



**Kaiser Foundation Health Plan  
of Washington**

**Clinical Review Criteria  
Mobility Assistive Devices**

- Associated Special Parts
- Manual Wheelchairs
- Power Wheelchairs
- Scooters

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	Mobility Assistive Equipment ( <a href="#">280.3</a> ) <a href="#">Seat Elevation Equipment (Power Operated) on Power Wheelchairs (280.16)</a> *Includes CPT E2298 which is now covered when billed for a complex rehabilitative power-driven wheelchair  <a href="#">INDEPENDENCE iBOT 4000 Mobility System (280.15)</a>
National Coverage Analysis (NCA) – Decision Memo	<a href="#">Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3) CAG-00461N</a> *Includes CPT E2298 which is now covered when billed for a complex rehabilitative power-driven wheelchair
Local Coverage Determinations (LCD)	Manual Wheelchair Bases <a href="#">L33788</a> Power Mobility Devices <a href="#">L33789</a> Wheelchair Seating <a href="#">L33312</a> Wheelchair Options/Accessories <a href="#">L33792</a>
Local Coverage Articles	Manual Wheelchair Bases <a href="#">A52497</a> Power Mobility Devices <a href="#">A52498</a> Wheelchair Seating <a href="#">A52505</a> Wheelchair Options/Accessories <a href="#">A52504</a>

**For Non-Medicare Members**

Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

**Documentation Requirements:**

See [90 Day Visit Documentation Requirements](#)

**MANUAL WHEELCHAIRS (new or replacement)**

Kaiser Permanente has elected to use the Manual Wheelchair (KP-0354) MCG\* for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

\*MCG Manuals are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser

Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363 or access the MCG Guideline Index using the link provided above.

**If requesting this service, please send the following documentation to support medical necessity:**

- Most recent note from requesting provider
- Most recent Physical Therapy mobility assessment (for a patient 18 and under, therapy evaluation cannot be solely done by a school-based therapist. Wheelchairs are only covered for use inside the home and the therapist must complete an onsite visit in the home to determine accessibility requirements.)
- If recent discharge from SNF/IPR, include therapy notes
- Specialty evaluation as indicated in the criteria above
- Vendor assessment and itemized codes if applicable

**POWER OPERATIVE VEHICLES (POV)/SCOOTERS (new or replacement)**

Kaiser Permanente has elected to use the Scooter (KP-0352) (MCG)\* for medical necessity determinations. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

**\*MCG Manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

**If requesting this service, please send the following documentation to support medical necessity:**

- Most recent comprehensive note from requesting provider in which the power mobility device is discussed. The note should provide pertinent information about the following elements but may include other details. Each element would not have to be addressed in every evaluation.
  - History of the present condition(s) and past medical history that is relevant to mobility needs
    - Symptoms that limit ambulation
    - Diagnoses that are responsible for these symptoms
    - Medications or other treatment for these symptoms
    - Progression of ambulation difficulty over time
    - Other diagnoses that may relate to ambulatory problems
    - How far the beneficiary can walk without stopping
    - Pace of ambulation
    - What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
    - What has changed to now require use of a power mobility device
    - Ability to stand up from a seated position without assistance
    - Description of the home setting and the ability to perform activities of daily living in the home
  - Physical examination that is relevant to mobility needs
    - Weight and height
    - Cardiopulmonary examination
    - Musculoskeletal examination
      - Arm and leg strength and range of motion
    - Neurological examination
      - Gait
      - Balance and coordination

The evaluation should be tailored to the individual beneficiary's conditions. The history should paint a picture of the beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the beneficiary's ambulatory difficulty or impact on the beneficiary's ambulatory ability.

- Most recent Physical Therapy mobility assessment if available
- If recent discharge from SNF/IPR, include therapy notes
- Vendor assessment and itemized codes if applicable

**I. POWER WHEELCHAIR (new or replacement)**

- A. Mobility Assistive Device (MAE) is reasonable and necessary for patients who have a personal mobility deficit sufficient to impair their performance of Mobility-Related Activities of Daily Living (MRADL) such as toileting, feeding, dressing, grooming, and bathing in customary areas in the home and coverage is

considered when the following has been applied:

