

Mobility Assistive Devices (Wheelchairs)



Medical Coverage Policy

Effective Date: 06/22/2023
Revision Date: 06/22/2023
Review Date: 06/22/2023
Policy Number: HCS-0344-033

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Change Summary: Updated Coverage Determination, Coverage Limitations, Provider Claims Codes, References

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Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. Refer to the [CMS website](#). The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

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

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the tiller control safely and effectively as well as maintain upright sitting balance and posture. (Refer to Coverage Limitations section)

Coverage Determination

Please refer to the member's individual certificate for specific language regarding DME, wheelchairs and POVs (scooters).

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:*

Manual Wheelchairs

- Standard wheelchair (E1130, E1140, E1221, K0001):
 - [General criteria for mobility assistive devices](#) are met;

AND any of the following:

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- Individual has the upper extremity strength and function to safely propel a manual wheelchair to complete normal ADLs; **OR**
- Individual has a caregiver who is willing and able to provide assistance with the wheelchair; **OR**
- For **E1140** (wheelchair, detachable arms, desk or full-length, swing-away detachable footrests), individual must require detachable arms (which are not available on standard wheelchairs) to allow access to a desk (for work) or other advanced ADLs (such as cooking)
- Standard hemi-wheelchair (**E1085, K0002**):
 - Individual must meet the above [criteria for a standard wheelchair, general criteria for mobility assistive devices](#) **AND** require a lower seat height because of short stature or to enable the feet to be placed on the ground for self-propulsion
- Lightweight manual wheelchair (**E1260, K0003**):
 - Individual meets the [general criteria for mobility assistive devices](#) and cannot self-propel a [standard wheelchair](#), but is able to self-propel a lightweight wheelchair
- Ultra-lightweight manual wheelchair (**K0005**) (without frame composite [upgrade](#))*:
 - Individual meets the above [criteria for a standard wheelchair, general criteria for mobility assistive devices](#) and **ONE** of the following:
 - Cannot self-propel a standard or lightweight wheelchair, but is able to self-propel an ultra-lightweight wheelchair; **OR**
 - Requires accessories/features for support that are not available on/compatible with a standard, standard hemi- or lightweight wheelchair (eg, axle configuration, seat and back angles or wheel camber); **AND**

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- Specialty evaluation was performed by a licensed/certified medical professional (eg, physical therapist [PT], occupational therapist [OT], other practitioner) who has specific training and experience in rehabilitation wheelchair evaluations, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features

*Titanium or carbon fiber upgrade is considered integral to the ultra-lightweight wheelchair (K0005) and therefore not separately reimbursable.

- High-strength, lightweight wheelchair (**E1090, K0004**):
 - Individual meets the [general criteria for mobility assistive devices](#); **AND**
 - Is *only* capable of self-propelling a [lightweight manual wheelchair](#); **AND**
 - Requires a seat width, depth or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair
- Heavy-duty wheelchair (**E1093, E1290, K0006**):
 - Individual meets the [criteria for a standard wheelchair](#), [general criteria for mobility assistive devices](#) **AND** weighs more than 250 pounds **OR** has severe spasticity
- Extra-heavy-duty wheelchair (**K0007**):
 - Individual meets the [criteria for a standard wheelchair](#), [general criteria for mobility assistive devices](#) **AND** weighs more than 300 pounds
- Pediatric size wheelchair (**E1229, E1231-E1238**):
 - Individual meets the [criteria for a standard wheelchair](#), [general criteria for mobility assistive devices](#) **AND** requires a seat width and/or depth of 14 inches or less

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Manual Assist Wheelchair (E0986)

- Also known as a push-rim activated power assist device for a manual wheelchair including, but not limited to, the **Smart Drive MX2+**:
 - Individual meets the [criteria for a standard wheelchair](#) and [general criteria for mobility assistive devices](#); **AND**
 - Individual has been self-propelling in a manual wheelchair for at least 1 year; **AND**
 - Individual is no longer able to self-propel a manual wheelchair enough to adequately achieve their ADLs; **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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features

Power (Electric) Wheelchairs or Scooters/Power Operated Vehicles (POV) (if a Scooter Is Not Excluded by Certificate)

- General basic criteria for power wheelchair/standard power wheelchair (**E1239, K0010-K0012**):
 - 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 wheelchair; **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

