



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Subject Wheelchairs/Power Operated Vehicles

Effective Date 2/15/2011
Next Review Date 2/15/2012
Coverage Policy Number 0030

Table of Contents

Coverage Policy	1
General Background	8
Coding/Billing Information	17
References	27
Policy History	29

Hyperlink to Related Coverage Policies

- Ambulatory Assistance Devices
- Bathroom and Toilet Equipment and Supplies
- Seat Lift Mechanisms, Patient Lifts and Standing Devices
- Speech Generating Devices

INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Coverage for wheelchairs and power-operated vehicles (POV)/scooters (3–4-wheeled) is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. In addition, some wheelchair-related items are specifically excluded under some benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

If coverage for wheelchairs and POV/scooters (3–4-wheeled) is available, the following conditions of coverage apply.

Standard Manual Wheelchairs

CIGNA covers a standard wheelchair (HCPCS code K0001) as medically necessary when ALL of the following criteria are met:

- The individual would otherwise be confined to a bed or chair. The individual is considered confined to a bed or chair if he or she is unable to ambulate from, for example, bed to bathroom, bedroom to kitchen, or around the home.
- The individual has a disease process or injury for which weight-bearing and/or ambulation is contraindicated.

- The individual has a disease process or injury that precludes use of the lower extremities (e.g., a neuromuscular disease).

Specialized Manual Wheelchairs and Strollers

CIGNA covers a specialized manual wheelchair and/or wheelchair enhancements as medically necessary when the individual meets coverage criteria for a standard wheelchair AND the additional accompanying criteria for the specified enhancement are also met:

- **A standard hemi-wheelchair (HCPCS code K0002)** is covered as medically necessary when the individual requires a lower seat height (17"–18") because of short stature **OR** cannot otherwise place his or her feet on the ground for propulsion.
- **A lightweight wheelchair (HCPCS code K0003)** is covered as medically necessary when the individual cannot self-propel in a standard wheelchair **BUT** is able to self-propel in a lightweight wheelchair.
- **An ultra-lightweight (HCPCS code K0005) wheelchair** is covered as medically necessary when the individual cannot self-propel in a standard or lightweight wheelchair **BUT** is able to self-propel in an ultra-lightweight wheelchair.
- **A high-strength, lightweight wheelchair (HCPCS code K0004)** is covered as medically necessary when **ONE** of the following additional criteria is met:
 - The individual can self-propel a high-strength lightweight wheelchair while engaging in frequently performed activities that cannot otherwise be completed in a standard or lightweight wheelchair.
 - The individual requires a seat width, depth or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair and spends at least two hours per day in the wheelchair.
- **A heavy-duty wheelchair (HCPCS code K0006)** is covered as medically necessary if the individual weighs more than 250 pounds **OR** has severe spasticity.
- **An extra-heavy-duty wheelchair (HCPCS code K0007)** is covered as medically necessary if the individual weighs more than 300 pounds.
- **A custom wheelchair base (HCPCS code E1220–E1224)** is covered as medically necessary only if the feature needed is not available as an option to an existing manufactured base.
- **A pediatric size wheelchair (HCPCS code E1229, E1231–1238)** is covered as medically necessary if a seat width and/or depth of 14 inches or less is recommended.
- **A customized pediatric stroller** is covered as medically necessary for a child who is non-ambulatory when **EITHER** of the following conditions apply:
 - The child requires more support than is available in a standard pediatric wheelchair.
 - The child is too small to safely use a standard pediatric wheelchair.

Power Mobility Devices

Coverage for any of the following power mobility devices is contingent upon meeting the associated device-specific criteria:

- power wheelchair (PWC)
- power-operated vehicle (POV)/scooter (i.e., 3–4 wheeled)
- push-rim activated power assist device

The supporting materials submitted with a request for a Power Mobility Device should include a formal written evaluation by a physical therapist (PT), occupational therapist (OT), or physician. The requesting PT, OT, or physician should be trained and experienced in rehabilitation power mobility device evaluations and should have no financial relationship with the supplier or manufacturer. The evaluation should clearly state why the specific device and enhancements (if any) are being requested and why they are medically necessary for the participant.

Power Operated Vehicle (POV)

CIGNA covers a POV (HCPCS code E1230, K0800–K0802, K0812) as medically necessary when ALL of the following criteria are met:

- The individual has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) (e.g., toileting, feeding, dressing, grooming, and bathing) in the home.
- The individual's mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker.
- The individual does not have sufficient upper extremity function to self-propel a manual wheelchair in the home to perform MRADLs.
- The individual is able to transfer to and from a POV, can operate the tiller steering system and can maintain postural stability and position while operating the POV in the home.
- The individual's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- The individual's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV being requested.
- The individual's weight does not exceed the weight capacity of the POV being requested.
- Use of a POV will significantly improve the individual's ability to participate in MRADLs, and the individual will use it in the home.
- The individual is agreeable to the use of a POV in the home.

CIGNA does not cover a POV (HCPCS code K0806–K0808) which has enhanced features designed for use outside of the home OR for leisure or recreational activities because it is considered a convenience item and not medically necessary.

Power Wheelchair (PWC)

CIGNA covers a PWC (HCPCS code E1239, K0010–K0014) as medically necessary when ALL of the following criteria are met:

- The individual has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) (e.g., toileting, feeding, dressing, grooming, and bathing) in the home.
- The individual's mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker.
- The individual does not have sufficient upper extremity function to self-propel a manual wheelchair in the home to perform MRADLs.
- The individual has the mental and physical capabilities to safely operate the PWC being requested OR the individual has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the PWC being requested.
- The individual's weight does not exceed the weight capacity of the PWC being requested.
- The individual's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the PWC being requested.
- Use of a power wheelchair will significantly improve the individual's ability to participate in MRADLs, and the individual will use it in the home. For individuals with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
- The individual is agreeable to the use a PWC in the home.