1. The patient has 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 patient from accomplishing the MRADLs entirely, or,
  - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,
  - Prevents the patient from completing the MRADLs within a reasonable time frame.
- B. These other limitations can be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the patient's ability to perform or obtain assistance to participate in MRADLs in the home.
  1. A caregiver\*\*, for example a family member, may be compensatory, if consistently available in the patient's home and willing and able to safely operate and transfer the patient to and from the wheelchair and to transport the patient using the wheelchair. The caregiver's need to use a wheelchair to assist the patient in the MRADLs is to be considered in this determination.
  2. The amelioration or compensation requires the patient's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary. This can be justification for denial of wheelchair coverage if it results in the patient 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.
- C. The patient or caregiver demonstrates the capability and the willingness to consistently operate the MAE safely.
  1. Safety considerations include personal risk to the patient 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.
  2. A history of unsafe behavior in other venues may be considered.
- D. If a manual wheelchair or POV does not meet the mobility needs of the patient, and all of the following features provided by a power wheelchair are needed to allow the patient to participate in one or more MRADLs,
  1. The pertinent features of a power wheelchair compared to a POV are typically controlled by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
  2. The type of wheelchair and options provided should be appropriate for the degree of the patient's functional impairments.
  3. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.
  4. Assess the patient's ability to safely use a power wheelchair.
  5. The patient has had a face-to-face evaluation by the prescribing physician within the past 90-days which assesses his/her mobility status, and the need for the power wheelchair.
- E. Due to the complexity of determining whether a power wheelchair or power scooter is the best device for a patient, any requests for either of these devices must be submitted by a physiatrist who has examined the patient and done a thorough evaluation.

\*\*Note: If the patient is unable to use a power wheelchair, 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 power wheelchair so that the caregiver can assist the patient.

#### **Home Assessment:**

Coverage for the use of an electric wheelchair is determined solely for the needs within the home.

An on-site evaluation of the member's home is necessary to verify that the member can adequately maneuver the device that is provided considering the physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available upon request.

#### **Associated Special Parts:**

The options/accessories are necessary for the patient to perform one or more of the following activities:

- 1) Function in the home.
- 2) Perform instrumental activities of daily living.

An option/accessory that is beneficial primarily in allowing the patient to perform leisure or recreational activities is non-covered.

Anti-rollback device (E0974)	<ul style="list-style-type: none"> <li>The patient propels himself/herself and needs the device because of ramps.</li> </ul>
Arm of Chair	<ul style="list-style-type: none"> <li>Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the patient requires an arm height that is different than that available using nonadjustable arms and the patient spends at least 2 hours per day in the wheelchair.</li> <li>An arm trough (E2209) is covered if patient has quadriplegia, hemiplegia, or uncontrolled arm movements.</li> </ul>
Fully reclining back (E1226) Has one or more:	<ul style="list-style-type: none"> <li>Quadriplegia</li> <li>Fixed hip angle</li> <li>Trunk or lower extremity casts/braces that require the reclining back feature for positioning</li> <li>Excess extensor tone of the trunk muscles and/or</li> <li>The need to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is very difficult</li> </ul>
Elevating Leg Rests (E0990, K0046, K0047, K0053, K0195)	<ul style="list-style-type: none"> <li>The patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee or</li> <li>The patient has significant edema of the lower extremities that requires having an elevated leg rest or</li> <li>The patient meets criteria for and has a reclining back on the wheelchair</li> </ul>
Mechanically linked leg elevation feature (E1009) Power leg elevation feature (E1010)	<ul style="list-style-type: none"> <li>Meet criteria for elevating leg rest</li> <li>And is receiving a <b>covered</b> power seating system</li> </ul>
Hook-on headrest extension	<ul style="list-style-type: none"> <li>Has weak neck muscles and needs headrest for support OR</li> <li>Meets criteria for and has reclining back on wheelchair</li> </ul>
Non-standard seat frame (E2201-E2204, E2340-E2343)	<ul style="list-style-type: none"> <li>A nonstandard seat width and/or depth is covered only if the patient's dimensions justify the need.</li> </ul>
Electronic Interface (E2351)	<ul style="list-style-type: none"> <li>An electronic interface to allow a speech generating device to be operated by the power wheelchair control interface is covered if the patient has a <b>covered</b> speech generating device.</li> </ul>
Swingaway, retractable, or removable hardware (E1028)	<ul style="list-style-type: none"> <li>Needed to move the component out of the way so the patient can perform a slide transfer AND</li> <li>The sole reason is not to allow the patient to move close to desks or other surfaces</li> </ul>
Tilt-in-space seat Power tilt seating system (E1002) Power reclining seat system (E1003-E1005) Power tilt and reclining seat system (E1006-E1008)	<ul style="list-style-type: none"> <li>Has documented weak upper extremity strength or a disease that will lead to weak upper extremities. AND</li> <li>Is at risk for skin break down because of inability to reposition body in chair to relieve pressure areas.</li> </ul>
Power Assist Device (E0986)	<p>A push-rim activated power assist device for a manual wheelchair(E0986) may be considered medically necessary when the criteria for a wheelchair (noted above) are met and <b>ALL of the following</b> criteria are met:</p> <ul style="list-style-type: none"> <li>The patient 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. <b>AND</b></li> <li>The patient has had a specialty evaluation performed by a physiatrist who has specific training and experience in rehabilitation wheelchair evaluations <b>AND</b></li> <li>The wheelchair is provided by a supplier that specializes in wheelchairs with a specialist who has direct, in-person involvement in the wheelchair selection for the patient <b>AND</b></li> <li>The evaluation documents the need for the device to perform mobility related activities <i>in the patient's home</i></li> </ul> <p>*Note: In some circumstances, a group 2 power wheelchair would meet mobility needs.</p>