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rooms and also into the home), maneuvering space and surfaces for the operation of the power wheelchair

****Home assessment/evaluation is considered integral to delivery and set-up and is not separately reimbursable.**

- Power wheelchair – specific group types:
 - **Group 1 standard power wheelchair (K0813-K0816) or Group 2 standard power wheelchair (K0820-K0829):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Wheelchair is appropriate for individual's weight
 - **Group 2 single power option power wheelchair (K0835-K0840):**
 - 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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features; **AND**
 - 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 wheelchair; **OR**
 - Meets [criteria for a power tilt or a power recline seating system](#) and the system will be used on the wheelchair
 - **Group 2 multiple power options power wheelchair (K0841-K0843):**
 - 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

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experience in rehabilitation wheelchair evaluations, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features; **AND**

- Meets [criteria for a power tilt and/or recline seating system](#) and the system is being used on the wheelchair; **OR**
- Requires use of a ventilator which is mounted on the wheelchair
- **Group 3 power wheelchair with no power options (K0848-K0855):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Individual's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity
- **Group 3 single power option power wheelchair (K0856-K0860):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Individual's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity; **AND**
 - [Group 2 single power option power wheelchair criteria](#) are met; **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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features
- **Group 3 multiple power options power wheelchair (K0861-K0864):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Individual's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity; **AND**

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- [Group 2 multiple power options power wheelchair criteria](#) are met; **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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features
- **Group 5 pediatric single power option power wheelchair (K0890):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Individual is expected to grow in height; **AND**
 - [Group 2 single power option power wheelchair criteria](#) are met; **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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features
- **Group 5 pediatric multiple power options power wheelchair (K0891):**
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Individual is expected to grow in height; **AND**
 - [Group 2 multiple power options power wheelchair criteria](#) are met; **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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features

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- [Customized power wheelchair](#)[^] (K0013):
 - 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, 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 met using wheelchair cushions, options or accessories (prefabricated or custom fabricated) with a standard power wheelchair base AND the frame must require unique construction or substantial modification

[^]Commercial Plan members: ALL requests for customized power wheelchairs require review by a medical director for determination of medical necessity.

- **Power seat elevation system** for power wheelchair including, but not limited to, **ActiveHeight** or **iLevel Power Chair/Power System (E2300, K0830, K0831)**:
 - Individual meets the [general basic criteria for power wheelchair](#); **AND**
 - Requires and meets criteria for a complex rehabilitative power-driven wheelchair (a [group 2](#), [group 3](#) or [group 5](#) 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, has no financial relationship with the supplier and documents the medical necessity for the wheelchair and its special features

AND any of the following:

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- Individual performs weight bearing transfers to/from the power wheelchair, using either their upper extremities during a non-level (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 injury
- **Reclining or tilting power wheelchair** (may also be referred to as power tilt and/or recline) including, but not limited to, **Tru-Balance 3 (E1002-E1008)**:
 - Individual meets the [general basic criteria for power wheelchair](#);

AND any of the following:

- 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 weight; **OR**
- Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **OR**
- The power seating system is necessary to self-manage the individual's increased/decreased tone or spasticity
- **Scooter/POV (E1230, K0800-K0808) (IF NOT EXCLUDED BY CERTIFICATE – certificate language may reference “motorized transportation equipment” which would include a scooter/POV)**:
 - Individual meets the [general criteria for a mobility assistive device](#); **AND**
 - Due to upper body limitations, individual is unable to operate a [manual wheelchair](#), yet can safely operate a scooter/POV; **AND**

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- Individual's medical condition requires a scooter/POV for long term use of at least 6 months; **AND**
- Individual has adequate trunk control and strength to maintain balance while using the scooter/POV; **AND**
- A [home assessment/evaluation](#)** must be completed *prior to*, and submitted with, the request for authorization for the scooter/POV; 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 scooter/POV

Pediatric Specialty Chairs

- Specially adapted wheelchairs for children (**E2291-E2295**):

- Child must be nonambulatory; **AND**
- A [home assessment/evaluation](#)** must be completed *prior to*, and submitted with, the request for authorization; 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 pediatric specialty wheelchair;

AND either of the following:

- Child is too small for a standard children's wheelchair; **OR**
- Child requires more support than a standard pediatric wheelchair provides
- Customized pediatric stroller including, but not limited to, the **Squiggles Seating System** or **Zippie Voyage Early Intervention Adaptive Stroller (E1229)**:

- Child must be nonambulatory;

AND either of the following:

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- Child is too small for a standard pediatric wheelchair; **OR**
- Child requires more support than a standard pediatric wheelchair provides

Standing Systems/Devices (Manual)

- Nonpowered, single position standing device including, but not limited to, the **Zing Prone, Zing Supine, Zing Vertical, Rifton Prone Stander or Rifton Supine Stander (E0638)**:
 - Individual with a neuromuscular disorder, which results in the inability to stand independently or ambulate despite use of other assistive devices or having undergone physical therapy; **AND**
 - Individual has the necessary lower body (eg, hips, legs) residual strength to stand with the assistance of the standing system; **AND**
 - Use of a standing system/device will allow expectation of improvement in one of the following:
 - Digestive, circulatory or respiratory function; **OR**
 - Functional head or trunk control; **OR**
 - Functional use of the arms or hands; **OR**
 - Performance of ADLs; **OR**
 - Skin integrity, by off-loading weight through standing
- Nonpowered multipositional standing frame system including, but not limited to, the **Zing MPS, Leckey Mygo Stander or the Squiggles Stander (E0636, E0641)**:
 - [Criteria for nonpowered, single position standing device](#) is met; **AND**
 - Frequent position changes are required due to the individual's medical condition
- Nonpowered mobile (dynamic) standing frame system including, but not limited to, the **Rifton Mobile Stander or the Squiggles Mobile Stander (E0642)**:

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- [Criteria for nonpowered, single position standing device](#) is met; **AND**
- Individual has the upper body strength needed to self-propel the standing system

Wheelchair Accessories

Humana members may be eligible under the Plan for **wheelchair accessories** (*this list 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**:

Commercial Plan members: requests for wheelchair accessories not listed require review by a medical director on an individual basis to determine medical necessity.

WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
<u>Adjustable armrest</u> (E0973, K0017-K0018, K0020)	Individual requires arm height that is different than that which is available using non-adjustable arms AND spends at least 2 hours per day in the wheelchair
<u>Anti-rollback device</u> (E0974)	For <u>manual</u> wheelchairs when the individual self-propels AND needs the device because of ramps
<u>Anti-tip device, rear anti-tip tube device</u> (E0971)	For <u>manual</u> wheelchairs for prevention of forward or backward tipping of chair when getting into/out of the chair, or when rolling over a curb, door threshold, up a ramp, etc., for an individual with ONE of the following : <ul style="list-style-type: none">• Above knee amputation; OR• Instability in the wheelchair; OR• Spinal cord injury
<u>Arm trough</u> (E2209)	Individual is a quadriplegic, hemiplegic OR has uncontrolled arm movements
<u>Attendant control (for power wheelchairs)</u> (E2331)	<ul style="list-style-type: none">• Individual is unable to independently operate the wheelchair and whose caregiver is unable to operate a manual

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WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
	wheelchair but is able to operate a power wheelchair; AND <ul style="list-style-type: none"> Attendant control will be utilized <i>in lieu of</i> the individual's drive control (eg, joystick, sip and puff, etc.)
<u>Batteries for power wheelchairs</u> (E2359, E2361, E2363, E2365, E2371, K0733)	Up to 2 batteries at any one time are allowed if required for a power wheelchair (Refer to Coverage Limitations section for specific exclusions)
<u>Battery charger</u> (E2366)	Single mode type only (Refer to Coverage Limitations section regarding dual mode chargers)
<u>Chin support</u>	Individual has weak neck muscles OR needs chin support
<u>Electronic connection device upgrade</u> (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 NOTE: ONLY covered for use with accessories that are <i>medically necessary</i> (eg, NOT covered if the sole function is for control of power seat elevation systems or power standing systems)
<u>Elevating leg rests</u> (E0990, E1222, K0046, K0047, K0195)	<ul style="list-style-type: none"> Musculoskeletal condition or presence of a cast or brace which prevents 90 degree flexion of the knee; OR Significant edema of the lower extremity (leg or foot)
<u>Foot box</u> (E0954)	Individual is a quadriplegic, hemiplegic or has uncontrolled foot movements AND foot box is required for protection of feet due to risk of injury/skin breakdown

