

Medical Policy Manual

Topic: Wheelchairs

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IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Wheelchairs can be described in HCPCS coding with one code for the wheelchair base and then additional codes for wheelchair options and accessories. The decision for a particular wheelchair base may be influenced by the chair's intended use, the patient's size or level of disability, or based on specific features that will be incorporated into the chair (for example, a heavy-duty base with additional electronics features may be needed to support a power tilt and/or recline option.)

The following is a list of wheelchair bases and their characteristics:

Power Wheelchairs (PWCs)

Power wheelchairs are battery powered mobility devices with integrated or modular seating system, electronic steering and four or more wheel non-highway construction. PWCs are divided into six performance-based groups as follows:

CHAIR/ HCPCS	GROUP 1 K0813-16	GROUP 2 K0820-K0843	GROUP 3 K0848-K0864	GROUP 4 K0868-K0886	GROUP 5 K0890-91	GROUP 6 K0898-99
Length	40 inches	48 inches	48 inches	48 inches	48 inches	NA

Width	≤24 inches	≤34 inches	≤34 inches	≤34 inches	≤34 inches	NA
Obstacle Height	20 mm	40 mm	60 mm	75 mm	60 mm	NA
Minimum Top End Speed-Flat	3 MPH	3 MPH	4.5 MPH	6 MPH	4 MPH	NA
Range	5 miles	7 miles	12 miles	16 miles	12 miles	NA
Obstacle height or obstacle climb denotes the vertical height of a solid obstruction that can be climbed.						
Minimum top end speed denotes the minimum speed on a flat hard surface that is acceptable for a given category of devices.						
Range denotes the minimum distance acceptable for a given category of devices on a single charge of the batteries.						
The above six PWC groups are subdivided based on patient weight capacity, seat type, portability and/or power seating system capability.						

Weight Capacity Groups			
There are four weight capacity groups. These represent patient weight handling capacity and are not intended to reflect performance.			
Standard Duty	Heavy Duty	Very Heavy Duty	Extra Heavy Duty
Up to and including 300 pounds	301-450 pounds	451-600 pounds	601 pounds or more

Seat Types			
Sling Seat/Back-Flexible	Solid Seat/ Back-Rigid	Captains Chair	Stadium Style Seat
Cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.	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. They may or may not	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	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

	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 Captains Chair.	as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It may or may not have a headrest, either integrated or separate.	as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It does not have a headrest. Chairs with stadium style seats are billed using the Captains Chair HCPCS codes.
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Portable denotes a PWC that is built of lightweight construction or can be disassembled into lightweight components that allow easy placement into a vehicle for use in a distant location.

Power options that may be added to a PWC to include power tilt, recline, elevating legrests, seat elevators or standing systems. There are three categories of PWCs based on the capability to accept and operate these power options:

- No-power-options PWCs are incapable of accommodating any power options
- Single power option PWCs have the capability to accept and operate only one power accessory at a time on the base.
- Multiple power option PWCs have the capability to accept and operate more than one power accessory at a time on the base.

Pediatric PWCs are uniquely sized for use with very small individuals and have the capability for extensive growth through frame adjustments (not just seating) and special features to address developmental issues (e.g., seat to floor placement, standing capability).

Each power wheelchair base code is intended to include all of the following Basic Equipment Package items on initial issue:

- Lap belt or safety belt (E0978)
- Battery charger single mode (E2366)
- Complete set of tires and casters, any type
- Legrests: Fixed, swingaway, or detachable nonelevating leg rests with or without calf pad (E0995)
- Footrests: Fixed, swingaway, or detachable nonelevating foot rests/plates or foot platform without angle adjustment for any PWC or angle adjustable footplates with Group 1 or 2 PWCs (K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0052)

- Fixed, swingaway, or detachable nonadjustable height armrests (E0994, K0015, K0019) with arm pad (K0019)
- Upholstery for seat and back of proper strength and type for patient weight capacity of the power wheelchair (E0981, E0982)
- Weight specific components per patient weight capacity
- Any seat width and depth or back width except for Group 3 or 4 PWCs with a sling/solid seat/back
- Controller and Input Device.