Power Wheelchair (PWC) with Group-Related Criteria

CIGNA covers a PWC with group-related criteria (HCPCS code K0813–K0816, K0820–K0829, K0835–K0843, K0848–K0855, K0856–K0864, K0890–K0891) as medically necessary when the above PWC criteria is met AND the following group-related criteria for the PWC being requested is met:

- **Group 1 standard PWC (HCPCS code K0813–K0816) or Group 2 standard PWC (HCPCS code K0820–K0829)** when the wheelchair is appropriate for the individual's weight.
- **Group 2 single power option PWC (HCPCS code K0835–K0840)** when the individual requires a drive control interface other than a hand- or chin-operated standard proportional joystick (e.g., head control, sip and puff, switch control) OR meets criteria for a power tilt, power recline, or combination power tilt/power recline seating system and the system is to be used on the wheelchair.
- **Group 2 multiple power option PWC (HCPCS code K0841–K0843)** when the individual meets coverage criteria for a power tilt, power recline, or combination power tilt/power recline seating system and the system is to be used on the wheelchair and/or the individual uses a ventilator which is mounted on the wheelchair
- **Group 3 PWC with no power options (HCPCS code K0848–K0855)** when the individual's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.
- **Group 3 PWC with single power option (HCPCS code K0856–K0860)** when the individual's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity and the Group 2 single power option criteria are met.
- **Group 3 PWC with multiple power options (HCPCS code K0861–K0864)** when the individual's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity and the Group 2 multiple power option criteria are met.
- **A Group 5 pediatric PWC with single power option (HCPCS code K0890)** when the individual is expected to grow in height and the Group 2 single power option criteria are met.
- **A Group 5 pediatric PWC with multiple power options (HCPCS code K0891)** when the individual is expected to grow in height AND the Group 2 multiple power option criteria are met.

CIGNA does not cover a Group 4 PWC (HCPCS code K0868–K0886) which has enhanced features designed for use outside of the home OR for leisure or recreational activities because it is considered a convenience item and not medically necessary.

Push-Rim Activated Power Assist Device

CIGNA covers a push-rim activated power assist device (HCPCS code E0986) for a manual wheelchair (e.g., INDEPENDENCE™ i GLIDE™ [Independence Technology, LLC, Warren, NJ]) as medically necessary for use in the home when ALL of the following criteria are met:

- The individual has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) (e.g., toileting, feeding, dressing, grooming, and bathing) in the home.
- The individual's mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker.
- The individual has been self-propelling in a manual wheelchair for at least one year but no longer has sufficient upper extremity function to self-propel a manual wheelchair in the home to perform MRADLs.

CIGNA covers one month's rental of a PWC or POV (HCPCS code K0462) as medically necessary if the individual-owned PWC or PVC is being repaired.

Wheelchair Options and Accessories

Options and accessories for wheelchairs are covered when the individual meets coverage criteria for a wheelchair **AND** the options/accessories are required for the individual to function successfully in the home **OR** to perform the usual activities of daily living. Any option or accessory that is primarily for the purpose of allowing the individual to perform leisure or recreational activities is considered not medically necessary and not covered. In general, the allowance for a POV includes all options and accessories that are provided at the time of initial use, including but not limited to, batteries, battery chargers, seating systems, etc. If an individual-owned POV meets coverage criteria, necessary replacement items may be considered for coverage per the terms and conditions of the applicable DME benefit. Each of the following options is covered as medically necessary when the accompanying qualifying criteria are met (**this list may not be all-inclusive**):

- **Adjustable arm height (HCPCS code E0973, K0017, K0018, K0020)** is covered as medically necessary if the individual requires an arm height that is different from the arm height of nonadjustable arms, and the individual spends at least two hours a day in the wheelchair.
- **An arm trough (HCPCS code E2209)** is covered as medically necessary if the individual has quadriplegia, hemiplegia or uncontrolled arm movements.
- **An antirollback device (HCPCS code E0974)** is covered as medically necessary if the individual propels himself/herself and needs the device because of ramps.
- **A safety belt/pelvic strap (HCPCS code E0978, E0980)** is covered as medically necessary if the individual has weak upper body muscles, upper body instability or muscle spasticity that requires use of this item for proper positioning.
- **A fully reclining back option (HCPCS code E1226)** is covered as medically necessary if **EITHER** of the following pertains to the individual:
 - high risk for development of a pressure ulcer and is unable to perform a functional weight shift
 - utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed
- **A general use seat cushion (HCPCS code E2601, E2602) and/or back cushion (HCPCS code E2611, E2612)** are covered as medically necessary for an individual who has a manual wheelchair or a PWC with a sling/solid seat/back. However, a seat or back cushion is considered a comfort item and not medically necessary if it is provided for use with a transport chair or the individual has a POV or a PWC with a captain's seat.
- **A skin protection seat cushion (HCPCS code E2603, E2604, E2622, E2623), positioning seat (HCPCS code E2605, E2606) or back (HCPCS code E2613–E2616, E2620, E2621) cushion, combination skin protection and positioning seat cushion (HCPCS code E2607, E2608, E2624, E2625), and position accessory (HCPCS code E0955–E0957, E0960)** are covered as medically necessary for an individual who meets **ANY** of the following criteria:
 - past history of or current pressure ulcer on the area of contact with the seating surface
 - absent or impaired sensation in the area of contact with the seating surface due to one of the following diagnoses: spinal cord injury, other etiology of quadriplegia or paraplegia, multiple sclerosis, other demyelinating disease, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, and athetoid cerebral palsy
 - significant postural asymmetries due to one of the following diagnoses: spinal cord injury; other etiology of quadriplegia or paraplegia; hemiplegia or monoplegia of the lower limb due to stroke or other etiology; cerebral palsy; multiple sclerosis; anterior horn cell diseases, including amyotrophic lateral sclerosis; post-polio paralysis; muscular dystrophy; traumatic brain injury;

childhood cerebral degeneration; torsion dystonias, above knee amputations, osteogenesis imperfecta, and transverse myelitis

- **A custom fabricated back or seat cushion (HCPCS code E2609, E2617)** is covered as medically necessary if **BOTH** of the following criteria are met:
 - The individual meets all the criteria for a prefabricated positioning back or seat cushion.
 - A comprehensive written evaluation by a licensed/certified medical professional (i.e., PT, OT, or physician), which clearly explains why a prefabricated seating system does not meet the individual's seating and positioning needs.