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WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
<u>Headrest</u> (E0955)	When used for individual with a manual tilt-in-space, a manual semi- or fully-reclining back or power tilt and/or recline seating system
<u>Lap tray attachment</u> (E0950)	Only when used for an individual for trunk or arm support (otherwise would be considered a convenience item)
<u>Lateral thigh/knee support</u> (E0953)	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
<u>Lateral trunk/hip or medial thigh support</u> (E0956-E0957)	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
<u>Nonstandard seat depth, height or width</u> (E1296-E1298, E2201-E2204)	Individual's physical dimensions require a seat that is at least 2 inches greater than or less than a standard option
<u>One arm drive</u> (E0958)	Individual who self-propels with only one hand
<u>Positioning seat cushion, positioning back cushion</u> (E2603-E2608, E2613-E2616, E2620-E2625)	<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 sores; 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

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WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
<u>Power elevating leg rests</u> (E1009, E1010, E1012)	<ul style="list-style-type: none">Individual cannot operate manual leg rests; AND any of the following:Individual has a musculoskeletal condition or presence of a cast or brace which prevents 90 degree flexion of the knee; ORSignificant edema of the lower extremity (leg or foot)
<u>Replacement headrest cushion covers</u>	Maximum replacement of one/year IF it is needed due to normal wear and tear AND manufacturer warranty has expired
<u>Replacement seat cushion covers</u>	Maximum replacement of one/year IF it is needed due to normal wear and tear AND manufacturer warranty has expired
<u>Safety belt or vest/pelvic strap/chest strap/shoulder strap or harness/leg strap</u> (E0960, E0978, E0980, K0038-K0039)	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
<u>Semi- or fully reclining back options</u> (E1014, E1225, E1226)	<ul style="list-style-type: none">Individual spends at least 2 hours per day in the wheelchair, cannot reposition self and has a medical need to rest in a recumbent position 2 or 3 times during the day, and transfer between wheelchair and bed is very difficult due to physical condition; ORIs at high risk for development of pressure injury and is unable to perform a functional weight shift; ORUtilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed
<u>Shoe holder</u>	Individual has weak lower body muscles, lower body instability or muscle spasticity that requires the use of this item for proper positioning

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Mobility Assistive Devices (Wheelchairs)

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WHEELCHAIR ACCESSORY	CRITERIA/INDICATIONS FOR COVERAGE
	(NOTE: <i>Shoe holders differ from traditional footplates or foot rests</i>; footplates/foot rests 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)
<u>Side guard</u>	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; please refer to Coverage Limitations section for information regarding clothing guards)
<u>Solid seat insert</u> (E0992, E2231)	Individual spends at least 2 hours per day in the wheelchair
<u>Swing away hardware</u> (E1028)	Only when necessary to move the component out of the way to enable the individual to perform a slide transfer to a bed or chair
<u>Tilt-in-space</u> (E1161, E1231-E1234)	Individual cannot reposition self, operate a manual tilt and requires the tilt-in-space feature to medically manage pressure relief/spasticity/tone

Duplicative Equipment

Please consult the member's individual certificate regarding Plan coverage for 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) as it may be excluded by certificate. In the absence of a certificate exclusion, this is considered not medically necessary as defined in the member's individual certificate. **(Refer to Coverage Limitations section)**

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Rental vs. Purchase

It is the Plan's option to determine if the equipment item shall be rented or purchased. If the cost of renting the item is more than the cost to buy it, only the cost of the purchase is considered to be a covered expense. In either case (rent or purchase), total covered expenses shall not exceed the purchase price. In the event the Plan determines to purchase the equipment, any amount paid as rent for such equipment will be credited toward the purchase price.

Repair/Replacement

Please consult the member's individual certificate regarding Plan coverage for repairs/maintenance and replacement of a mobility assistive device.

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**

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- Requested equipment/device is being prescribed according to its US Food & Drug Administration (FDA) approved indications

Note: The criteria for **mobility assistive devices** are not consistent with the Medicare National Coverage Policy, and therefore may not be applicable to Medicare members. Refer to the [CMS website](#) for additional information.