<p>The following are not covered because they are not primarily medical in nature</p>	<ul style="list-style-type: none"> <li>• Power seat elevation feature (E2298)</li> <li>• Power standing feature (E2301)</li> <li>• Attendant control (E2331)</li> <li>• Electrical connection devices (E2310 or E2311) with the sole function of connection for a power seat elevation or power stand feature.</li> <li>• Electrical interface used to control lights or other electrical devices</li> </ul>
<p>E1399, K0108</p>	<ul style="list-style-type: none"> <li>• Any part that is requested using either of these miscellaneous codes is subject to review for medical necessity.</li> </ul>
<p>The following wheelchair options are not covered:</p>	<ul style="list-style-type: none"> <li>• “Ability to balance on two wheels” feature for a PWC</li> <li>• Any wheelchair, option, or accessory that is primarily for the purpose of allowing the individual to perform leisure or recreational activities</li> <li>• Articulating (telescoping) elevating leg rests: considered for patients with long legs</li> <li>• Back support systems: Back support systems have a plastic frame which is padded and covered with cloth or other material; they are designed to be attached to a wheelchair base, but do not completely replace the wheelchair back. These back-support systems are considered convenience items, because they are not generally necessary to provide trunk support in members in wheelchairs. An adequate seating system would allow the member to function appropriately in the wheelchair.</li> <li>• Battery charger: A battery charger for a power wheelchair is included in the allowance for a power wheelchair base. A dual mode battery charger for a power wheelchair is considered a convenience item and is not covered.</li> <li>• Canopies</li> <li>• Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flaps for cars)</li> <li>• Commode seat, wheelchair (HCPCS code E0968)</li> <li>• Crutch or cane holder: May need to help safely transfer</li> <li>• Electronic balance feature for a PWC</li> <li>• Flat-free inserts (zero pressure tubes): Flat free inserts have a removable ring of firm material that is placed inside of a pneumatic tire. Flat free inserts are intended to allow the wheelchair to continue to move if the pneumatic tire is punctured.</li> <li>• Home modifications: Modifications to the structure of the home to accommodate wheelchairs are not considered treatment of disease and are not covered. Examples of home modifications and installations that are not covered include wheelchair ramps, wheelchair accessible showers, elevators, and lowered bath or kitchen counters and sinks.</li> <li>• Identification devices (such as labels, license plates, name plates)</li> <li>• Lighting systems</li> <li>• Complex rehabilitative power wheelchair accessory, power seat elevation system, any type (HCPCS code E2298)</li> <li>• Power or manual standing options or standing wheelchairs (HCPCS code E2301, E2230)</li> <li>• Powered wheelchair seat cushions (HCPCS code E2610)</li> <li>• Remote operation feature for a PWC</li> <li>• Rental or purchase of more than one mobility assistive device at a time</li> <li>• Seat elevator wheelchairs (HCPCS code K0830, K0831)</li> <li>• Shock absorbers</li> <li>• Speed conversion kits</li> <li>• Stair-climbing wheelchairs, computerized or gyroscopic mobility systems (e.g., INDEPENDENCE™ IBOT™ Mobility System, Independence Technology, LLC, Warren, NJ) (K0011)</li> <li>• Transport chairs or rollabout chairs (HCPCS code E1031, E1037, E1038, E1039)</li> <li>• Warning devices, such as horns and backup signals</li> <li>• Wheelchair accessory, tray &amp; half-lap tray (HCPCS code E0950)</li> </ul>

