



PARAMOUNT

Manual, Powered, and Motorized Wheeled Mobility Devices

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ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

- Professional
- Facility

DESCRIPTION

Types of manual wheelchairs include standard, heavy duty and lightweight for pediatric and adult sizes.

Manual Wheelchairs-Standard, Heavy Duty and Lightweight are provided to patients, for pediatric and adult persons:

- Individuals with neurological, orthopedic or cardiopulmonary conditions
- Individuals with significant impairments to mobility-related activities of daily living (MRADLs)
- Individuals whom cannot achieve independent or assisted movement with devices such as canes and walkers

Manual Wheelchairs-Ultra Lightweight, are provided to patients, for pediatric and adult persons:

- Individuals with neurological, orthopedic or cardiopulmonary conditions
- Individuals with significant impairment to mobility-related activities of daily living (MRADLs)
- Individuals whom cannot achieve independent or assisted movement with devices such as canes and walkers
- Individuals with severe medical condition that prevents self-propulsion in a standard or lightweight manual wheelchair

Powered, Motorized, with or without power seating systems and Power Operated Vehicles (POVs) are provided to patients, for pediatric and adult persons:

- Individuals who are unable to walk beyond a few steps related to transfers and have upper extremity impairment
- Individuals with neurological, orthopedic or cardiopulmonary conditions
- Individuals with complete impairment to mobility-related activities of daily living (MRADLs)
- Individuals with a heightened risk of morbidity or mortality secondary to the attempts to perform MRADLs

Powered, motorized wheelchairs (PWC) are battery powered mobility devices with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction capabilities and can be categorized as fixed height, variable height, semi-electric or total electric. There are five PWC groups, which are divided, based on performance and on the patient's weight, seat type, portability and/or power seating system capability.

Power-operated vehicles (POV)/scooter are battery powered mobility devices with integrated seating systems, tiller steering, and three or four-wheel non-highway construction. There are two POV groups that are divided based on performance and patient weight capacity.

Wheelchair accessories and options are available for those individuals with specific medical needs related to

mobility.

Mobility assistance may be required for a variety of reasons and for varying durations because the etiology of the disability may be due to a congenital cause, injury, or disease. Mobility assistance may be needed on a short-term basis, temporary time frame while in contrast; those living with chronic conditions or enduring disabilities will require mobility assistance on a permanent basis.

Both the patient's physical and psychological function and their environment in which the mobility device is needed is relevant to the determination of the appropriate form of mobility assistance that should be employed. For many patients, a device of some sort is compensation for the mobility deficit. Many patient's experience co-morbid conditions that can affect their ability to safely utilize mobility devices independently or to successfully regain independent function even with mobility assistance.

A specialty evaluation must be performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or by a professional provider who has specific training and experience in rehabilitation wheelchair evaluations and who documents the need for the device and or accessories. Medical record documentation must be maintained on file to reflect the medical necessity of the care and services provided. The supplier must have on file a timely, appropriate, and complete order for each item billed that is signed and dated by the professional provider who is treating the member. Requesting a provider to sign a retrospective order at the time of an audit or after an audit for submission as an original order, reorder, or updated order will not satisfy the requirement to maintain a timely professional provider order on file.

Medical record documentation must include a contemporaneously prepared delivery confirmation or member's receipt of supplies and equipment. The medical record documentation must include a copy of delivery confirmation if delivered by a commercial carrier and a signed copy of delivery confirmation by member/caregiver if delivered by the durable medical equipment (DME) supplier/provider. All documentation is to be prepared contemporaneous with delivery and be available to the Company upon request.

POLICY

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Wheeled Mobility Devices requiring prior authorization, effective 8/1/2020: HCPCS = E1161, E1232, E1233
E1234, E1235, E1236, E1238, K0005 (Ultra lightweight wheelchair)

Powered, Motorized, with or without power seating systems and Power Operated Vehicles (POVs) Devices require prior authorization. HCPCS = E1230, K0800, K0801, K0802, K0806, K0807, K0808, K0812, E0985, E1239, K0010, K0011, K0012, K0013, K0014, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898, K0899

Wheelchair Accessories requiring a prior authorization, effective 8/1/2020: HCPCS = E0985
E0986, E1002, E1007, E1008, E1010, E1030, E2310, E2311, E2325, ~~E2375~~, ~~E2373~~, K0108.