- **A tilt or recline only, or combination tilt and recline power seating system, with or without power elevating leg rests (HCPCS code E1002–E1010)** is covered as medically necessary if the individual meets the coverage criteria for a PWC outlined above and **ANY** of the following criteria is met:
 - The individual is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift.
 - The individual utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed.
 - The power seating system is needed to manage increased tone or spasticity.

- **A headrest (HCPCS code E0955)** is covered as medically necessary with a covered manual tilt-in-space wheelchair, manual semi- or fully-reclining back on a manual wheelchair, a manually fully-reclining back on a PWC, or power tilt and/or recline power seating system.

- **Nonstandard seat width and/or depth for a manual wheelchair (HCPCS code E2201–E2204)** are covered as medically necessary only if the individual's body habitus justifies the need.

- **An elevating leg rests (HCPCS code E0990, K0046, K0047, K0195)** is covered as medically necessary when **ANY ONE** of the following criteria is met:
 - The individual has a musculoskeletal condition requiring elevation of one or both legs.
 - The individual has a cast or brace that prevents 90-degree flexion at the knee.
 - The individual has significant edema of the lower extremities.
 - The criteria for a reclining back option are met.

- **A solid seat support base for a seat cushion with mounting hardware (HCPCS code E2231)** is covered as medically necessary when it is used with a manual wheelchair. A solid support base is included in the allowance for a PWC.

- **An electronic interface (HCPCS code E2351)** is covered as medically necessary to allow a speech-generating device to be operated by the PWC control interface if the individual has a medically necessary speech-generating device.

- **A crutch or cane holder (HCPCS code E2207)** may be covered as medically necessary for individuals who are able to ambulate for short distances.

- **A battery charger (HCPCS code E2366)** may be covered as medically necessary, but it is generally included in the allowance for a PWC base.

- **A gear reduction drive wheel for a manual wheelchair (HCPCS code E2227)** is covered as medically necessary for individuals who have been self-propelling in a manual wheelchair for at least one year.

- **An attendant control (HCPCS code E2331)** is covered when medically necessary when it is used in place of a patient-operated drive control system and **ALL** of the following are met:

- the individual meets coverage criteria for a wheelchair
 - the individual is unable to operate a manual or power wheelchair
 - the individual has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.
- **Shock absorbers (HCPCS code E1015-E1018)** are covered as medically necessary when there is a risk of spasm/myoclonus in an individual with a myoclonic condition (e.g., spastic cerebral palsy).

CIGNA covers as medically necessary only those special batteries that are specifically designed to provide a power supply for a covered and currently medically necessary PWC (HCPCS code E2361, E2363, E2365, K0733). Off-the-shelf batteries that can also be used to power nonmedical items are not considered DME and are, therefore, not covered. The usual maximum frequency of replacement for a lithium-based battery (HCPCS code E2397) is one every three years. Only one lithium battery is allowed at any one time.

CIGNA does not cover a dual mode charger (HCPCS code E2367) OR a nonsealed battery (HCPCS code E2360, E2362, E2364, E2372) for a PWC because they are considered not medically necessary.

REPLACEMENT & DUPLICATE EQUIPMENT

In general, CIGNA considers duplicate equipment a convenience item and not medically necessary and thus not covered. CIGNA covers replacement of a medically necessary wheelchair and power-operated vehicle (POV)/scooter (3–4-wheeled) only when there is anatomical change or when reasonable wear and tear renders the item nonfunctioning and not repairable and there is coverage for the specific item available under the plan.

NON-COVERED ITEMS

CIGNA does not cover ANY of the following, even if the item is not specifically excluded, because each is considered one or more of the following: not primarily medical in nature, a self-help or convenience item and/or not medically necessary (this list may not be all-inclusive):

- stair-climbing wheelchairs, computerized or gyroscopic mobility systems (e.g., INDEPENDENCE™ IBOT™ Mobility System, Independence Technology, LLC, Warren, NJ)
- transport chairs or rollabout chairs (HCPCS code E1031, E1037–E1039)
- power seat elevation options (HCPCS code E2300)
- seat elevator wheelchairs (HCPCS code K0830, K0831)
- power or manual standing options or standing wheelchairs (HCPCS code E2301, E2230)
- powered wheelchair seat cushions (HCPCS code E2610)
- articulating (i.e., telescoping) elevating leg rests (HCPCS code K0053)
- electronic interfaces for lights or other electronic devices
- electronic balance feature for a PWC
- “ability to balance on two wheels” feature for a PWC
- remote operation feature for a PWC
- wheelchair accessory, tray (HCPCS code E0950)
- commode seat, wheelchair (HCPCS code E0968)
- any wheelchair, option, or accessory that is primarily for the purpose of allowing the individual to perform leisure or recreational activities
- home/property modifications or fixtures to real property including, but not limited to, ramps, accessible showers, elevators, lowered bath or kitchen counters and sinks, and grab bars
- miscellaneous items needed to adapt to the outside environment for convenience, work, leisure or recreational activities including, but not limited to:
 - auto carriers
 - transport tie-down
 - baskets, bags, pouches
 - gloves
 - ramps
 - snow tires for wheelchairs

- lifts for car trunk, stairways, seat lifts and individual lifts
 - lowered seat elevator attachments for powered or motorized wheelchairs
-

General Background

This information on wheelchairs has been developed through consideration of medical necessity and generally accepted standards of medical practice, as well as review of medical literature and government approval status.