	<ul style="list-style-type: none"><li>• Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) -- devices to assist in lifting wheelchair up stairways, into car trunks, or in vans (see CPB 0459 - Seat Lifts and Patient Lifts)</li><li>• Wheelchair rack for automobile (auto carrier) -- car attachment to carry wheelchair</li><li>• Wheelchair tie downs (transit options)</li><li>• Miscellaneous items needed to adapt to the outside environment for convenience, work, leisure or recreational activities including, but not limited to:<ul style="list-style-type: none"><li>- accessory holder: flag, cup, speech generating device</li><li>- auto carriers</li><li>- baskets, backpacks, bags, seat pouches used to transport personal belongings</li><li>- firearm/weapon holder/support</li><li>- gloves</li><li>- lifts for car trunk, stairways, seat lifts and individual lifts</li><li>- lowered seat elevator attachments for powered or motorized wheelchairs</li><li>- ramps</li><li>- snow tires for wheelchairs</li><li>- support or mounting frames for cellular phone &amp; tablets</li></ul></li></ul>
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The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

In 2000, almost 1.7 million people in the United States used wheelchairs due to a disability. Of these, 1.5 million people used a manual wheelchair (Kaye et al., 2000). Manual wheelchairs require extensive use of individuals' upper limbs for mobility, transfer and other daily functional activities. This repetitive weight-bearing use of the arms and shoulders may cause upper-extremity problems, and reports of shoulder pain are common. In a recent survey of individuals with thoracic spinal cord injuries, 40% of respondents reported current shoulder pain associated with wheelchair use (Alm et al. 2008).

One way to address shoulder pain in manual wheelchair users is with stretching and strengthening exercises. Several small trials have tested specific exercise programs and found statistically significant reduction in shoulder pain (Nawoczinski et al., 2006; Curtis et al., 1999).

Another option, for individuals who want to continue using manual wheelchairs, is to reduce the force put on the upper extremities by modifying the wheelchair. One modification is the addition of battery-powered wheels that can be fitted to standard manual wheelchairs. These wheels add a motorized boost, or "torque multiplier" allowing the user to go further with the same amount of force. A disadvantage of the battery-powered wheels is that the currently available products are heavy. For example, the Alber E-Motion weighs 53 pounds, excluding the wheelchair (Frankmobility.com). Newer, lighter products are being developed. The Quickie Xtend power assist product weighs 38 pounds (Quickie-wheelchairs.com). Another potential disadvantage of power-assisted wheels is that the batteries need to be recharged, sometimes frequently, which can be disruptive to daily activities.

A different modification to the manual wheelchair is to use the 2-gear wheelchair drive produced by MagicWheels, Inc. (Seattle, WA). The wheelchair drive adapts to most standard wheelchairs and does not include batteries or motors. By sliding a switch, the user can change from a conventional 1:1 gear ratio to a 2:1 ratio. The added weight is lighter than the battery-powered assist products. Depending on options, the additional weight per pair of wheels varies from 8.2-10.5 pounds. The gear shifting is designed to reduce upper body stress and assist the user to navigate ramps, hills and uneven terrain. Newer models include an automatic hill holding feature preventing the wheelchair from sliding backwards between pulls while going uphill, and a downhill assisted braking feature. MagicWheels was founded in 1996 by several partners. The University of Washington, where initial product development research took place, owns stock in MagicWheels as part of a patent licensing agreement.

## Evidence and Source Documents

[Wheelchair, 2-Gear \(aka MAGICWHEELS® 2-Gear Wheelchair Drive\)](#)