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for a **mobility assistive device** for any indications other than those listed above. All other indications are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Humana members may **NOT** be eligible under the Plan for any **mobility assistive devices** or **accessories** for a mobility assistive device other than those listed above including, but not limited to, the following (*see page 24 for rationale*):

- 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**
- Anti-tip device, rear anti-tip tube device for *power* wheelchairs (**E0971**) (anti-tip devices are integral to the power wheelchair and are not separately reimbursable); **OR**

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- Combination sit-to-stand devices including, but not limited to, **EasyStand Bantam, EasyStand Evolv and EasyStand StrapStand (E0637)**; **OR**
- Companion chairs, roll-about chairs and/or transport chairs (**E1031, E1035-E1039**) (a wheelchair that cannot be operated by the individual, such as chairs with wheels that cannot be reached and moved manually or activated electrically by the occupant); **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, 2 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**
- Dynamic positioning hardware for the back (**E2398**) including, but not limited to, a dynamic backrest for the Quickie IRIS or the **Mono Backrest System with dynamic backrest**; **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 (eg, power seat elevation systems, power standing systems); **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**
- Group 4 power wheelchair (contain enhanced outdoor features) (**K0868-K0886**); **OR**

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- Lever-activated wheel drive (**E0988**); **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**
- The following types of power wheelchair batteries or battery chargers:
 - Nonsealed battery (**E2358, E2360, E2362, E2364, E2372**); **OR**
 - Dual mode battery charger (**E2367**); **OR**
- Powered seat cushion including, but not limited to, **SofTech Seating Systems (E2610)**; **OR**
- **ROHO High Profile Sensor Ready Cushion with Smart Check**; **OR**
- Scooters/power operated vehicles (**POV**) (**E1230, K0800-K0812, K0899**); these are categorized as motorized transportation equipment and as such are generally excluded by certificate from coverage (**refer to specific certificate language**); **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**

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- Standing wheelchairs and/or standing options (**E2230, E2301**) (manual and power); **OR**
- Upgrade of F3 to F5 or any other similar feature to a power wheelchair, resulting in a power wheelchair similar to a Group 4 device; **OR**
- **UPnRIDE** robotic standing wheelchair; **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); for information regarding mounting hardware related to speech generating devices, please refer to coverage determination/limitations for [Speech Generating Devices, Voice Protheses](#) Medical Coverage Policy; **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**) (**K0108**); **OR**

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- 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-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**
- Transit options (wheelchair/transport tie-down); **OR**
- USB chargers (including mounting/hardware); **OR**

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- Wheel lock upgrades (eg, **Short Thro Scissor Wheel Lock, 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**)

These are considered not medically necessary as defined in the member's individual certificate. Please refer to the member's individual certificate for the specific definition.

Background

Additional information about **mobility impairments related to orthopedic, neurological, traumatic or congenital conditions** may be found from the following websites:

- [American Academy of Neurology](#)
- [American Academy of Orthopaedic Surgeons](#)
- [American Academy of Pediatrics](#)
- [National Library of Medicine](#)

Medical Alternatives

Physician consultation is advised to make an informed decision based on an individual's health needs.

Provider Claims Codes

Any CPT, HCPCS or ICD codes listed on this medical coverage 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	

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CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Not Covered
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
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	

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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	Not Covered
E0969	Narrowing device, wheelchair	
E0970	No. 2 footplates, except for elevating legrest	
E0971	Manual wheelchair accessory, antitipping device, each	Not Covered if used to report items outlined in Coverage Limitations section
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	Not Covered
E0990	Wheelchair accessory, elevating legrest, complete assembly, each	
E0992	Manual wheelchair accessory, solid seat insert	
E0994	Armrest, each	
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	
E1002	Wheelchair accessory, power seating system, tilt only	

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E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	
E1014	Reclining back, addition to pediatric size wheelchair	
E1015	Shock absorber for manual wheelchair, each	Not Covered
E1016	Shock absorber for power wheelchair, each	Not Covered
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	Not Covered
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	Not Covered
E1020	Residual limb support system for wheelchair, any type	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	
E1029	Wheelchair accessory, ventilator tray, fixed	
E1030	Wheelchair accessory, ventilator tray, gimbaled	

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E1031	Rollabout chair, any and all types with castors 5 in or greater	Not Covered
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Not Covered
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Not Covered
E1037	Transport chair, pediatric size	Not Covered
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Not Covered
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds	Not Covered
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests	
E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest	
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests	
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests	
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests	
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest	
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	