In May 2005, a national coverage decision for mobility assistive equipment (MAE) by The Centers for Medicare and Medicaid Services (CMS) states that the evidence is adequate to determine that MAE (e.g., manual and PWCs and scooters) is reasonable and necessary for individuals who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as feeding, toileting, dressing, grooming, and bathing in customary locations in the home. The following sequential questions provide guidance for determining if a mobility deficit exists:

- Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs in the home? A mobility limitation is one that:
 - prevents the beneficiary from accomplishing the MRADLs entirely, or
 - places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or
 - prevents the beneficiary from completing the MRADLs within a reasonable time frame
- Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?
 - Some examples are significant impairment of cognition or judgment and/or vision.
 - For these beneficiaries, the provision of MAE might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with MAE.
- If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?
 - A caregiver, for example, a family member, may be compensatory, if consistently available in the beneficiary's home and willing and able to safely operate and transfer the beneficiary to and from the wheelchair and to transport the beneficiary using the wheelchair. The caregiver's need to use a wheelchair to assist the beneficiary in the MRADLs is to be considered in this determination.
 - If the amelioration or compensation requires the beneficiary's compliance with treatment, for example, medications or therapy, substantive noncompliance, whether willing or involuntary, can be grounds for denial of MAE coverage if it results in the beneficiary continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of MAE.
- Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?
 - Safety considerations include personal risk to the beneficiary as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
 - A history of unsafe behavior in other venues may be considered.
- Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?
 - The cane or walker should be appropriately fitted to the beneficiary for this evaluation.
 - Assess the beneficiary's ability to safely use a cane or walker.

- Does the beneficiary's typical environment support the use of wheelchairs, including scooters/power operated vehicles (POVs)?
 - Determine whether the beneficiary's environment will support the use of these types of MAE.
 - Keep in mind such factors as physical layout, surfaces and obstacles which may render MAE unusable in the beneficiary's home.

- Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair in the home to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (e.g., seating options, wheelbase, device weight, and other appropriate accessories) for this determination.
 - Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.
 - A beneficiary with sufficient upper extremity function may qualify for a manual wheelchair. The appropriate type of manual wheelchair, (e.g., lightweight), should be determined based on the beneficiary's physical characteristics and anticipated intensity of use.
 - The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a manual wheelchair.
 - Assess the beneficiary's ability to safely use a manual wheelchair.

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

- Does the beneficiary have sufficient strength and postural stability to operate a POV/scooter?
 - A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities. The beneficiary must be able to maintain stability and position for adequate operation.
 - The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.
 - Assess the beneficiary's ability to safely use a POV/scooter.

- Are the additional features provided by a PWC needed to allow the beneficiary to participate in one or more MRADLs?
 - The pertinent features of a PWC compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
 - The type of wheelchair and options provided should be appropriate for the degree of the beneficiary's functional impairments.
 - The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a PWC.
 - Assess the beneficiary's ability to safely use a PWC.

NOTE: If the beneficiary is unable to use a PWC, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver's inability to operate a manual wheelchair can be considered in covering a PWC so that the caregiver can assist the beneficiary.

For a POV or PWC to be covered, Medicare requires that the treating physician must conduct a face-to-face examination of the patient before writing the order and the supplier must receive a written report of this examination within 45 days after completion of the face-to-face examination and prior to delivery of the device. The face-to-face examination should provide information relating to if a mobility deficit exists. The physician may refer the patient to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), who has experience and training in mobility evaluations to perform part of the face-to-face examination. This person may have no financial relationship with the supplier. An exception would be if the

supplier is owned by a hospital, PT or OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination.

Wheelchair Bases and Descriptions

Manual Wheelchairs: The following features are included in the allowance for all adult manual wheelchairs:

- seat width and depth of 15”–19”
- arm style: fixed, swing-away, or detachable; fixed height
- footrests: fixed, swing-away, or detachable

A manual wheelchair with a seat width and/or depth of 14” or less is considered a pediatric wheelchair (HCPCS code E1229 or E1231–E1238).

Push-rim activated power assist (HCPCS code E0986) is an option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the patient on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. Batteries are included.

Manual wheelchairs are defined by the following:

Wheelchair Type	HCPCS	Weight	Seat Height	Weight Capacity
Standard	K0001	> 36 lbs	≥ 19 inches	≤ 250 lbs
Standard Hemi (low seat)	K0002	> 36 lbs	< 19 inches	≤ 250 lbs
Lightweight	K0003	34–36 lbs	Any seat height	≤ 250 lbs
High Strength, Lightweight (Lifetime warranty on side frames and cross braces.)	K0004	< 34 lbs	any seat height	
Ultra Lightweight (Lifetime warranty on side frames and cross braces.)	K0005	< 36 lbs	any seat height	
Heavy Duty	K0006	≥ 250 lbs	any seat height	
Extra-Heavy Duty	K0007	≥ 300 lbs	any seat height	
Tilt-in-Space (Ability to tilt the frame of the wheelchair ≥ 45 degrees while maintaining the same back to seat angle. Lifetime warranty on side frames and cross braces.)	E1161, E1231–E1234		any seat height	

The following features are included in the allowance for all adult manual wheelchairs:

- seat width: 15”–19”
- seat depth: 15”–19”
- arm style: fixed, swing-away, or detachable; fixed height
- footrests: fixed, swing-away, or detachable

Power Wheelchairs (PWCs): PWCs are chair-like battery-powered mobility devices with integrated or modular seating system, electronic steering, and four or more wheel nonhighway construction.