## Medical Technology Assessment Committee(MTAC)

### Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

#### BACKGROUND

In 2000, almost 1.7 million people in the United States used wheelchairs due to a disability. Of these, 1.5 million people used a manual wheelchair (Kaye et al., 2000). Manual wheelchairs require extensive use of individuals' upper limbs for mobility, transfer and other daily functional activities. This repetitive weight-bearing use of the arms and shoulders may cause upper-extremity problems, and reports of shoulder pain are common. In a recent survey of individuals with thoracic spinal cord injuries, 40% of respondents reported current shoulder pain associated with wheelchair use (Alm et al. 2008). One way to address shoulder pain in manual wheelchair users is with stretching and strengthening exercises. Several small trials have tested specific exercise programs and found statistically significant reduction in shoulder pain (Nawoczenski et al., 2006; Curtis et al., 1999). Another option, for individuals who want to continue using manual wheelchairs, is to reduce the force put on the upper extremities by modifying the wheelchair. One modification is the addition of battery powered wheels that can be fitted to standard manual wheelchairs. These wheels add a motorized boost, or "torque multiplier" allowing the user to go further with the same amount of force. A disadvantage of the battery-powered wheels is that the currently available products are heavy. For example, the Alber E-Motion weighs 53 pounds, excluding the wheelchair (Frankmobility.com). Newer, lighter products are being developed. The Quickie Xtend power assist product weighs 38 pounds (Quickie-wheelchairs.com). Another potential disadvantage of power-assisted wheels is that the batteries need to be recharged, sometimes frequently, which can be disruptive to daily activities. A different modification to the manual wheelchair is to use the 2-gear wheelchair drive produced by MagicWheels, Inc. (Seattle, WA). The wheelchair drive adapts to most standard wheelchairs and does not include batteries or motors. By sliding a switch, the user can change from a conventional 1:1 gear ratio to a 2:1 ratio. The added weight is lighter than the battery-powered assist products. Depending on options, the additional weight per pair of wheels varies from 8.2-10.5 pounds. The gear shifting is designed to reduce upper body stress and assist the user to navigate ramps, hills and uneven terrain. Newer models include an automatic hill holding feature preventing the wheelchair from sliding backwards between pulls while going uphill, and a downhill assisted braking feature. MagicWheels was founded in 1996 by several partners. The University of Washington, where initial product development research took place, owns stock in MagicWheels as part of a patent licensing agreement. The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations. Mechanical wheelchairs and wheelchair components are Class 1 devices according to the FDA. Class 1 devices are subject to general controls such as product listing and labeling requirements but are exempt from the pre-market approval process including safety and effectiveness evaluation.

#### 12/01/2008: MTAC REVIEW

##### Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

**Evidence Conclusion:** There is insufficient evidence to draw conclusions about the impact of the MagicWheels 2-gear wheelchair on functional ability and shoulder and arm pain. There was only one published empirical study on the MagicWheels wheelchair product. The study (Finley et al., 2007) was a small interrupted time series. 17 individuals started the study, and 12 completed the 5-month intervention phase. The study found improvement in shoulder pain, but not overall functional ability, or performance on an incline test when patients used MagicWheels. Shoulder pain decreased when MagicWheels was introduced and increased again after a return to standard wheels. Findings are subject to bias such as the Hawthorne effect (see evidence table for study details).

**Articles:** The PubMed search yielded 8 articles. Seven of these were on different related clinical topics, with the words "magic" and "wheels" included in the abstract or other part of the citation. No additional articles were identified via the "related articles" function in PubMed. There was only one published empirical article on the MagicWheels wheelchair, and this study was critically appraised: Finley MA, Rodgers MM. Effect of 2-speed geared manual wheelchair propulsion on shoulder pain and function. Arch Phys Med Rehabil 2007; 88: 1622-1627. See [Evidence Table](#).

The use of 2-gear wheelchairs does not meet the *Kaiser Permanente Medical Technology Assessment Criteria*.

## Applicable Codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPC	Description
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Codes	
<b>Manual Wheelchairs</b>	
<b>K0001</b>	Standard wheelchair
<b>K0002</b>	Standard hemi (low seat) wheelchair
<b>K0003</b>	Lightweight wheelchair
<b>K0004</b>	High strength, lightweight wheelchair
<b>K0005</b>	Ultralightweight wheelchair
<b>K0006</b>	Heavy-duty wheelchair
<b>K0007</b>	Extra heavy-duty wheelchair
<b>K0008</b>	Custom manual wheelchair/base
<b>K0009</b>	Other manual wheelchair/base
<b>E1050</b>	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1060</b>	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests
<b>E1070</b>	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
<b>E1083</b>	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest
<b>E1084</b>	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests
<b>E1085</b>	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests
<b>E1086</b>	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
<b>E1087</b>	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1088</b>	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1089</b>	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest
<b>E1090</b>	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
<b>E1092</b>	Wide heavy-duty wheelchair, detachable arms (desk or full-length), swing-away detachable elevating legrests
<b>E1093</b>	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests
<b>E1100</b>	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1110</b>	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest
<b>E1130</b>	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests
<b>E1140</b>	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
<b>E1150</b>	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests
<b>E1160</b>	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1161</b>	Manual adult size wheelchair, includes tilt in space
<b>E1170</b>	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1171</b>	Amputee wheelchair, fixed full-length arms, without footrests or legrest
<b>E1172</b>	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest
<b>E1180</b>	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests
<b>E1190</b>	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests
<b>E1195</b>	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1200</b>	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest
<b>E1220</b>	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
<b>E1221</b>	Wheelchair with fixed arm, footrests
<b>E1222</b>	Wheelchair with fixed arm, elevating legrests
<b>E1223</b>	Wheelchair with detachable arms, footrests
<b>E1224</b>	Wheelchair with detachable arms, elevating legrests
<b>E1229</b>	Wheelchair, pediatric size, not otherwise specified
<b>E1231</b>	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
<b>E1232</b>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
<b>E1233</b>	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
<b>E1234</b>	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system