Correction/Clarification: Procedure ~~E2375~~ does not require a prior authorization.

Additionally, Effective 10/1/2020 procedure ~~E2373~~ does require a prior authorization.

Limits may apply.

One month's rental of a PMD (K0462) while the member-owned PMD is being repaired does not require prior authorization.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Manual Wheelchairs-Standard, Heavy Duty and Lightweight

A manual wheelchair may be medically necessary when ALL of the following criteria are met:

- A written assessment by a physician or other appropriate clinician which demonstrates **ALL** the following criteria below:
 - The member lacks the functional mobility limitation that significantly impairs his/her ability to safely and efficiently participate in mobility-related activities of daily living (MRADLs) (Daily self-care such as toileting, feeding, dressing, grooming and bathing that require ambulatory movement to an area for these activities) in the home; **and**
 - The member's or a caretaker's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a manual wheelchair in the home; **and**
 - Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
 - A history of unsafe behavior in other venues may be considered.
- The member's mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker; **and**
- The type of manual wheelchair ordered is based upon the member's physical or functional assessment and body size. Criteria for these types of wheelchairs are as follows:
 - Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant
 - Standard wheelchairs, when canes, walkers etc. are not sufficient to meet mobility needs;
 - Lightweight wheelchairs, when the member cannot consistently self-propel in a standard wheelchair;
 - Heavy-duty wheelchairs, when the member's body size cannot be accommodated in a standard wheelchair.

Repairs, modifications and replacements for standard, lightweight or heavy-duty manual wheelchairs are considered medically necessary when:

- Normal wear or accidental damage
- A change in the member's condition warrants a different wheelchair, based on clinical documentation

Ultra Lightweight Manual Wheelchairs

An ultra-lightweight manual wheelchair may be medically necessary when ALL of the following criteria are met:

- A written assessment by a physician or other appropriate clinician which demonstrates **ALL** the following criteria below:
 - The member lacks the functional mobility limitation that significantly impairs his/her ability to safely and efficiently participate in mobility-related activities of daily living (MRADLs) (Daily self-care such as toileting, feeding, dressing, grooming and bathing that require ambulatory movement to an area for these activities) in the home; **and**
 - The member's or a caretaker's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a ultra-lightweight manual wheelchair in the home; **and**
 - Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
 - A history of unsafe behavior in other venues may be considered.
- The member's mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker; **and**
- The member has a severe medical condition that prevents self-propulsion in a standard or lightweight manual wheelchair; **and**
- The type of ultra-lightweight manual wheelchair ordered is based upon the member's physical or functional assessment and body size. Criteria for these types of wheelchairs are as follows:
 - Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant
 - Standard wheelchairs, when canes, walkers etc. are not sufficient to meet mobility needs;

- Lightweight wheelchairs, when the member cannot consistently self-propel in a standard wheelchair;
- Heavy-duty wheelchairs, when the member's body size cannot be accommodated in a standard wheelchair.

Repairs, modifications and replacements for ultra-lightweight manual wheelchairs are considered medically necessary when:

- Normal wear or accidental damage
- A change in the member's condition warrants a different wheelchair, based on clinical documentation

If the member is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate

Power mobility devices (PMD)

A PMD may be medically necessary when ALL of the following criteria are met:

- A written assessment by a physician or other appropriate clinician which demonstrates **ALL** the following criteria below:
 - The member lacks the functional mobility limitation that significantly impairs his/her ability to safely and efficiently participate in mobility-related activities of daily living (MRADLs) (Daily self-care such as toileting, feeding, dressing, grooming and bathing that require ambulatory movement to an area for these activities) in the home; **and**
 - The member does not have sufficient upper extremity function to self-propel a manual wheelchair to safely and efficiently participate in mobility-related activities of daily living (MRADLs) (Daily self-care such as toileting, feeding, dressing, grooming and bathing that require ambulatory movement to an area for these activities) in the home; **and**
 - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function
 - The member's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a PMD in the home or the member has a caregiver who is available, willing, and able to safely operate a PWC for the member, but is otherwise NOT physically able to adequately propel a manual wheelchair; **and**
 - Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
 - A history of unsafe behavior in other venues may be considered.
 - The member has limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.
- The member's mobility limitation cannot be resolved sufficiently or safely by the use of an appropriately fitted cane, walker or manual wheelchair; **and**
- The member's weight does not exceed the weight capacity of the PMD being requested; **and**
- Use of a PMD will significantly improve the member's ability to participate in MRADL; **and**
- The member is agreeable to the use of a PMD in the home; **and**
- The member's medical condition requires a powered/motorized wheelchair or POV device for long-term use of at least 6 months; **and**
- The powered/motorized wheelchair or POV is ordered by the physician responsible for the member's care; **and**
- Use of a powered/motorized wheelchair meets **one** of the following Power wheelchair Group Related Criteria below:
 1. Group 1 PWC or Group 2 PWC is covered when:
 - a. All the coverage criteria for a PWC are met; and
 - b. The PWC is appropriate for the patient's weight.
 2. Group 2 Single Power Option PWC is covered when all below criteria are met:
 - a. All the coverage criteria for a PWC are met; and
 - b. The patient has had a specialty evaluation; and
 - c. The PWC is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the

- wheelchair selection for the patient; and
- d. Either of the following scenarios is met:
- i. The patient requires a drive control interface other than a hand- or chin-operated standard proportional joystick; or
 - ii. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the PWC.
3. Group 2 Multiple Power Option PWC is covered when all the following are met:
- a. All the coverage criteria for a PWC are met; and
 - b. The patient has had a specialty evaluation; and
 - c. The PWC is provided by a supplier that employs a RESNA-certified ATP who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient; and
 - d. One of the following scenarios is met:
 - i. The patient meets the coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; or
 - ii. The patient uses a ventilator, which is mounted on the wheelchair
4. Group 3 PWC with No Power Options is covered when all following criteria are met:
- a. All the coverage criteria for a PWC are met; and
 - b. The patient's mobility limitation is due to an underlying condition causing dysfunction of multiple limbs, such as myopathy, neurological disorder, or congenital skeletal deformity; and
 - c. The patient has had a specialty evaluation; and
 - d. The PWC is provided by a supplier that employs a RESNA-certified ATP who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.
5. Group 3 PWC with Single Power Option is covered when all below are met:
- a. All the coverage criteria for a PWC are met; and
 - b. The patient's mobility limitation is due to an underlying condition causing dysfunction of multiple limbs, such as myopathy, neurological disorder, or congenital skeletal deformity; and
 - c. The patient has had a specialty evaluation; and
 - d. The PWC is provided by a supplier that employs a RESNA-certified ATP who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient; and
 - e. One of the following scenarios is met:
 - i. The patient requires a drive control interface other than a hand- or chin-operated proportional joystick; or
 - ii. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the PWC.
6. Group 3 PWC with Multiple Power Options is covered when all below are met:
- a. All the coverage criteria for a PWC are met; and
 - b. The patient's mobility limitation is due to an underlying condition causing dysfunction of multiple limbs, such as myopathy, neurological disorder, or congenital skeletal deformity; and
 - c. The patient has had a specialty evaluation; and
 - d. The PWC is provided by a supplier that employs a RESNA-certified ATP who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient; and
 - e. One of the following scenarios is met:
 - i. The patient meets the coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair or
 - ii. The patient uses a ventilator, which is mounted on the wheelchair.
7. Group 5 Pediatric PWC with Single Power Option or Multiple Power Options is covered when all the following criteria are met:
- a. The individual is a child or has small stature; and
 - b. The patient meets all the criteria for Group 2 Single Power Option or Multiple Power Options, respectively.
8. A push-rim activated power-assist device for a manual wheelchair is covered when all the following criteria are met:
- a. All the Basic Coverage Criteria for a power mobility device are met; and