Manual Wheelchairs

Adult manual wheelchairs (K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009, E1161) are those which have a seat width and a seat depth of 15" or greater.

Pediatric manual wheelchairs (E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238,) are those which have a seat width and a seat depth of 14" or less.

In addition, specific codes are defined by the following characteristics:

Type	HCPCS	Weight	Seat Height	Weight Capacity
Standard Wheelchair	K0001	greater than 36 lbs	19" or greater	250 lbs or less
Standard Hemi (low seat) Wheelchair	K0002	greater than 36 lbs	less than 19"	250 lbs or less
Lightweight Wheelchair	K0003	34 - 36 lbs	17" or greater	250 lbs or less
High Strength, Lightweight Wheelchair [Lifetime warranty on side frames and cross braces]	K0004	less than 34 lbs	17" or greater	
Ultra-Lightweight Wheelchair; [Adjustable rear axle position; Lifetime warranty - on side frames and cross braces]	K0005	less than 30 lbs	17" or greater	
Heavy Duty Wheelchair	K0006	Varies	19" or greater	greater than 250 lbs
Extra Heavy Duty Wheelchair	K0007	Varies	19" or greater	greater than 300 lbs

Tilt-in-Space Wheelchair; [Ability to tilt the frame of the wheelchair 45 degrees or greater from horizontal while maintaining the same back to seat angle; Lifetime warranty – side frames and cross braces]	E1161, E1231, E1232, E1233, E1234			
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MEDICAL POLICY CRITERIA

- I. All of the following general criteria must be met for a wheelchair to be considered for benefits. Following this section there are specific criteria for manual, motorized/power and backup wheelchairs and wheelchair accessories.
 - A. The patient's ability to participate in one or more activities of daily living (ADLs) (e.g., toileting, feeding, dressing, grooming, bathing) in customary locations in the home are significantly impaired due to mobility-related limitations which:
 1. Prevent accomplishing ADLs entirely, or
 2. Place the patient at heightened risk of morbidity or mortality secondary to attempts to participate in ADLs, or
 3. Prevent completion of ADLs within a reasonable time frame.
 4. The requested wheelchair may be expected to significantly improve or restore the patient's ability to perform or participate in ADLs in the home setting;
 - B. The patient's mobility deficit is of a type and complexity such that other mobility assistive devices (e.g., canes, walkers, crutches, POV) would not sufficiently resolve functional mobility limitations in the home;
 - C. The patient has not already been approved for a power operated vehicle (POV).
 - D. The patient has the ability and willingness to safely operate a wheelchair in the home setting;
 - E. The patient is expected to be mobile for at least two hours a day;
 - F. The patient's home environment (e.g., physical layout, maneuvering space, surfaces, and obstacles) will support the use of a wheelchair.
- II. Wheelchairs and accessories are considered **not medically necessary** when:
 - A. The patient is capable of ambulation within the home but requires a wheelchair for movement outside the home, or

- B. The primary benefit of the wheelchair is to allow the patient to perform leisure or recreational activities, or
- C. The patient has been approved for a power operated vehicle (POV), or
- D. The accessory is used for the convenience of the patient or caregiver and is not necessary for performance of instrumental activities of daily living.