PWC bases (HCPCS code K0010–K0012 and K0014) have the following features:

- seat width 15”–19”
- seat depth 15”–19”
- arm style: fixed, swing-away, or detachable; fixed height
- footrests: fixed, swing-away, or detachable

A lightweight PWC (HCPCS code K0012) weighs less than 80 lbs., has a back and seat but without front riggings or battery, and has a folding back or collapsible frame.

A PWC with HCPCS code K0014 is used for a patient with weight capacity of ≥ 350 lbs. and has programmable controls.

A pediatric wheelchair (HCPCS code E1239) has a seat width or depth ≤ 14 ".

There are five PWC groups which are divided based on performance:

PWC Group/HCPCS codes	Group 1 (K0813–K0816)	Group 2 (K0820–K0843)	Group 3 (K0848–K0864)	Group 4 (K0868–K0886)	Group 5 (K0890–K0891)
Length	≤ 40 inches	≤ 48 inches	≤ 48 inches	≤ 48 inches	≤ 48 inches
Width	≤ 24 inches	≤ 34 inches	≤ 34 inches	≤ 34 inches	≤ 34 inches
Minimum top end speed*	3 mph	3 mph	4.5 mph	6 mph	4 mph
Minimum range**	5 miles	7 miles	12 miles	16 miles	12 miles
Minimum obstacle climb***	20 mm	40 mm	60 mm	75 mm	60 mm
Dynamic stability incline****	6 degrees	6 degrees	7.5 degrees	9 degrees	9 degrees
<p>*Top end speed is the minimum speed acceptable for a given category of devices on a flat, hard surface.</p> <p>**Range is the minimum distance acceptable for a given category of devices on a single charge of the batteries.</p> <p>***Obstacle climb is the vertical height of a solid obstruction that can be climbed.</p> <p>****Dynamic stability incline is the minimum degree of slope at which the power mobility device in the most common seating and positioning configuration(s) remains stable at the required patient weight capacity. If the power mobility device is stable at only one configuration, the power mobility device may have protective mechanisms that prevent climbing inclines in configurations that may be unstable.</p>					

The above PWC groups are divided based on the patient's weight, seat type, portability and/or power seating system capability:

- Weight Capacity Groups (The terms standard duty or heavy duty refer to weight capacity, not performance.):
 - standard duty: up to and including 285 pounds
 - heavy duty: 285-400 pounds
 - very heavy duty: 428-600 pounds
 - extra-heavy duty: 601 pounds or more
- Seat Types:
 - Sling seat/back: Flexible cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back of the user, respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.
 - Solid seat/back: Rigid metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or

back of the user, respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWCs with an automotive-style back and a solid seat pan are considered as a solid seat/back system, not a captain's chair.

- Captain's chair: A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swing-away, or detachable. It may or may not have a headrest, either integrated or separate.
- Stadium style seat: A one- or two-piece stadium-style seat with rigid frame and cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swing-away, or detachable. It will not have a headrest. Chairs with stadium style seats are billed using the captain's chair codes.
- Portable PWC: A portable PWC is a device with lightweight construction or ability to disassemble into lightweight components that allows easy placement into a vehicle for use in a distant location.
- Power Options: PWCs can have power options added, including power tilt, recline, elevating leg rests, seat elevators or standing systems. There are three categories of PWCs based on the capability to adapt and operate power options:
 - No-power options PWCs are unable to accept any power options. If a PWC can only accept power elevating leg rests, it is considered to be a no-power option chair.
 - Single-power option PWCs have the capability to accept and operate a power tilt or power recline or power standing or, for Groups 3, 4, and 5, a power seat elevation system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt or power recline.
 - Multiple-power option PWCs have the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating leg rests, a power seat elevator, and/or a power standing system.

Each PWC base code is required to include these basic equipment package items on initial issue. No separate billing/payment is allowed at the time of initial issue:

- battery or batteries required for operation
- battery charger, single mode
- weight-appropriate upholstery and seating system
- tiller steering
- nonexpandable controller with proportional response to input
- complete set of tires and casters, any type
- all accessories needed for safe operation

All PWCs (HCPCS code K0813–K0891, K0898) must have the specified components and meet the following requirements:

- all components in the PWC basic equipment package
- the seat option listed in the code descriptor
- any seat width and depth that is appropriate to the weight group
- any seat and back height with no adjustment requirements
- fixed or adjustable seat to back angle with no adjustment requirements
- may include semi-reclining back
- fatigue test of 200,000 cycles and drop test of 6,666 cycles

Group 1 PWCs (HCPCS code K0813–K0816) must have the specified components and meet the following requirements:

- standard integrated or remote proportional control input device
- nonexpandable controller
- incapable of upgrade to expandable controller or upgrade to alternative control devices
- may have cross brace construction
- except for captain's chairs, accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests)
- the largest single component (HCPCS code K0813, K0814) may not exceed 55 pounds

Group 2 PWCs (HCPCS code K0820–K0843) must have the specified components and meet the following requirements:

- standard integrated or remote proportional control input device
- may have cross brace construction
- except for captain's chairs, accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- the largest single component (HCPCS code K0820, K0821) may not exceed 55 pounds

Group 2 no power option PWCs (HCPCS code K0820–K0829) must have the specified components and meet the following requirements:

- nonexpandable controller
- incapable of upgrade to expandable controller and alternative control devices
- incapable of accommodating a power tilt, recline, seat elevation, standing system
- except for captain's chairs, accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests)

Group 2 seat elevator PWCs (HCPCS code K0830, K0831) must have the specified components and meet the following requirements:

- nonexpandable controller
- incapable of upgrade to expandable controller and alternative control devices
- incapable of accommodating a power tilt, recline, seat elevation, standing system
- accommodates only a power seat elevating system

Group 2 single power option PWCs (HCPCS code K0835–K0840) must have the specified components and meet the following requirements:

- nonexpandable controller
- capable of upgrade to expandable controller or alternative control devices
- see single power option definition for seating system capability