- b. The patient either has developed loss of upper extremity function needed to continue to benefit from a previously-provided manual wheelchair, or requires the initial provision of a manual wheelchair equipped with PAD to perform MRADLs because of a combination of mobility-limiting conditions; and
- c. The patient has had a specialty evaluation that state, with the device, MRADL can be performed in the home; and
- d. The wheelchair is provided by a supplier that employs a RESNA-certified ATP who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

Power seating system (for example, tilt only, recline only, or combination tilt and recline with or without power, elevating leg rests) are considered medically necessary when the power wheelchair criteria above are met and for any of the following:

- The member is a high-risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
- The member uses intermittent catheterization for bladder management and is unable to independently transfer from the power wheelchair to bed; or
- The member requires power-seating system to manage increased tone or spasticity.

Power wheelchair drive-control systems is considered medical necessary in place of an individual-operated drive-control system, when ALL of the following criteria are met:

- The member meets all of the medically necessity criteria for a wheelchair
- The member is unable to operate a manual or power wheelchair
- The individual has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair

Each PWC is required to include all of the following items (also called the PWC basic equipment package) on initial issue (not separately reimbursable, unless otherwise noted), not all-inclusive:

- Battery charger, single mode (HCPCS E2366 and E2367)
- Lap belt or safety belts. Shoulder harness/straps or chest straps/vest may be separately reimbursed
- Complete set of tires and casters, any type
- Leg rests. Not separately reimbursable if fixed, swing away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be separately reimbursed.
- Footrests/foot platform. Not separately reimbursable if fixed, swing away, or detachable footrests or a foot platform without angle adjustment are provided. Angle adjustable footplates may be separately reimbursed with Group 3 and 5 PWCs.
- Armrests. Not separately reimbursable if fixed, swing away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be separately reimbursed.
- Any weight-specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by member weight capacity
- Any seat width and depth
- Any back width
- Controller and Input Device. Not separately reimbursable if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a non-standard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device including mounting hardware, may be separately reimbursed.
- Labor charges for assembly
- Each POV is required to include all of the following items on initial issue (not separately reimbursable):
- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation
- Labor charges for assembly

Repairs and replacements of a powered/motorized wheelchair or POV are considered medically necessary when:

- Normal wear or accidental damage
- Indicated if the PWC, POV, or accessory/option is not repairable
- Anatomical changes in the member's condition warrants additional or different equipment, based on clinical documentation

One month's rental of a PMD (K0462) while the member-owned PMD is being repaired does not require prior authorization.

Accessories

Wheeled Mobility Devices: Manual and Powered Wheelchair **Accessories** may be medically necessary when ALL of the following criteria are met:

- The wheelchair itself is considered medically necessary; **and**
- The type of wheelchair and options provided should be appropriate for the degree of the member's functional impairments; **and**
- The options or accessories are necessary for the member to function in the home and perform the activities of daily living; **and**
- The specific criteria for the requested option/accessory are met (Note: The following is not an all-inclusive list):
 - Adjustable arm rest option:
 - Standard arm rest interferes with member's function (for example, difficulty with transfers); **and**
 - The member spends at least 2 hours per day in the wheelchair; **and**
 - The member requires an arm height that is different than the available height using a nonadjustable arm
 - Arm trough:
 - Member has quadriplegia, hemiplegia, or uncontrolled arm movements;
 - Tilt-in-space (the back and seat tilt back maintain the physical angles at the hips, knees, and ankles):
 - Member is wheelchair confined and cannot reposition self, **and**
 - The member is at high risk for developing a pressure ulcer and is unable to perform a functional weight shift, **and**
 - Cannot operate a manual tilt, **and**
 - Requires tilt-in-space feature to medically manage pressure relief/ spasticity/tone;
 - A manual, fully reclining back is medically necessary when one or both of the following conditions is present:
 - The member is at high risk for developing a pressure ulcer and is unable to perform a functional weight shift; or
 - The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed
 - Headrest
 - An approved manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a per wheelchair, or power tilt and/or recline power seating system;
 - Hemi-height (wheelchairs can be converted from standard to hemi-height positions which allows the member to use one or both feet to self-propel the manual wheelchair):
 - Member uses one or both feet to self-propel wheelchair due to weakness or dysfunction of at least one upper extremity;
 - One-arm drive (allows a manual wheelchair user to self-propel in a forward motion with only one upper extremity; those who use this option generally use one or more feet at a hemi-height seat level to self-propel):
 - Member has weakness or dysfunction of at least one upper extremity;
 - Swing away hardware (used to move the component out of the way to enable the member to transfer to a chair or bed):
 - Member has difficulty with transfers;
 - Elevating leg rests:

- The member has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
- There is significant edema of the lower extremities that requires elevation of the legs; **or**
- The member meets the criteria for and has a reclining back on the wheelchair
- Safety belt, pelvic strap or chest strap:
 - The member has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning;
- Semi or fully reclining back option:
 - The member spends at least two hours per day in the assistive device; **and**
 - Cannot reposition self; **and**
 - Has a medical need to rest in a recumbent position two or more times during the day; **and**
 - Transfer between wheelchair and bed is very difficult because of quadriplegia, fixed hip angle, trunk or lower extremity casts/braces or excess extensor tone of the trunk muscles;
- Anti-rollback device:
 - Is medically necessary when an member self-propels and needs the device because of ramps
- Positioning seat cushion, positioning back cushion, or positioning accessory:
 - The member has a pressure ulcer or a history of a pressure ulcer that was/is located on an area of their body that makes contact with the seating surface; **or**
 - The member has significant postural asymmetries that are due to spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis, monoplegia of the lower limb due to stroke, traumatic brain injury or other etiology, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, or transverse myelitis:
- Skin protection seat cushion:
 - The member has current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**
 - Absent or impaired sensation in the area where their body makes contact with the seating surface; **or**
 - Inability to carry out a functional weight shift that are due to spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis;
- Adjustable or nonadjustable combination skin protection and positioning seat cushion:
 - The member meets all criteria for skin protection seat cushion; **and**
 - The member meets all criteria for positioning seat cushion;
- Custom fabricated seat cushion or back cushion:
 - Member meets all criteria for prefabricated positioning (skin protection) seat cushion or positioning back cushion; **and**
 - There is a comprehensive written evaluation by a licensed professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the members seating positioning needs.
 - When reinforced back upholstery or reinforced seat upholstery is used in conjunction with heavy-duty or extra-heavy-duty wheelchair bases, the reimbursement for reinforced upholstery is included in the reimbursement for the wheelchair base. Reinforced back and seat upholstery are not covered when used in conjunction with other manual wheelchair bases
- Wheels/Tires for Manual Wheelchairs: Gear-reduction drive wheels for a manual wheelchair or lever-activated wheel drive are medically necessary when all of the following criteria are met:

- The member has been self-propelling in a manual wheelchair for at least one year; **and**
- The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or by a professional provider who has specific training and experience in rehabilitation wheelchair evaluations and who documents the need for the device in the individual's home; **and**
- The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

Wheeled Mobility and Power Mobility Devices (PMD) Authorization

Once a supplier has determined the specific Wheeled Mobility Device that is appropriate for the member based on the physician's order, the supplier must prepare a written document (termed a detailed product description) that lists the specific base (HCPCS code and either a narrative description of the item or the manufacturer name/model), and all options and accessories that will be separately billed. The supplier must list their charge, and/or the Medicare fee schedule allowance for each separately billed item. If there is no fee schedule allowance, the supplier must enter "not applicable." The physician must sign and date this detailed product description, and the supplier must receive it prior to delivery of the Wheeled Mobility Device. A date-stamp or equivalent must be used to document receipt date. The detailed product description must be available upon request. Pricing will follow the providers contracted pricing guidelines.

