

Mobility Assistive Devices (Wheelchairs)



Medicaid Medical Coverage Policy

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Description

A wheelchair is a type of mobility assistive device that is considered durable medical equipment (DME). Traditional wheelchairs have a seat positioned between 2 large wheels with 2 smaller wheels at the front. Manual wheelchairs can be self-propelled or pushed by another individual. Powered wheelchairs are battery operated and can be controlled through electronic switches. Powered wheelchairs enable mobility for individuals with medical conditions that do not allow the use of a manual wheelchair (eg, severe upper body muscle weakness or paralysis).

Another type of mobility assistive device, classified as motorized transportation equipment, is a power operated vehicle (POV), more commonly referred to as a scooter. These devices are battery powered, with tiller steering and three or four wheel construction that may be for indoor or outdoor use. POVs are designed for those individuals who have sufficient trunk and upper extremity function to operate the tiller control safely and effectively as well as maintain upright sitting balance and posture.

Coverage Determination

General Criteria for Mobility Assistive Devices

Humana members may be eligible under the Plan for **mobility assistive devices ONLY** when the following criteria are met:

- A licensed healthcare provider's order is obtained, to include documentation regarding the specific mobility assistive device to be provided;

AND any of the following:

- A neurological or muscular disorder which limits ambulation to the point that the mobility assistive device must be used to accomplish the activities of daily living (ADL) in the home, school or workplace; **OR**
- Individual may be capable of walking short distances with crutches or a cane, but does not have sufficient strength to complete the normal ADLs; **OR**
- Individual's condition is such that without the mobility assistive device, the individual would be bed or chair confined

Humana members may be eligible under the Plan for one of the following **types of mobility assistive devices** when the ***above criteria AND any additional criteria below have been met:***

Power (Electric) Wheelchairs

- General basic criteria for power wheelchair/standard power wheelchair (**E1239, K0010-K0011**):
 - Individual meets the [general criteria for a mobility assistive device](#); **AND**
 - Due to upper body limitations, is unable to operate a manual wheelchair, yet can safely operate an electric wheelchair¹; **AND**
 - Individual's medical condition requires a power wheelchair for long-term use of at least 6 months; **AND**
 - A home assessment/evaluation must be completed *prior to*, and submitted with, the request for authorization for the power wheelchair; the assessment must indicate that the home provides adequate access (including between rooms and also into the home), maneuvering space and surfaces for the operation of the power wheelchair¹
- **Complex rehabilitation power-driven wheelchair** including, but not limited to, **ActiveHeight** or **iLevel Power Chair/Power System (E2298)**:
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Specialty evaluation was performed by a licensed/certified medical professional (eg, PT, OT, other practitioner) who has specific training and experience in rehabilitation wheelchair evaluations,¹ has

no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features;

AND any of the following:

- A drive control interface other than a hand or chin-operated standard proportional joystick (eg, head control, sip and puff, switch control) is required for maneuvering the power wheelchair¹; **OR**
 - Has documented respiratory compromise (these chairs allow the individual's position to be modified from sitting to reclining); **OR**
 - Is at high risk for development of a pressure injury and is unable to shift his/her weight¹; **OR**
 - Power seating system is necessary to self-manage the individual's increased/decreased tone or spasticity¹; **OR**
 - Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed¹; **OR**
 - Requires use with a ventilator which is mounted on the wheelchair; **OR**
 - Individual's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity; **OR**
 - Individual is expected to grow in height
- **Power seat elevation system for power wheelchair (E2300):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Requires and meets criteria for a [complex rehabilitative power-driven wheelchair](#); **AND**
 - Specialty evaluation was performed by a licensed/certified medical professional (eg, PT, OT, other practitioner) who has specific training and experience in rehabilitation wheelchair evaluations¹, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features;

AND any of the following:

- Individual performs weight bearing transfers to/from the power wheelchair, using either their upper extremities during a nonlevel (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer; **OR**
- Individual requires a nonweight bearing transfer to/from the power wheelchair; **OR**

- Individual performs reaching from the power wheelchair to complete 1 or more ADLs, putting them at high risk for repetitive strain injury¹

Pediatric Wheelchair Modification (E1011)