Group 2 multiple power option PWCs (HCPCS code K0841–K0843) must have the specified components and meet the following requirements:

- nonexpandable controller
- capable of upgrade to expandable controller or alternative control devices
- see multiple power options definition for seating system capability
- accommodates a ventilator

Group 3 PWCs (HCPCS code K0848–K0864) must have the specified components and meet the following requirements:

- standard integrated or remote proportional control input device

- nonexpandable controller
- capable of upgrade to expandable controller or alternative control devices
- may not have cross brace construction
- except for captain's chairs, accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- drive wheel suspension to reduce vibration

Group 4 PWCs (HCPCS code K0868–K0886) must have the specified components and meet the following requirements:

- standard integrated or remote proportional control input device
- nonexpandable controller
- capable of upgrade to expandable controller or alternative control devices
- may not have cross brace construction
- except for captain's chairs, accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- drive wheel suspension to reduce vibration

Group 3 and 4 no-power option PWCs (HCPCS code K0848–K0855, K0868–K0871) must have the specified components and meet the following requirements:

- incapable of accommodating a power tilt, recline, seat elevation, standing system
- accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests)

Group 3 and 4 single power option PWCs (HCPCS code K0856–K0860, K0877–K0880) must have the specified components and meet the following requirements:

- see single power option definition for seating system capability

Group 3 and 4 multiple power option PWCs (HCPCS code K0861–K0864, K0884–K0886) must have the specified components and meet the following requirements:

- see multiple power options definition for seating system capability
- accommodates a ventilator

All Group 5 PWCs (HCPCS code K0890, K0891) must have the specified components and meet the following requirements:

- standard integrated or remote proportional control input device
- nonexpandable controller
- capable of upgrade to expandable controller
- seat width has a minimum of five one-inch options
- seat depth has a minimum of three one-inch options
- seat height adjustment requirements are \geq three inches
- back height: adjustment requirements minimum of three options
- seat-to-back angle: range of adjustment—minimum of 12 degrees
- accommodates nonpowered options and seating systems
- accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- adjustability for growth (minimum of three inches for width, depth and back height adjustment)
- special developmental capability (i.e., seat to floor, standing)
- drive wheel suspension to reduce vibration
- passed crash testing

Group 5 single power option PWC (HCPCS code K0890): See single power option definition for seating system capability.

Group 5 Multiple Power Option PWC (HCPCS code K0891):

- must accommodate a ventilator
- see multiple power options definition for seating system capability

Definitions:

- **Actuator:** A motor that operates a specific function of a power seating system (i.e., tilt, back recline, power sliding back, elevating leg rest[s], seat elevation, or standing).
- **Controller:** The microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output which controls speed and direction. A high power wire harness connects the controller to the motor and gears. Codes E2310 and E2311 describe the electronic components that allow the patient to control two or more of the following motors from a single interface (e.g., proportional joystick, touch pad, or nonproportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing. It includes a function selection switch which allows the patient to select the motor that is being controlled and an indicator feature to visually show which function has been selected. When the wheelchair drive function has been selected, the indicator feature may also show the direction that has been selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it is considered not medically necessary and not covered.
- **Cross Brace Chair:** A type of construction for a PWC in which opposing rigid braces hinge on pivot points to allow the device to fold.
- **Power Options:** Tilt, recline, elevating leg rests, seat elevators, or standing systems that may be added to a PWC to accommodate a patient's specific need for seating assistance.
- **Proportional Control Input Device:** A device that transforms a user's drive command (i.e., a physical action initiated by the wheelchair user) into a corresponding and comparative movement, both in direction and in speed, of the wheelchair. The input device shall be considered proportional if it allows for both a nondiscrete directional command and a nondiscrete speed command from a single drive command movement.
- **Nonproportional Control Input Device:** A device that transforms a user's discrete drive command (i.e., a physical action initiated by the wheelchair user, such as activation of a switch) into perceptually discrete changes in the wheelchair's speed, direction, or both.
- **Alternative Control Device:** A device that transforms a user's drive commands by physical actions initiated by the user to input control directions to a PWC that replaces a standard proportional joystick. Includes a mini-proportional, compact, or short throw joysticks, head arrays, sip-and-puff and other types of different input control devices.
- **Nonexpandable Controller:** An electronic system that controls the speed and direction of the PWC drive mechanism. Only a standard proportional joystick used for hand or chin control can be used as the input device. This system may be in the form of an integral controller or a remotely placed controller. The nonexpandable controller:
 - may have the ability to control up to two power seating actuators through the drive control (for example, seat elevator and single actuator power elevating leg rests) (Note: Control of the power

seating actuators through the Control Input Device would require the use of an additional component, HCPCS code E2310 or E2311.)

- may allow for the incorporation of an attendant control
- Expandable Controller: An electronic system that is capable of accommodating one or more of the following additional functions:
 - proportional input devices (e.g., mini, compact, or short throw joysticks, touch pads, chin control, head control, etc.) other than a standard proportional joystick
 - nonproportional input devices (e.g., sip-and-puff, head array)
 - operate three or more powered seating actuators through the drive control (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, HCPCS code E2310 or E2311.)
- An expandable controller may also be able to operate one or more of the following:
 - a separate display (i.e., for alternate control devices)
 - other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
 - an attendant control
- Integral Control System: Nonexpandable wheelchair control system where the joystick is housed in the same box as the controller. The entire unit is located and mounted near the hand of the user. A direct electrical connection is made from the Integral Control box to the motors and batteries through a high power wire harness.
- Remotely Placed Controller: Nonexpandable or expandable wheelchair control system where the joystick (or alternative control device) and the controller box are housed in separate locations. The joystick (or alternative control device) is connected to the controller through a low power wire harness. The separate controller connects directly to the motors and batteries through a high power wire harness.

