessary

- Backup chairs
- Baskets, bags/backpacks/pouch - used to transport personal belongings
- Canopies
- Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flaps for cars)
- Cup holders
- Firearm/weapon holder/support
- Frame/holder for ice chest
- Wheelchair accessories used solely for vocational, educational, or recreational activities.
- Gloves
- Lighting systems
- Monitored Usage Reminder/Warning Systems for Powered Wheelchair Users (e.g. Permobil Virtual Seating Coach)
- 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
- Snow tires for wheelchair
- Speed conversion kits
- Stair climbing wheelchairs (IBOT) – the Independence IBOT 4000.
    - 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
- Transport chair in addition to a wheelchair
- 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
- Warning devices, such as horns and backup signals

Coverage for the following items may be considered through the Commonwealth Coordinated Care Waiver Program

- Auto carrier - car attachment to carry assistive device
- Van modifications, van lifts, hand controls, etc. that allow transportation or driving while seated in the manual wheeled mobility device
- 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
- Trunk loader - assists in lifting the assistive device into a van
- Mobility assistive device rack for automobiles
- 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

Document History:

Revised Dates:

- 2025: March - Implementation date of 6/1/2025, criteria updated references updated
- 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:

- 2026: March – Implementation date of July 1, 2026. Annual review completed. No changes to criteria, references and coding checked.
- 2024: February
- 2023: February
- 2021: April
- 2018: August
- 2017: November
- 2016: July, August, September, November
- 2014: September
- 2010: October
- 2009: October

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
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
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
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
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
E2358	Power wheelchair accessory, group 34
E2359	Power wheelchair accessory, group 34
E2360	Power wheelchair accessory, 22
E2361	Power wheelchair accessory, 22
E2362	Power wheelchair accessory, group 24

E2363	Power wheelchair accessory, group 24
E2364	Power wheelchair accessory, U-1
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
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either 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
E2372	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
E2207	Wheelchair accessory, crutch and cane holder, each

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.

Special Notes: *

- Coverage: Refer to the Department of Medical Assistance Services (DMAS) Durable Medical Equipment manual for Optima Virginia Medicaid Plan wheelchair accessory coverage.
- See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
    - 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.
- Special Notes
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
    - 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.
    - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- **Documentation Requirements** Durable Medical Equipment appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2024-v2.xlsx
    - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
    - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
    - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
- **Repair vs. Replacement Guidelines**
    - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
    - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
        - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
        - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
        - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
- **Rental vs. Purchase Guideline**
    - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
    - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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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Keywords:

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