Humana members may be eligible under the plan for **modification to a pediatric wheelchair** when the following criteria are met:

- Individual meets the [general criteria for a mobility assistive device](#); **AND**
- Specialty evaluation was performed by a licensed/certified medical professional (eg, PT, OT, other practitioner) who has specific training and experience in rehabilitation wheelchair evaluations¹, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features; **AND**
- The specific configuration required to address the unique physical and/or functional needs of the individual cannot be with a standard wheelchair base AND the frame must require unique construction or substantial modification

Wheelchair Management (97542)

Humana members may be eligible under the plan for **wheelchair management** (eg, assessment, fitting, training) **(97542)** for an individual who has been prescribed a wheelchair that includes a specialty evaluation as a requirement for coverage. This service must be completed by a qualified health care provider performs assessment, fitting and adjustments and instruct/train the individual in proper wheelchair skills (eg, propulsion, safety techniques) in the individual’s home, facility, work or community environment.¹ Reimbursement requires direct contact by the qualified health care provider with the individual who is being assessed for the wheelchair, and is reported in 15 minute units.

Wheelchair Accessories

Humana members may be eligible under the Plan for **wheelchair accessories** (*list below may not be all-inclusive*) when they are necessary for the individual to function in the home and perform activities of daily living for the following indications ***IF the criteria for the wheelchair itself are also met:***

WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
Arm trough (E2209)	Individual is a quadriplegic, hemiplegic OR has uncontrolled arm movements
Batteries for power wheelchairs (E2359, E2361, E2363, E2365, E2371, K0733)	Up to 2 batteries at any one time are allowed if required for a power wheelchair
Chin support	Individual has weak neck muscles OR needs chin support
Electronic connection device upgrade (E2310, E2311)	When control of 2 or more motors (eg, power wheelchair drive, power tilt, power recline, power leg elevation) from a single interface is required; allows the individual to select the motor being controlled and an indicator feature to visually show which function has been selected

WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
	<p>NOTE: ONLY covered for use with accessories that are <i>medically necessary</i></p>
<p>Foot box (E0954)</p>	<ul style="list-style-type: none"> • Individual is quadriplegic, hemiplegic or has uncontrolled foot movements; AND • Foot box is required for protection of feet due to risk of injury/skin breakdown
<p>Gear reduction drive wheel for a manual wheelchair (E2227)</p>	<ul style="list-style-type: none"> • Individual has been self-propelling in a manual wheelchair for at least 1 year; AND • Is no longer able to self-propel the manual wheelchair enough to adequately achieve their ADLs; AND • Specialty evaluation performed by a licensed/certified medical professional (eg, PT, OT, other practitioner) who has specific training and experience in rehabilitation wheelchair evaluations¹, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features
<p>Lap tray attachment (E0950)</p>	<p>Only when used for an individual for trunk or arm support (otherwise would be considered a convenience item)</p>
<p>Lateral thigh/knee support (E0953)</p>	<p>Individual has weak upper or lower body muscles, upper or lower body instability or muscle spasticity that requires use of this item for proper positioning</p>
<p>Nonstandard seat depth, height or width (E1296-E1298)</p>	<p>Individual’s physical dimensions require a seat that is at least 2 inches greater than or less than a standard option</p>
<p>Positioning seat cushion, positioning back cushion (E2291, E2292, E2293, E2294, E2605, E2606, E2607, E2608, E2622, E2623, E2624, E2625)</p>	<ul style="list-style-type: none"> • Absent or impaired sensation in the area of contact with the seating surface as a result of, but not limited to: Alzheimer’s disease, amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), paraplegia, Parkinson’s disease, post-polio paralysis, quadriplegia, spina bifida, spinal cord injury; OR • History of or high risk for pressure sores¹; OR • Significant postural asymmetries as a result of, but not limited to: ALS, cerebral palsy, hemiplegia due to stroke or other etiology, MS, muscular dystrophy, paraplegia, post-polio paralysis, quadriplegia, spinal cord injury, traumatic brain injury
<p>Replacement headrest cushion covers</p>	<ul style="list-style-type: none"> • Maximum replacement of one/year IF it is needed due to normal wear and tear; AND • Manufacturer warranty has expired
<p>Replacement seat cushion covers</p>	<ul style="list-style-type: none"> • Maximum replacement of one/year IF it is needed due to normal wear and tear; AND • Manufacturer warranty has expired

WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
Shoe holder	Individual has weak lower body muscles, lower body instability or muscle spasticity that requires the use of this item for proper positioning (NOTE: <i>Shoe holders differ from traditional footplates or footrests</i> ; footplates/footrests provide the user with someplace to put their feet while in the chair, rather than on the ground or floor; a shoe holder provides additional support and positioning with the use of padding, straps and/or contoured foot attachments)
Side guard	Individual has poor trunk control, upper body instability or muscle spasticity that requires this item to provide protection from the chair's wheels or attachments/accessories (NOTE: This differs from <i>clothing guards</i> , which protect clothing from mud, water, etc., splashing onto clothes;
Solid seat insert (E2231)	Individual spends at least 2 hours per day in the wheelchair

Duplicate Equipment

Duplicate or similar equipment, which includes, but may not be limited to, equipment with the same function for use in another location (eg, school, second residence, travel, work) is considered not medically necessary.

Repair/Replacement

Repairs and maintenance of purchased equipment may be a covered expense if:

- Manufacturer's warranty has expired; **AND**
- Repair or maintenance is not the result of misuse or abuse; **AND**
- Repair cost is less than replacement cost

Replacement of purchased equipment may be a covered expense if:

- Replacement is required due to a change in the individual's condition that makes the current equipment nonfunctional; **OR**
- Manufacturer's warranty has expired; **AND**
- Original equipment/device met medical necessity criteria; **AND**
- Reasonable useful lifetime wear and tear is generally 5 years; therefore replacement is generally not required more frequently than every 5 years; **AND**
- Replacement cost is less than the repair cost; **AND**

- Replacement is not due to lost or stolen equipment, misuse or abuse of the equipment; **AND**
- Replacement is required due to the current equipment being nonfunctional (malfunctioning and cannot be repaired); **AND**
- Requested equipment/device is being prescribed according to its US Food & Drug Administration (FDA) approved indications

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **mobility assistive devices** or **accessories** other than those listed above, **OR** for any indication other than those listed above. All other accessories, mobility assistive devices or indications are considered not medically necessary, including but not limited to:

- A replacement mobility assistive device (manual or electric) for appearance, convenience or comfort; **OR**
- A mobility assistive device (manual or electric) for an individual who does not need a mobility assistive device in the home, but requires it only for recreational activities such as to shop or socialize; **OR**
- Advanced steering/tracking systems including, but not limited to, **Accu-Trac Advanced Tracking Technology** and **Enhanced Steering Performance (ESP)**; **OR**
- Anterior power tilt (may also be referred to as a functional reach package); including, but not limited to, **ActiveReach Functional Forward Tilt**; **OR**
- Combination sit-to-stand devices including, but not limited to, **EasyStand Bantam**, **EasyStand Evolv** and **EasyStand StrapStand (E0637)**; **OR**
- Custom kneeler (includes trunk, head and medial knee support and tilt components); **OR**
- Duplicate equipment – rental or purchase of more than one mobility assistive device at a time, with identical or nearly identical functions, which would be considered a convenience (eg, two manual wheelchairs; a manual and a power wheelchair; a power wheelchair and scooter; a pediatric wheelchair [manual or power] and a customized pediatric stroller, etc.); **OR**
- Electric, motorized or powered standing systems/devices including, but not limited to, the **Rifton Tram**; **OR**
- Electronic connection device upgrade (**E2310**, **E2311**) when solely for use with motorized options that are not covered by the Plan; **OR**