III. If all of the above criteria are met, the following guidelines apply:

A. Manual Wheelchair Base

1. A Standard Hemi-Wheelchair (K0002) may be considered **medically necessary** when the patient requires a lower seat height (17" -18") because of short stature or feet placement for self-propulsion.
2. A Lightweight Wheelchair (K0003) may be considered **medically necessary** when both of the following criteria are met:
 - a. The patient is incapable of self-propulsion in a standard wheelchair using arms and/or legs; and
 - b. The patient demonstrates the desire and ability to self-propel in a lightweight wheelchair.
3. A High Strength Lightweight Wheelchair (K0004) is **rarely medically necessary** if the expected duration of need is less than 3 months (e.g., postoperative recovery). A High Strength Lightweight Wheelchair may be considered **medically necessary** when at least one of the following criteria are met:
 - a. The patient self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair, and/or
 - b. The patient requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair and spends at least 2 hours per day in the wheelchair.
4. An Ultra Lightweight Wheelchair (K0005), which includes an adjustable axle (e.g., the K5), series is **rarely medically necessary** for the patient to perform instrumental activities of daily living. An Ultra Lightweight Wheelchair (i.e., weight less than 30 pounds) may be considered **medically necessary** when documentation by a licensed treating practitioner (i.e., physician, physician's assistant, nurse practitioner, clinical nurse specialist, physical therapist, occupational therapist) shows that all of the following criteria are met:
 - a. The patient's ability to participate in one or more ADLs (e.g., toileting, feeding, dressing, grooming, bathing) in customary locations in the home are significantly impaired with either a standard or lightweight wheelchair due to mobility-related limitation as defined in the general requirements in 1.A. above.
 - b. The patient is incapable of self-propulsion in a standard or lightweight wheelchair using arms and/or legs

- c. The patient demonstrates the desire and ability to self-propel in an ultra lightweight wheelchair
- 5. A Heavy Duty Wheelchair (K0006) may be **medically necessary** if the patient weighs more than 250 pounds or the patient has severe spasticity.
- 6. An Extra Heavy Duty Wheelchair (K0007) may be **medically necessary** if the patient weighs more than 300 pounds.

B. Motorized/Power Wheelchair Base and Power Options

- 1. Motorized/power wheelchairs **for adults** (K0010, K0011, K0012, K0014, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886)

A motorized/power wheelchair **for adults** may be considered **medically necessary** when all of the following criteria are met:

- a. The patient's condition is such that a wheelchair is **medically necessary** and the patient is unable to operate the wheelchair manually. A patient who requires a power wheelchair usually is totally nonambulatory and has severe weakness, pain, deformity, or limitations in endurance, coordination or range of motion of the upper extremities due to a neurologic or muscular, or cardiopulmonary disease/condition.
- b. The patient is capable of safely operating the controls for the power wheelchair.
- c. The patient's condition is such that the requirement for a power wheelchair is long term (at least six months).
- 2. Motorized/power wheelchairs **for children** (E1239, K0890, K0891) two years of age or older with severe motor disability may be considered **medically necessary** when all the following criteria have been met:
 - a. The child's condition is such that a wheelchair is **medically necessary** and the child is unable to operate the wheelchair manually.
 - b. The child has demonstrated the ability to safely and effectively operate a motorized wheelchair during a two month trial rental period.
 - c. As a result of the two month trial, there must be evidence that the use of the motorized wheelchair has enhanced the child's overall development.
- 3. A motorized/power wheelchair is considered **not medically necessary** for either of the following:
 - a. The patient is capable of using a manual wheelchair or other mobility assistive

device within the home but requires a motorized/power wheelchair for movement outside the home; or

- b. The primary benefit of the motorized/power wheelchair is to allow the patient to perform leisure or recreational activities.
4. One month's rental of a wheelchair may be considered **medically necessary** when a patient-owned wheelchair is being repaired.
5. When the above criteria are met, the following guidelines for PWC group and power options apply:
 - a. A Group 1 PWC (K0813, K0814, K0815, K0816) or Group 2 PWC (K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829), a push rim power assist device (E0986), or a power-assisted wheelchair may be considered **medically necessary** when the wheelchair is appropriate for the patient's weight.
 - b. A Group 2 PWC with single power option (K0835, K0836, K0837, K0838, K0839, K0840) may be considered **medically necessary** when one or both of the following criteria are met:
 - i. The patient requires a drive control interface other than a hand or chin-operated standard proportional joystick (e.g. head control, sip and puff, switch control)
 - ii. The patient meets criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair
 - c. A Group 2 PWC with multiple power options (K0841, K0842, K0843) may be considered **medically necessary** when one or both of the following criteria are met:
 - i. The patient meets criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair
 - ii. The patient uses a ventilator which is mounted on the wheelchair.
 - d. A Group 3 PWC with no power options (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855) may be considered **medically necessary** when the patient's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity.
 - e. A Group 3 PWC with single power option (K0856, K0857, K0858, K0859, K0860) may be considered **medically necessary** when the patient's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity and at least one of the following criteria are met:
 - i. The patient 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