<b>E1235</b>	Wheelchair, pediatric size, rigid, adjustable, with seating system
<b>E1236</b>	Wheelchair, pediatric size, folding, adjustable, with seating system
<b>E1237</b>	Wheelchair, pediatric size, rigid, adjustable, without seating system
<b>E1238</b>	Wheelchair, pediatric size, folding, adjustable, without seating system
<b>E1240</b>	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest
<b>E1250</b>	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest
<b>E1260</b>	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
<b>E1270</b>	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
<b>E1280</b>	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests
<b>E1285</b>	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest
<b>E1290</b>	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
<b>E1295</b>	Heavy-duty wheelchair, fixed full-length arms, elevating legrest
<b>Power Wheelchairs</b>	
<b>E1239</b>	Power wheelchair, pediatric size, not otherwise specified
<b>K0010</b>	Standard-weight frame motorized/power wheelchair
<b>K0011</b>	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
<b>K0012</b>	Lightweight portable motorized/power wheelchair
<b>K0813</b>	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
<b>K0814</b>	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0815</b>	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
<b>K0816</b>	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0820</b>	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0821</b>	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0822</b>	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0823</b>	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0824</b>	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0825</b>	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0826</b>	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0827</b>	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
<b>K0828</b>	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0829</b>	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more
<b>K0830</b>	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0831</b>	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pound
<b>K0835</b>	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0836</b>	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0837</b>	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0838</b>	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0839</b>	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient

	weight capacity 451 to 600 pounds
<b>K0840</b>	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0841</b>	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0842</b>	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0843</b>	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0848</b>	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0849</b>	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0850</b>	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0851</b>	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0852</b>	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0853</b>	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
<b>K0854</b>	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0855</b>	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more
<b>K0856</b>	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0857</b>	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0858</b>	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
<b>K0859</b>	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
<b>K0860</b>	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0861</b>	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0862</b>	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0863</b>	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0864</b>	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
<b>K0868</b>	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0869</b>	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0870</b>	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0871</b>	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
<b>K0877</b>	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0878</b>	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0879</b>	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0880</b>	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds

<b>K0884</b>	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
<b>K0885</b>	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
<b>K0886</b>	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
<b>K0890</b>	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
<b>K0891</b>	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
<b>K0898</b>	Power wheelchair, not otherwise classified
<b>K0899</b>	Power mobility device, not coded by DME PDAC or does not meet criteria
<b>Power Scooters</b>	
<b>E1230</b>	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number
<b>K0800</b>	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
<b>K0801</b>	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds
<b>K0802</b>	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds
<b>K0806</b>	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
<b>K0807</b>	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds
<b>K0808</b>	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds
<b>K0812</b>	Power operated vehicle, not otherwise classified
<b>Associated Parts and Supplies</b>	
<b>E0950</b>	Wheelchair accessory, tray, each
<b>E0951</b>	Heel loop/holder, any type, with or without ankle strap, each
<b>E0952</b>	Toe loop/holder, any type, each
<b>E0955</b>	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
<b>E0956</b>	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
<b>E0957</b>	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
<b>E0958</b>	Manual wheelchair accessory, one-arm drive attachment, each
<b>E0959</b>	Manual wheelchair accessory, adapter for amputee, each
<b>E0960</b>	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
<b>E0961</b>	Manual wheelchair accessory, wheel lock brake extension (handle), each
<b>E0967</b>	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
<b>E0968</b>	Commode seat, wheelchair
<b>E0969</b>	Narrowing device, wheelchair
<b>E0970</b>	No. 2 footplates, except for elevating legrest
<b>E0971</b>	Manual wheelchair accessory, antitipping device, each
<b>E0973</b>	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
<b>E0974</b>	Manual wheelchair accessory, antirollback device, each
<b>E0978</b>	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
<b>E0980</b>	Safety vest, wheelchair
<b>E0981</b>	Wheelchair accessory, seat upholstery, replacement only, each
<b>E0982</b>	Wheelchair accessory, back upholstery, replacement only, each
<b>E0983</b>	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
<b>E0984</b>	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
<b>E0985</b>	Wheelchair accessory, seat lift mechanism
<b>E0986</b>	Manual wheelchair accessory, push-rim activated power assist system
<b>E0988</b>	Manual wheelchair accessory, lever-activated, wheel drive, pair
<b>E0990</b>	Wheelchair accessory, elevating legrest, complete assembly, each
<b>E0992</b>	Manual wheelchair accessory, solid seat insert
<b>E0994</b>	Armrest, each
<b>E0995</b>	Wheelchair accessory, calf rest/pad, replacement only, each
<b>E1002</b>	Wheelchair accessory, power seating system, tilt only