- Enhanced joystick including, but not limited to, **Q-Logic 2, Q-Logic 2 EX enhanced display, Q-Logic 3 Advanced Drive Control System, Q-Logic 3 EX enhanced display kit and Q-Logic 3e controller; OR**
- Eye-tracking control system (for power wheelchairs); **OR**
- Memory seat program power option including, but not limited to, **Independent Repositioning Mode and Memory Seating; OR**
- Modifications to the structure of the home to accommodate a mobility assistive device. Examples of home modifications that are **NOT** covered include, but may not be limited to:
 - Elevator; **OR**
 - Lowered bath and/or kitchen sinks; **OR**
 - Stairway lift; **OR**
 - Wheelchair accessible shower; **OR**
 - Wheelchair ramp; **OR**
- Moisture control unit for wheelchair seat cushion; **OR**
- Power mobility device, not coded by DME PDAC or does not meet criteria **(K0899); OR**
- **ROHO High Profile Sensor Ready Cushion with Smart Check; OR**
- Sports strollers including, but not limited to, the **Adaptive Star Axiom Push Chair** (eg, Endeavor, Improv, Lassen, Phoenix) and the **BOB stroller; OR**
- Sports wheelchairs; **OR**
- Stair climbing wheelchairs; **OR**
- Standing wheelchairs and/or standing options **(E2230)** (manual and power); **OR**
- Standard strollers (eg, one that could be purchased off the shelf from a department store or online) **(E1399); OR**
- Upgrade of F3 to F5, or any other similar feature, to a power wheelchair; **OR**
- **UPnRIDE** robotic standing wheelchair; **OR**
- Wheel braking system and lock (manual wheelchair accessory); **(E2228); OR**
- Wheelchair accessories or attachments that are not required for the performance of instrumental activities of daily living, are used primarily for convenience or to perform recreational or leisure activities or to adapt to the outside environment including, but not limited to:

- Accessories controlled by Bluetooth technology (including **iDrive Stealth Pro**); **OR**
- Accessories/mounting hardware for electronic devices (phones, iPads, tablets); **OR**
- Alternative-grip hand rims (eg, **Natural Fit, Q-Grip, Surge**); **OR**
- Armrest gel pad cushions/covers; **OR**
- Auto carrier/wheelchair rack for automobile; **OR**
- Automobile modifications/van modifications; **OR**
- Baskets, backpacks, bags, pouches; **OR**
- Canopies (sun canopy); **OR**
- Caster fork upgrades (eg, **Tilite Slipstream Single-Sided Fork, Frog Legs Ultra Sport Caster Fork, Out-Front Glide Suspension Fork**); **OR**
- Clothing guards (similar to mud flaps on cars; protect clothes from dirt, etc. from the wheels); **OR**
- Commode seat (**E0968**); **OR**
- Crutch or cane holder (**E2207**); **OR**
- Cup holder (including self-leveling cup holders); **OR**
- **Freewheel** attachment; **OR**
- Gloves; **OR**
- Handle extensions/stroller-type handles (also referred to as push handles), including folding handles; **OR**
- Identification devices (eg, labels, license plates, name plates); **OR**
- Lifts/trunk loader (for automobile transport); **OR**
- Lights/light kits; **OR**
- Pneumatic tire inserts (flat-free inserts, zero pressure tubes) (**E2213**); **OR**
- Shock absorbers (**E1015, E1016, E1017, E1018**); **OR**

- Snow tires; **OR**
- Soft caster wheels/tires; **OR**
- Specialty wheels/upgraded wheels (eg, **Spinergy**, including **Blade, Lite Extreme Flexrim, Lite Extreme LX, Spox, X-Laced**); **OR**
- USB chargers (including mounting/hardware); **OR**
- Wheel lock upgrades (eg, **Ergo Scissor Wheel Lock, Ki Mobility Flush Mount Wheel Lock, Quickie Compact Composite Scissor Wheel Lock**); **OR**
- Wheelchair mounted assistive robotic arm (eg, **JACO, Kinova Dynamic Arm Support**)

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	
E0950	Wheelchair accessory, tray, each	
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	
E0968	Commode seat, wheelchair	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	
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	
E1239	Power wheelchair, pediatric size, not otherwise specified	
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	
E2207	Wheelchair accessory, crutch and cane holder, each	
E2209	Accessory, arm trough, with or without hand support, each	
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, 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	
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	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	
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	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	

E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth	
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth	
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	
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	
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	

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Change Summary

01/01/2025 New Policy.

08/05/2025 Annual Review, Coverage Change. Updated Coding Information