These items will be denied to the member if the authorization was denied following review. If prior authorization is not obtained, the entire Wheeled Mobility Device will be denied back to the provider. These devices may also be denied if the member has utilized all their DME benefit.

A power mobility device will be denied as not medically necessary if the underlying condition is reversible, and the length of need is less than three months (e.g., following lower extremity surgery that limits ambulation).

All Unlisted DME Codes (K0009, K0014, K0108, K0812, K0898, & K0899) must be reviewed in order to determine pricing, and if the product is considered a component of the other products supplied. Prior authorization will require the provider to submit all medical documentation as well as the invoice.

Wheeled Mobility Devices are considered Not Medically Necessary for any of the following, not all-inclusive:

- When solely intended for use outdoors;
- Exceeds the basic device requirement for the member's condition or needs; **or**
- When used as a backup in case the primary device requires repair; **or**
- Used for leisure or recreational activities; **or**
- A second device is desired for convenience.

Powered/Motorized Wheelchair or POV are considered Not Medically Necessary for any of the following, not all-inclusive:

- The member is capable of ambulation within the home but requires a powered/motorized wheelchair or POV for movement outside the home; **or**
- When solely intended for use outdoors; **or**
- A device that exceeds the basic device requirements for the member's condition or needs; **or**
- A backup powered/motorized wheelchair or POV in case the primary device requires repair.

Wheeled Mobility and Power Mobility Devices Accessories are considered Not Medically Necessary for any of the following, not all-inclusive:

- When their features are generally intended for use outdoors; **or**
- An option/accessory which exceeds that which is medically necessary for the member's condition; **or**
- Options/accessories used as backups for current options/accessories or anticipated as future needs; **or**
- Options/accessories that allow the member to perform leisure or recreational activities. The following are some examples of comfort, luxury or convenience items:
 - Mobility assistive device rack for automobiles;
 - Support frames for cellular phone/CDs/etc.;

- Auto carrier - car attachment to carry assistive device;
- Lifts providing access to stairways or car trunks;
- Transit options, tie-downs;
- Baskets/bags/backpacks/pouch - used to transport personal belongings;
- Towing package;
- Crutch and cane holder;
- Prefabricated plastic or foam vest type trunk support designed to be worn over clothing and not attached to an assistive device;
- Trunk loader - assists in lifting the assistive device into a van;
- Cup holders;
- Prefabricated plastic-frame back support that can be attached to an assistive device but doesn't replace the back;
- Upgrading for racing or sports;
- Firearm/weapon holder/support;
- Ramps – used to allow entrance or exit from the home;
- Frame/holder for ice chest;
- Snow tires for the assistive device;
- Manual seat lift mechanisms;
- Van modifications, van lifts, hand controls, etc. that allow transportation or driving while seated in the manual wheeled mobility device;
- Attendant control in addition to a member-operated drive control system
- Back-up PWC, POV, or manual wheelchair
- Dual-mode battery charger
- Dust covers
- Canopies
- Electronic balance
- Electronic interfaces to control lights or other electrical devices
- Electronic interfaces to operate speech generating devices
- Elevating footrests, articulating, telescoping
- Flags
- Horns
- Incontinence covers
- Non-sealed batteries (HCPCS codes E2358, E2360, E2362, E2364 and E2372)
- Miscellaneous items that are beneficial primarily in allowing the member to perform leisure or recreational activities
- Power add-ons used to convert a manual wheelchair to a PWC or POV
- Powered seat elevation feature and associated electronic connection if not required to operate other features listed in the medically necessary criteria
- Powered standing feature if not required to operate other features listed in the medically necessary criteria
- Powered wheelchair seat cushion
- PWCs ability to elevate the seat by balancing on two wheels
- Remote operation
- Stair climbing ability
- Special paint or color
- Utility bag

All Wheelchairs should be assessed and/or reviewed between the DME provider and the member or caretaker that the member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the wheelchair being requested.

Pediatric-sized wheelchairs is a manual wheelchair with a seat width and/or depth of 14" or less.