- ii. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair; OR
 - iii. The patient uses a ventilator which is mounted on the wheelchair
- f. A Group 3 PWC with multiple power options (K0861, K0862, K0863, K0864) may be considered **medically necessary** when the patient's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity and one or both of the following criteria are met:
 - i. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair, OR
 - ii. The patient uses a ventilator which is mounted on the wheelchair.
- g. Group 4 PWCs (K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886) have added capabilities that are considered **not medically necessary** in the home (e.g., higher speed, longer range, greater obstacle climb capabilities) and are, therefore, considered an upgrade of Group 2 and Group 3 PWCs.
- h. A Group 5 (Pediatric) PWC with Single Power Option (K0890) may be considered **medically necessary** when the patient is expected to grow in height and one or both of the following criteria are met:
 - i. The patient 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
 - ii. The patient meets coverage criteria for a power tilt or a power recline seating and the system is being used on the wheelchair.
- i. A Group 5 (Pediatric) PWC with multiple power options (K0891) may be considered **medically necessary** when the patient is expected to grow in height and one or both of the following criteria are met:
 - i. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.
 - ii. The patient uses a ventilator which is mounted on the wheelchair.

C. Backup Wheelchair and Transport Chair

- 1. A manual back-up wheelchair (E1130 or K0001) or a transport chair (E1037, E1038, or E0139) is rarely considered **medically necessary**. A back-up standard manual wheelchair may be considered medically necessary when either of the two following criteria are met:
 - a. The patient's motorized wheelchair cannot be used in areas essential for access; or
 - b. The patient's motorized wheelchair cannot be transported using the usual

available transportation (e.g., family car).

D. Non-standard Wheelchair Options

1. Arm of Wheelchair

- a. Adjustable Arm Height (E0973, K0017, K0018, K0020) may be considered **medically necessary** when both of the following criteria are met:
 - i. The patient requires an arm height that is different than that available using non-adjustable arm
 - ii. The patient spends at least two hours per day in the wheelchair.
- b. An Arm Trough (E2209) may be **medically necessary** if the patient has quadriplegia, hemiplegia, or uncontrolled arm movements.

2. Foot and Legrests

- a. Elevating Legrests (E0990, E1083, E1084, E1087, E1088, E1092, E1100, E1110, E1150, E1160, E1170, E1190, E1195, E1222, E1224, E1240, E1270, E1280, E1295, K0046, K0047, K0053, K0195) may be considered **medically necessary** if:
 - i. The patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
 - ii. The patient has significant lower extremity edema that requires having an elevating leg rest; or
 - iii. The patient meets the criteria for and has a reclining back on the wheelchair.
- b. Power elevating leg rests may be considered **medically necessary** if:
 - i. The patient is unable to use upper extremities to elevate leg rests independently, and
 - ii. The patient is left alone for periods of two or more hours during the day or does not have someone readily available to assist with needed positioning such as in a work or school setting.
- c. Swingaway, Detachable Footrests (E1085, E1086, E1087, E1089, E1090, E1092, E1093, E1130, E1140, E1180, E1200, E1250, E1260, E1285, E1290, K0052) are included with a wheelchair base and may be considered **medically necessary** only as replacements.