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E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests	
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest	
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests	
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1161	Manual adult size wheelchair, includes tilt in space	
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest	
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest	
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests	
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	
E1221	Wheelchair with fixed arm, footrests	
E1222	Wheelchair with fixed arm, elevating legrests	

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E1223	Wheelchair with detachable arms, footrests	
E1224	Wheelchair with detachable arms, elevating legrests	
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	
E1229	Wheelchair, pediatric size, not otherwise specified	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Not Covered
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest	
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest	
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	

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E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests	
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests	
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest	
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest	
E1296	Special wheelchair seat height from floor	
E1297	Special wheelchair seat depth, by upholstery	
E1298	Special wheelchair seat depth and/or width, by construction	
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, 22 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, each	Not Covered
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	

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E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Not Covered
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	Not Covered
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	

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E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	
E2300	Wheelchair accessory, power seat elevation system, any type	
E2301	Wheelchair accessory, power standing system, any type	Not Covered
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	

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E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 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	Not Covered

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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	Not Covered
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	Not Covered
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	Not Covered
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each	
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	Not Covered
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	Not Covered
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	

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E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	
E2378	Power wheelchair component, actuator, replacement only	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Not Covered
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	

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E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	
E2397	Power wheelchair accessory, lithium-based battery, each	
E2398	Wheelchair accessory, dynamic positioning hardware for back	Not Covered
E2601	General use wheelchair seat cushion, width less than 22 in, any depth	
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth	
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth	
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth	
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	
E2609	Custom fabricated wheelchair seat cushion, any size	
E2610	Wheelchair seat cushion, powered	Not Covered
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	

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E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in 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, each	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	
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	
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)	

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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	
G9156	Evaluation for wheelchair requiring face-to-face visit with physician	No additional reimbursement when submitted in conjunction with an office visit
K0001	Standard wheelchair	
K0002	Standard hemi (low seat) wheelchair	
K0003	Lightweight wheelchair	
K0004	High strength, lightweight wheelchair	
K0005	Ultralightweight wheelchair	
K0006	Heavy-duty wheelchair	
K0007	Extra heavy-duty wheelchair	
K0008	Custom manual wheelchair/base	
K0009	Other manual wheelchair/base	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0013	Custom motorized/power wheelchair base	
K0014	Other motorized/power wheelchair base	
K0015	Detachable, nonadjustable height armrest, each	
K0017	Detachable, adjustable height armrest, base, replacement only, each	
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	
K0019	Arm pad, replacement only, each	

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K0020	Fixed, adjustable height armrest, pair	
K0037	High mount flip-up footrest, each	
K0038	Leg strap, each	
K0039	Leg strap, H style, each	
K0040	Adjustable angle footplate, each	
K0041	Large size footplate, each	
K0042	Standard size footplate, replacement only, each	
K0043	Footrest, lower extension tube, replacement only, each	
K0044	Footrest, upper hanger bracket, replacement only, each	
K0045	Footrest, complete assembly, replacement only, each	
K0046	Elevating legrest, lower extension tube, replacement only, each	
K0047	Elevating legrest, upper hanger bracket, replacement only, each	
K0050	Ratchet assembly, replacement only	
K0051	Cam release assembly, footrest or legrest, replacement only, each	
K0052	Swingaway, detachable footrests, replacement only, each	
K0053	Elevating footrests, articulating (telescoping), each	
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair	
K0065	Spoke protectors, each	
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	
K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each	
K0073	Caster pin lock, each	
K0077	Front caster assembly, complete, with solid tire, replacement only, each	
K0098	Drive belt for power wheelchair, replacement only	
K0105	IV hanger, each	

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K0108	Wheelchair component or accessory, not otherwise specified	Titanium or carbon fiber upgrade is considered integral to the ultra-lightweight wheelchair (K0005) and therefore not separately reimbursable Not Covered if used to report items outlined in Coverage Limitations section
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)	
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	Not Covered
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Not Covered
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Not Covered
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Not Covered
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Not Covered
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Not Covered
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Not Covered
K0812	Power operated vehicle, not otherwise classified	Not Covered

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K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	

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K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	

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K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not Covered

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Mobility Assistive Devices (Wheelchairs)

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K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Not Covered
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Not Covered
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Not Covered
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not Covered
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Not Covered
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Not Covered
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Not Covered
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not Covered
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Not Covered
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Not Covered
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	Not Covered

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