<b>E1003</b>	Wheelchair accessory, power seating system, recline only, without shear reduction
<b>E1004</b>	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
<b>E1005</b>	Wheelchair accessory, power seating system, recline only, with power shear reduction
<b>E1006</b>	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
<b>E1007</b>	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
<b>E1008</b>	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
<b>E1009</b>	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
<b>E1010</b>	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair
<b>E1011</b>	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
<b>E1012</b>	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
<b>E1014</b>	Reclining back, addition to pediatric size wheelchair
<b>E1015</b>	Shock absorber for manual wheelchair, each
<b>E1016</b>	Shock absorber for power wheelchair, each
<b>E1017</b>	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
<b>E1018</b>	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
<b>E1020</b>	Residual limb support system for wheelchair, any type
<b>E1028</b>	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
<b>E1225</b>	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
<b>E1226</b>	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
<b>E1227</b>	Special height arms for wheelchair
<b>E1228</b>	Special back height for wheelchair
<b>E1296</b>	Special wheelchair seat height from floor
<b>E1297</b>	Special wheelchair seat depth, by upholstery
<b>E1298</b>	Special wheelchair seat depth and/or width, by construction
<b>E1399</b>	Durable medical equipment, miscellaneous
<b>E2201</b>	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in
<b>E2202</b>	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in
<b>E2203</b>	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in
<b>E2204</b>	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in
<b>E2205</b>	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
<b>E2206</b>	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
<b>E2207</b>	Wheelchair accessory, crutch and cane holder, each
<b>E2208</b>	Wheelchair accessory, cylinder tank carrier, each
<b>E2209</b>	Accessory, arm trough, with or without hand support, each
<b>E2210</b>	Wheelchair accessory, bearings, any type, replacement only, each
<b>E2211</b>	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
<b>E2212</b>	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
<b>E2213</b>	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
<b>E2214</b>	Manual wheelchair accessory, pneumatic caster tire, any size, each
<b>E2215</b>	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
<b>E2216</b>	Manual wheelchair accessory, foam filled propulsion tire, any size, each
<b>E2217</b>	Manual wheelchair accessory, foam filled caster tire, any size, each
<b>E2218</b>	Manual wheelchair accessory, foam propulsion tire, any size, each
<b>E2219</b>	Manual wheelchair accessory, foam caster tire, any size, each
<b>E2220</b>	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
<b>E2221</b>	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement

	only, each
<b>E2222</b>	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
<b>E2224</b>	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
<b>E2225</b>	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
<b>E2226</b>	Manual wheelchair accessory, caster fork, any size, replacement only, each
<b>E2227</b>	Manual wheelchair accessory, gear reduction drive wheel, each
<b>E2228</b>	Manual wheelchair accessory, wheel braking system and lock, complete, each
<b>E2230</b>	Manual wheelchair accessory, manual standing system
<b>E2231</b>	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
<b>E2298</b>	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
<b>E2301</b>	Wheelchair accessory, power standing system, any type
<b>E2310</b>	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
<b>E2311</b>	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
<b>E2331</b>	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
<b>E2340</b>	Power wheelchair accessory, nonstandard seat frame width, 20-23 in
<b>E2341</b>	Power wheelchair accessory, nonstandard seat frame width, 24-27 in
<b>E2342</b>	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in
<b>E2343</b>	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in
<b>E2351</b>	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
<b>E2398</b>	Wheelchair accessory, dynamic positioning hardware for back
<b>E2601</b>	General use wheelchair seat cushion, width less than 22 inches, any depth
<b>E2602</b>	General use wheelchair seat cushion, width 22 inches or greater, any depth
<b>E2603</b>	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
<b>E2604</b>	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
<b>E2605</b>	Positioning wheelchair seat cushion, width less than 22 inches, any depth
<b>E2606</b>	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
<b>E2607</b>	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
<b>E2608</b>	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
<b>K0013</b>	Custom motorized/power wheelchair base
<b>K0014</b>	Other motorized/power wheelchair base
<b>K0015</b>	Detachable, nonadjustable height armrest, each
<b>K0017</b>	Detachable, adjustable height armrest, base, replacement only, each
<b>K0018</b>	Detachable, adjustable height armrest, upper portion, replacement only, each
<b>K0019</b>	Arm pad, replacement only, each
<b>K0020</b>	Fixed, adjustable height armrest, pair
<b>K0037</b>	High mount flip-up footrest, each
<b>K0038</b>	Leg strap, each
<b>K0039</b>	Leg strap, H style, each
<b>K0040</b>	Adjustable angle footplate, each
<b>K0041</b>	Large size footplate, each
<b>K0042</b>	Standard size footplate, replacement only, each
<b>K0043</b>	Footrest, lower extension tube, replacement only, each
<b>K0044</b>	Footrest, upper hanger bracket, replacement only, each
<b>K0045</b>	Footrest, complete assembly, replacement only, each
<b>K0046</b>	Elevating legrest, lower extension tube, replacement only, each
<b>K0047</b>	Elevating legrest, upper hanger bracket, replacement only, each
<b>K0050</b>	Ratchet assembly, replacement only
<b>K0051</b>	Cam release assembly, footrest or legrest, replacement only, each
<b>K0052</b>	Swingaway, detachable footrests, replacement only, each