3. Standing systems

- a. Power standing systems (E2301) are deluxe upgrades and considered **not medically necessary**.
- b. A standing wheelchair or all-in-one wheelchair/stander (e.g., Permobil®)

Chairman 2K, Redman Chief Powerchair, Fena Design Vertran, Superstand, LifeStand®) has not been shown to have significant benefit compared with separate wheelchair and stander and are considered **not medically necessary**.

- c. Swingaway, Detachable Footrests (E1085, E1086, E1089, E1090, E1093, E1130, E1140, E1180, E1200, E1250, E1260, E1285, E1290, K0052) are included with a wheelchair base and may be considered **medically necessary** only as replacements.
- d. Gliders are considered exercise equipment and do not meet the definition of durable medical equipment.

4. Back and Seating Systems

- a. A power seat elevation feature (E2300) and power wheelchair attendant control (E2331) are considered **not medically necessary**. 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 a power wheelchair attendant control, it is considered **not medically necessary**.
- b. Power seating system with power tilt and/or recline features (E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010) may be considered **medically necessary** when all of the following criteria are met:
 - i. Patient is wheelchair confined
 - ii. Patient is unable to perform a functional weight shift or transfer independently from wheelchair to bed
 - iii. Patient cannot operate a manual tilt
 - iv. Patient is left alone for periods of 2 or more hours during the day or does not have someone readily available to assist with needed positioning such as in a work or school setting
- c. A manual fully reclining back or manual Tilt-in-Space wheelchair or wheelchair option (E1014, E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1161, E1226, E1231, E1232, E1233, E1234), may be considered **medically necessary** if the patient spends at least 2 hours per day in the wheelchair and has one or more of the following conditions/needs:
 - i. Quadriplegia
 - ii. Fixed hip angle
 - iii. Trunk or lower extremity casts/braces that require the reclining back feature for positioning
 - iv. Excess extensor tone of the trunk muscles
 - v. The need to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is very difficult

- vi. At high risk for developing a pressure ulcer and is unable to perform a functional weight shift
 - vii. Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed
 - d. A Prefabricated Back and/or Seat Module which is incorporated into a wheelchair base may be considered **medically necessary**.
 - e. Prefabricated Inner Frame Back Support systems are not generally accepted as being reasonable and necessary to provide trunk support in patients in wheelchairs and are not considered **medically necessary**.
 - f. A Custom Fabricated Seating System, Back and/or Seat Module (e.g., Ride™, Invacare® PinDot® ContourU®) may be considered **medically necessary** when all of the following criteria are met:
 - i. The patient has a significant spinal deformity and/or severe weakness of the trunk muscles;
 - ii. The patient's need for prolonged sitting tolerance, postural support to permit functional activities, or pressure reduction cannot be met adequately by a prefabricated seating system; and
 - iii. The patient is expected to be in the wheelchair at least two hours per day.
 - g. A Custom fabricated seating system with all-in-one back, seat and side support (e.g., Aspen®) has not been shown to have significant benefit compared to a standard custom fabricated seating module and is considered **not medically necessary**.
 - h. A solid seat insert added to a seat cushion to provide a firm base is considered an integral part of a seat cushion.
5. Cushions and Positioning Accessories
- a. A powered seat cushion (E2610) is considered **not medically necessary** because effectiveness has not been established.
 - b. A skin protection seat cushion (E2603, E2604, E2622, E2623, E2624, E2625, K0734, K0735) may be **medically necessary** on a wheelchair with a sling or solid seat or back when one or more of the following criteria are met:
 - i. Patient has current or past history of pressure ulcer on the area of contact with the seating surface
 - ii. Patient has absent or impaired sensation in the area of contact with the seating surface or inability to perform functional weight shift
 - c. A general use seat cushion (E2601, E2602), general use back cushion (E2611, E2612), positioning seat cushion (E2605, E2606), positioning back cushion (E2613, E2614, E2615, E2616, E2620, E2621) and positioning accessories

(E0955, E0956, E0957, E0960) on a wheelchair with a sling or solid seat or back may be considered **medically necessary** for patients with significant postural asymmetries.