Power Operated Vehicles (POVs)/Scooters: POVs are chair-like battery powered mobility devices with integrated seating systems, tiller steering, and three or four-wheel nonhighway construction. There are two POV groups which are divided based on performance:

POV Group/HCPCS codes	Group 1 (K0800–K0802)	Group 2 (K0806–K0808)
Length	≤ 48 inches	≤ 48 inches
Width	≤ 28 inches	≤ 28 inches
Minimum top end speed	3 mph	4 mph
Minimum range	5 miles	10 miles
Minimum obstacle climb	20 mm	50 mm
Radius pivot turn*	≤ 54 inches	≤ 54 inches
Dynamic stability incline	6 degrees	7.5 degrees
*Radius pivot turn is the distance required for the smallest turning radius of the Power Mobility Device base.		

The above two groups of POVs are subdivided into three weight capacities:

- standard duty: up to and including 284 pounds
- heavy duty: 285-400 pounds
- very heavy duty: 428-600 pounds
- extra heavy duty: 570 pounds or more

Each POV base code is required to include all these basic equipment package items on initial issue. No separate billing/payment is allowed at the time of initial issue:

- battery or batteries required for operation
- battery charger, single mode
- weight-appropriate upholstery and seating system
- tiller steering
- nonexpandable controller with proportional response to input
- complete set of tires
- all accessories needed for safe operation

All POVs (HCPCS code K0800–K0808, K0812) must have the specified components and meet the following requirements:

- all components in the POV basic equipment package
- seat width and depth that is appropriate to the weight group
- any seat or back height with no adjustment requirements
- fixed or adjustable seat-to-back angle with no adjustment requirements
- fatigue test of 200,000 cycles and drop test of 6,666 cycles

Custom Wheelchairs: A custom manual wheelchair base is one that has been uniquely constructed or substantially modified for a specific beneficiary and is so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes. The assembly of a wheelchair from modular components does not meet the requirements of a custom wheelchair base for payment purposes. The use of customized options or accessories does not result in the wheelchair base being considered customized. There must be customization of the frame for the wheelchair base to be considered customized.

Summary

A wheelchair is a chair-like device that can be categorized as manual or as a power mobility device (i.e., power wheelchair (PWC) or power operated vehicle (POV)/scooter). PWCs are battery powered mobility devices with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction capabilities and can be categorized as fixed height, variable height, semi-electric or total electric. There are five PWC groups which are divided based on performance and on the patient’s weight, seat type, portability and/or power seating system capability. POVs are battery powered mobility devices with integrated seating systems, tiller steering, and three or four-wheel nonhighway construction. There are two POV groups which are divided based on performance and patient weight capacity. A wheelchair base can be customized. There are options and accessories for wheelchairs which allow patients to function successfully in the home or to perform the usual activities of daily living. Wheelchairs may be used when medically necessary for the treatment of individuals with illness or injury.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

CPT®*	Description
97542	Wheelchair management (e.g., assessment, fitting, training), each 15 minutes

HCPCS Codes	Description
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0955	Wheelchair accessory, headrest, cushioned, any, type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed

	mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, each
E0969	Narrowing device, wheelchair
E0971	Manual wheelchair accessory, anti-tipping device, each
E0973	Wheelchair accessory adjustable height detachable armrest, complete assembly each
E0974	Manual wheelchair accessory, anti-rollback 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
E0986	Manual wheelchair accessory, push activated power assist, each
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, each
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting

	hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1050	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1060	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests
E1070	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests
E1083	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1084	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests
E1085	Hemi-wheelchair; fixed full-length arms, swing-away, detachable foot rests
E1086	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests
E1087	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1088	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests
E1089	High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable foot rests
E1090	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests
E1092	Wide, heavy-duty wheelchair; detachable arms, (desk or full-length); swing-away, detachable, elevating leg rests
E1093	Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable foot rests
E1100	Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1110	Semi-reclining wheelchair; detachable arms, (desk or full-length), elevating leg rest
E1130	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable foot rests
E1140	Wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests
E1150	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating leg rests
E1160	Wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1171	Amputee wheelchair; fixed full-length arms, without foot rests or leg rest
E1172	Amputee wheelchair; detachable arms, desk or full-length, without foot rests or leg rest
E1180	Amputee wheelchair; detachable arms, (desk or full-length), swing-away, detachable foot rests
E1190	Amputee wheelchair; detachable arms, (desk or full-length), swing-away, detachable, elevating leg rests
E1195	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating leg rests
E1200	Amputee wheelchair; fixed full-length arms, swing-away, detachable foot rest
E1220	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification)
E1221	Wheelchair with fixed arm, foot rests
E1222	Wheelchair with fixed arm, elevating leg rests

E1223	Wheelchair with detachable arms, foot rests
E1224	Wheelchair with detachable arms, elevating leg rests
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Manual 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
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 leg rest
E1250	Lightweight wheelchair; fixed full-length arms, swing-away, detachable foot rests
E1260	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests
E1270	Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating leg rests
E1280	Heavy-duty wheelchair; detachable arms, (desk or full-length), elevating leg rests
E1285	Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable foot rests
E1290	Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable foot rests
E1295	Heavy-duty wheelchair; fixed full-length arms, elevating leg rests
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 inches and less than 24 inches
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24–27 inches
E2203	Manual wheelchair accessory, nonstandard frame depth, 20 to less than 22 inches
E2204	Manual wheelchair accessory, nonstandard seat frame depth 22 to 25 inches
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each
E2207	Wheelchair accessory, crutch and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each

E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
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 two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual 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
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
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (eg., gel cell, absorbed glassmat)
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (eg., gel cell, absorbed glassmat)
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 non sealed, each
E2368	Power wheelchair component, motor, replacement only
E2369	Power wheelchair component, gear box, replacement only
E2370	Power wheelchair component, motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (eg., Gel cell, absorbed glassmat), each
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, nonexpendable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expendable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgraded provided at initial issue
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam filled wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, caster tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each