<b>K0053</b>	Elevating footrests, articulating (telescoping), each
<b>K0056</b>	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair
<b>K0065</b>	Spoke protectors, each
<b>K0069</b>	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
<b>K0070</b>	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
<b>K0071</b>	Front caster assembly, complete, with pneumatic tire, replacement only, each
<b>K0072</b>	Front caster assembly, complete, with semipneumatic tire, replacement only, each
<b>K0073</b>	Caster pin lock, each
<b>K0077</b>	Front caster assembly, complete, with solid tire, replacement only, each
<b>K0098</b>	Drive belt for power wheelchair, replacement only
<b>K0105</b>	IV hanger, each
<b>K0108</b>	Wheelchair component or accessory, not otherwise specified
<b>K0195</b>	Elevating legrests, pair (for use with capped rental wheelchair base)

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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Date Created	Date Reviewed	Date Last Revised
03/1985	08/03/2010 <sup>MDCRPC</sup> , 06/07/2011 <sup>MDCRPC</sup> , 04/03/2012 <sup>MDCRPC</sup> , 02/05/2013 <sup>MDCRPC</sup> , 10/07/2014 <sup>MPC</sup> , 08/04/2015 <sup>MPC</sup> , 06/07/2016 <sup>MPC</sup> , 04/04/2017 <sup>MPC</sup> , 02/06/2018 <sup>MPC</sup> , 01/08/2019 <sup>MPC</sup> , 01/07/2020 <sup>MPC</sup> , 01/05/2021 <sup>MPC</sup> , 01/04/2022 <sup>MPC</sup> , 01/10/2023 <sup>MPC</sup> , 02/13/2024 <sup>MPC</sup>	03/01/2024

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
05/19/2015	The background statement was edited to state that WCs are for use in the home
08/04/2015	Manual Wheelchair: Added grade levels for severe dependent edema and removed "poor endurance" language
07/02/2016	Added addendum to exclusion list
08/01/2017	MPC approved to adopt indication for any requests for power wheelchair or power scooter must be submitted by a physiatrist who has examined the patient and done a thorough evaluation.
05/01/2018	MPC approved criteria for Power Assist Device
08/27/2019	Clarified qualifications of provider consulting for power assist device.
12/03/2019	MPC approved to adopt criteria for Specialized Wheelchairs: lightweight, ultra-lightweight and high-strength lightweight wheelchairs
05/05/2020	MPC approved to adopt updates to the power wheelchair supporting documentation requirements; clarifying language added for ultra-lightweight wheelchair and power assist device
06/23/2020	Added HCPC code E2398
06/10/2021	Added statement "This should most commonly be a physiatrist." to criteria #3 related to evaluation for ultra-light wheelchairs.
09/29/2021	Moved criteria for manual lightweight, high-strength lightweight and ultra-lightweight wheelchairs into the MCG KP-0354 Manual Wheelchair criteria.

5/26/2023	Updated Medicare coverage guidance by adding National Coverage Analysis (NCA) – Decision Memo regarding seat elevation systems.
10/25/2023	Added Medicare Coverage guidance NCD 280.16 Seat Elevation Equipment (power Operated) on Power Wheelchairs
12/09/2023	MPC approved make an exception to CMS payment methodology for knee scooters.
12/21/2023	Added NCD INDEPENDENCE iBOT 4000 Mobility System (280.15)
03/01/2024	Updated 45-day requirement to 90-days for power wheelchairs
04/03/2024	Updated termed code E2300 and replaced with new code E2298 effective 4/4/2024.