- d. A separate seat and/or back cushion with a power wheelchair with a captain's seat is considered **not medically necessary**.
- e. A combination skin protection and positioning seat cushion (E2607, E2608, K0736, K0737) may be considered **medically necessary** when all of the criteria for both a skin protection seat cushion and a positioning seat cushion are met.
- f. A custom fabricated seat cushion (E2609) and/or custom fabricated back cushion (E2617) may be considered **medically necessary** if both of the following criteria are met:
 - i. The patient meets the criteria for general use or positioning seat and/or back cushion (criterion III.E.3. above)
 - ii. There is documentation which clearly explains why a prefabricated seating system is not sufficient to meet the patient's needs.
- g. A headrest (E0955) may be considered **medically necessary** for a manual tilt-in-space wheelchair, manual reclining back on a manual or power wheelchair or a power tilt and/or recline power seating system.

A headrest or other positioning accessories for a power wheelchair with a captain's chair seat is considered **not medically necessary**.

6. Batteries and Battery Chargers

- a. Up to two sealed batteries (E2359, E2361, E2363, E2365, E2371, K0733) may be considered **medically necessary** at any one time if required for a power wheelchair.
- b. A non-sealed battery (E2358, E2360, E2362, E2364, E2372) is considered **not medically necessary**.
- c. A single mode Battery Charger (E2366) is included with a power wheelchair base and may be considered **medically necessary** only as a replacement.
- d. A dual mode charger (E2367) is considered **not medically necessary**.

7. Miscellaneous Wheelchair Options and Accessories

- a. A headrest with mounting (E0955) may be considered **medically necessary** when one of the following criteria is met:
 - i. The patient has weak neck muscles and needs a headrest for support, or
 - ii. The patient meets the criteria for and has a reclining back on the wheelchair.

- b. A Safety Belt/Pelvic Strap (E0978) may be **medically necessary** if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.
- c. An Anti-Rollback Device (E0974) and an Anti-tipping Device (E0971) may be **medically necessary** if the patient self-propels and needs the device because of ramps.
- d. Upgraded and specialty wheels (e.g., Spinergy®) are considered **not medically necessary** because they are not required for performance of instrumental activities of daily living.
- e. A Crutch and Cane Holder (E2207) may be **medically necessary** for patients who are ambulatory for short distances.
- f. A Wheelchair Tray Table (E0950) attached to the wheelchair may be **medically necessary** if the patient has weak upper body muscles, upper body instability or muscle spasticity which require the use of this item for proper positioning.
- g. An electronic interface (E2351) to allow a speech generating device to be operated with the power wheelchair control interface may be **medically necessary**.
- h. Electronic interfaces for lights or other electronic devices are considered **not medically necessary**.
- i. Various individual wheelchair options and accessories that are not otherwise listed above may be considered **medically necessary** when both of the following criteria are met:
 - i. The option/accessory is necessary for the patient to perform instrumental activities of daily living; and
 - ii. The option/accessory is *not* primarily for the purpose of allowing the patient to perform leisure or recreational activities.
- j. A gear reduction drive wheel (E2227) or a lever activated wheel drive (E0988) may be considered **medically necessary** if the patient has been self-propelling in a manual wheelchair for at least one year.

REFERENCES

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CROSS REFERENCES

None

CODES	NUMBER	DESCRIPTION
CPT	None	
HCPCS	E0950-E1030	Wheelchair and wheelchair accessories code ranges
	E1050-E1298	Wheelchair and wheelchair accessories code ranges
	E2201-E2397	Wheelchair and wheelchair accessories code ranges
	E2601-E2633	Wheelchair and wheelchair accessories code ranges
	K0001-K0195	Wheelchair and wheelchair accessories code ranges

CODES	NUMBER	DESCRIPTION
	K0669	Wheelchair and wheelchair accessories code ranges
	K0733	Wheelchair and wheelchair accessories code ranges
	K0813-K0899	Power wheelchair code range