E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 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
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
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
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
K0014	Other motorized/power wheelchair base
K0015	Detachable, non-adjustable height armrest, each
K0017	Detachable, adjustable height arm rest; base, each
K0018	Detachable, adjustable height armrest; upper portion each
K0019	Arm pad, each
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up foot rest, 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, each
K0043	Footrest, lower extension tube, each
K0044	Foot rest, upper hanger bracket, each
K0045	Foot rest, complete assembly
K0046	Elevating leg rest; lower extension tube, each
K0047	Elevating leg rest; upper hanger bracket, each
K0050	Ratchet assembly
K0051	Cam release assembly, footrest or leg rest, each
K0052	Swingaway, detachable foot rests, each
K0056	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or Ultralightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each
K0070	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each
K0071	Front caster assembly, complete, with pneumatic tire, each
K0072	Front caster assembly, complete, with semipneumatic tire, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire
K0098	Drive belt for power wheelchair
K0105	IV hanger, each
K0108 [†]	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0462	Temporary replacement for patient owned equipment being repaired, any type
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth (code deleted 12/31/2010)
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth (code deleted 12/31/2010)
K0736	Skin protection and positioning wheelchair, seat cushion, adjustable, width less than 22 inches, any depth (code deleted 12/31/2010)
K0737	Skin protection and positioning wheelchair, seat cushion, adjustable, width 22 inches or greater, any depth (code deleted 12/31/2010)
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds
K0802	Power operated vehicle, group 1 heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified

K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, 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 and 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 very 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 capacity 601 pounds or more
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 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds

K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
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

†Note: Covered when the individual meets coverage criteria for a wheelchair AND the options/accessories are required for the individual to function successfully in the home OR to perform the usual activities of daily living. Any option or accessory that is primarily for the purpose of allowing the individual to perform leisure or recreational activities is considered not medically necessary and not covered.

ICD-9-CM Diagnosis Codes	Description
	Multiple/Varied

Specifically Excluded/Convenience/ Not Medically Necessary/Not Covered:

HCPCS Codes	Description
E0950	Wheelchair accessory, tray, each
E0968	Commode seat, wheelchair
E0985	Wheelchair accessory, seat lift mechanism
E1031	Rollabout chair, any and all types with castors 5 inches or greater
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, heavy duty, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E2230	Manual wheelchair accessory, manual standing system

E2300	Power wheelchair accessory, power seat elevation system
E2301	Power wheelchair accessory, power standing system
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364	Power wheelchair accessory, U-1, non-sealed lead acid battery, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2372	Power wheelchair accessory, group 27, non-sealed lead acid battery, each
E2610	Wheelchair seat cushion, powered
K0053	Elevating foot rests; articulating (telescoping), each
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle group 2 very heavy duty, patient weight capacity 451 to 600 pounds
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
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

ICD-9-CM Diagnosis Codes	Description
	Multiple/Varied

*Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.

References

- Centers for Medicare and Medicaid Services (CMS). Decision Memo for Mobility Assistive Equipment (MAE) (CAG-00274N). May 5, 2005. Accessed January 8, 2011. Available at URL address: <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=143>

2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) (280.3). Effective date May 5, 2005. Accessed January 8, 2011. Available at URL address: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd#PM
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) for manual wheelchair bases (L11443). CIGNA Government Services. Revision effective date February 2, 2011. Accessed January 8, 2011. Available at URL address: http://www.cms.gov/mcd/viewlcd.asp?lcd_id=11443&lcd_version=29&basket=lcd%3A11443%3A29%3AManual+Wheelchair+Bases%3ADME+MAC%3ACIGNA+Government+Services+%2818003%29%3A
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) for wheelchair options/accessories (L11451). CIGNA Government Services. Revision effective date February 2, 2011. Accessed January 8, 2011. Available at URL address: http://www.cms.gov/mcd/viewlcd.asp?lcd_id=11451&lcd_version=57&basket=lcd%3A11451%3A57%3AWheelchair+Options%2FAccessories%3ADME+MAC%3ACIGNA+Government+Services+%2818003%29%3A
5. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) for wheelchair seating (L15887). CIGNA Government Services. Revision effective date February 2, 2011. Accessed January 8, 2011. Available at URL address: http://www.cms.gov/mcd/viewlcd.asp?lcd_id=15887&lcd_version=49&basket=lcd%3A15887%3A49%3AWheelchair+Seating%3ADME+MAC%3ACIGNA+Government+Services+%2818003%29%3A
6. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) for power mobility devices (L23613) CIGNA Government Services. Revision effective date February 2, 2011. Accessed January 8, 2011. Available at URL address: http://www.cms.gov/mcd/viewlcd.asp?lcd_id=23613&lcd_version=34&basket=lcd%3A23613%3A34%3APower+Mobility+Devices%3ADME+MAC%3ACIGNA+Government+Services+%2818003%29%3A
7. Johnson & Johnson. Independence Technology: Independence™ iBOT™ 4000 Mobility System. Accessed January 8, 2011. Available at URL address: <http://www.ibotnow.com/>
8. Johnson & Johnson. INDEPENDENCE® iGLIDE™ Manual Assist Wheelchair. Accessed January 8, 2011. Available at URL address: <http://www.investor.jnj.com/releaseDetail.cfm?ReleaseID=100424&year=2003&textOnly=false>
9. Levy C, Chow J. Pushrim-activated power-assist wheelchairs: elegance in motion. Am J Phys Med Rehabil. 2001;82;702–8.

Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	2/15/2008	0030	Wheelchairs/Power Operated Vehicles

"CIGNA", "CIGNA HealthCare" and the "Tree of Life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, CIGNA Health and Life Insurance Company, CIGNA Behavioral Health, Inc., CIGNA Health Management, Inc., and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company or CIGNA Health and Life Insurance Company.