Specially adapted wheelchairs for children:

- The child is non-ambulatory and either requires more support than a regular wheelchair provides; or

- The child is too small for a standard children’s wheelchair.
- ❖ Strollers are not covered because they do not meet the contractual definition of durable medical equipment in that they are not primarily medical use, and they are of use in the absence of illness and injury. Sports strollers are considered not medically necessary.

Pediatric seating systems may only be billed with pediatric wheelchair bases.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

HCPCS CODES	
K0462	Temporary replacement for patient owned equipment being repaired, any type
Manual Wheelchairs-Standard, Heavy Duty and Lightweight	
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 wheelchair, 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 legrests
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 legrests
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrests
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 elevation 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
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system

E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrests
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 legrests
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base
Ultra Lightweight Wheelchair	
K0005	Ultra lightweight wheelchair
Power Operated Vehicles (POV)	
E1230	Power operated vehicle (3 or 4 wheel non-highway) specify brand name and model number
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle group 2 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
Power Wheelchair (PWC)	
E0985	Wheelchair accessory, seat lift mechanism
E1239	Power wheelchair, pediatric size, not otherwise specified
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
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, portable, 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, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, 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 capacity 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 capacity 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
Wheelchair accessories	
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 elevation legrests
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 legrests, 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 evaluation system, including pushrod and legrests, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrests, pair
E1011	Modification to pediatric size wheelchair, width adjustment package
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 swing away, 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
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in
E2202	Manual wheelchair accessory, nonstandard seat frame, width, 24-27 in
E2203	Manual wheelchair accessory, nonstandard seat frame, depth, 20 to less than 22 in
E2204	Manual wheelchair accessory, nonstandard seat frame, depth, 200 to 25 in
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2207	Wheelchair accessory, crutch and cane holder
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
E2230	Manual wheelchair accessory, manual standing system, manual standing system
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
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 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch and fixed mounting hardware.
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware.
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2368	Power wheelchair component, drive wheel motor, replacement only

E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, nonexpendable 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
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware

E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633	Wheelchair accessory, addition to mobile arm support, supinator
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 legrests, lower extension tube, replacement only, each
K0047	Elevating legrests, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or legrests, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each

K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultra-lightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, completed, 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, completed, with pneumatic tire, replacement only, each
K0072	Front caster assembly, completed, with semi-pneumatic 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
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair
K0669	Wheelchair accessory, wheelchair seat or back cushion
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 07/15/2009

05/01/11: No changes

03/10/15: Changed title from Power Mobility Devices and Power Wheelchairs to Power Mobility Devices. Added codes E1239 & K0013. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/13/16: Added code E0985 as covered with prior authorization required for all product lines. Codes K0830, K0831, K0868-K0886 are now covered for HMO, PPO, Individual Marketplace, & Elite per CMS guidelines. Codes E1239, K0013, K0800-K0802, K0806-K0808, K0813-K0816, K0820-K0831, K0835-K0843, K0848-K0864, K0868-K0871, K0877-K0880, K0884-K0886, K0890, & K0891 are now covered with a limit of 1 per 5 years for Advantage per ODM guidelines effective 01/01/17. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

04/11/17: Clarified in policy that one month's rental of a PMD (K0462) while the individual-owned PMD is being repaired does not require prior authorization. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

07/01/20: Changed the policy title from Powered Mobility Devices to Manual, Powered, and Motorized Wheeled Mobility Devices. Required Prior Authorizations and documented criteria established.

07/08/20: Corrected/clarified the prior authorization intent – '~~Powered~~ Wheelchair Accessories requiring a prior authorization, effective 8/1/2020: HCPCS = E0985, E0986, E1002, E1007, E1008, E1010, E1030, E2310, E2311, E2325, E2375, K0108.' The wheelchair accessory codes identified require a prior authorization for all wheelchairs, not just for powered wheelchairs.

08/05/20: Corrected/clarification of a mistype. Procedure E2375 does not require a prior authorization. Procedure E2373 does require a prior authorization and will be effective 10/1/2020, allowing for provider notification.

12/18/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review