

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	WHEELCHAIRS and POWER OPERATED VEHICLES (POV's)
Policy Number	1.01.16
Category	Equipment/Supplies
Effective Date	07/02/99
Revised Date	04/19/00, 07/19/01, 11/29/01, 02/27/03, 03/25/04, 04/28/05, 04/27/06, 04/26/07, 06/26/08, 02/26/09, 06/24/10, 06/24/11, 06/28/12, 08/22/13, 08/28/14, 06/25/15, 06/22/16, 06/22/17, 06/28/18
Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

Based upon our criteria and review of the peer reviewed literature:

- I. Wheelchairs are considered **medically necessary** when used by the patient for mobility in the performance of activities of daily living in his/her residence. (See Policy Guideline, II, Wheelchair Features and Coverage Criteria, for additional criteria for non-standard wheelchairs and mobility devices.)
- II. Power operated vehicles (POV's) are considered **medically necessary** when a patient meets coverage criteria for a wheelchair, is unable to self-propel a manual wheelchair, AND is cognitively and physically able to operate a POV.
- III. Wheelchairs are considered **not medically necessary** in the following circumstances:
 - A. when used primarily for comfort, assistance, or convenience.
 - B. when their primary purpose is for transportation outside the home, except for dependent children who require a wheelchair to attend school.
 - C. when used for sports or recreational purposes.
- IV. Coverage will be provided for one manual wheelchair, one motorized wheelchair, or one scooter. More than one mobility device is considered a matter of convenience for the member and his/her family. No coverage for a back-up wheelchair will be provided except one-month rental if owned wheelchair is being repaired.
- V. A wheelchair must be appropriate for the patient's disability, size, weight, activity and for the home environment.
- VI. For a person residing at a residential facility and receiving custodial care services (custodial care status), wheelchairs are eligible for coverage when criteria are met.
- VII. For persons temporarily residing in a residential facility and receiving skilled services (skilled status), coverage of wheelchairs is considered global to the SNF reimbursement.
- VIII. If an upgrade in equipment is requested, the patient's functional status (diagnosis, prognosis and severity of condition) must be reviewed for special consideration in accordance with the justification for medical necessity described above. (See Policy Guideline, II, Wheelchair Features and Coverage Criteria, for additional criteria for non-standard wheelchairs and mobility devices.)
- IX. Replacement of wheelchairs may be covered when: the cost of the repair is in excess of the replacement cost, other extenuating medical circumstances occur which requires special consideration; or the current wheelchair no longer can meet the patient's needs.
- X. Wheelchairs with stair climbing ability (e.g., iBOT) are considered not medically necessary.

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Refer to Corporate Medical Policy #1.01.00 regarding Durable Medical Equipment- Standard and Non-Standard.

Refer to Corporate Medical Policy #1.01.46 regarding Standing Devices

POLICY GUIDELINES

I. Supporting Documentation Required:

Coverage of wheelchairs and accessories/special features requires documentation by the patient's practitioner of medical necessity. Documentation must be submitted for review and include the patient's diagnosis, a narrative description with functional criteria for the wheelchair and any requested *non-standard* features. At a minimum, such documentation must include:

- A. diagnosis, prognosis and severity of condition;
- B. seating and mobility evaluation by a trained professional familiar with seating, positioning and wheeled mobility options taking into account the current functional abilities and disabilities of the patient as well as potential long term needs. The Health Plan reserves the right to require an assessment for a requested mobility device to be performed on the patient by an independent rehabilitation specialist, therapist, or equipment specialist;
- C. assessment of the home environment for accessibility and its ability to accommodate any special equipment, positioning devices or motorized component (e.g., door frame size) if requested;
- D. if a motorized wheelchair is requested an explanation as to why a standard wheelchair is inadequate for the particular activity of daily living;
- E. relevant medical records.

II. Wheelchair Features and Coverage Criteria:

The following is a list of characteristics and additional coverage criteria for various models of wheelchairs.

<u>Model/Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
Standard -Manual Wt: greater than 36 lbs Seat width: 16-18" Seat depth: 16" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable	<ol style="list-style-type: none">1. Impaired mobility in performance of mobility related activities of daily living (MRADL's) in the home which would be alleviated by the mobility device; AND2. Able to self-propel a wheelchair; AND3. Patient's mobility limitation cannot be resolved by use of an appropriately fitted assistive device (e.g., cane or walker); or4. Patient has a medical condition for which weight-bearing or ambulation is contraindicated; or5. Patient has a disease process or injury that precludes use of the lower extremities.	<ol style="list-style-type: none">1. Used solely for social, recreational or employment activities.
Hemi - Manual Wt: greater than 36 lbs Seat width: 16-18" Seat depth: 16" Seat height: 17-18" Back height: 16-17" Arm style: fixed or detachable	<ol style="list-style-type: none">1. Meets criteria for a standard manual wheelchair; AND2. Unable to propel a manual wheelchair with upper extremities; OR3. Has paralysis in one arm and/or leg and able to self-propel a manual	<ol style="list-style-type: none">1. Used solely for social, recreational or employment activities.

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<u>Model/Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
Enables short in stature patient to place feet on ground for propulsion.	wheelchair.	
Lightweight - Manual Wt: equal or less than to 36 lbs Seat width: 16-18" Seat depth: 16" Seat height: equal or greater than 17" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable	1. Meets criteria for a standard manual wheelchair; AND 2. Unable to self-propel a standard manual wheelchair.	1. Used solely for social, recreational or employment activities.
Ultra lightweight - Manual Wt: less than 34 lbs Seat width: 14 - 18" Seat depth: 14 - 16" Seat height: equal or greater than 17" or equal or less than 21" Back height: 15-19" Arm style: fixed or detachable	1. Meets criteria for a standard manual wheelchair; AND 2. Unable to self-propel in standard or lightweight manual wheelchair.	1. Used solely for social, recreational or employment activities. 2. Titanium frame has marginal weight advantage over aluminum frame; considered not medically necessary .
Full or semi-reclining- Manual Wt: less than 30 lbs Seat width: 14-18" Seat depth: 14 - 16" Seat height: equal or greater than 17" or equal or less than 21" Back height: varies Arm style: fixed or detachable	1. Meets criteria for a standard manual wheelchair except may not be able to self-propel manual wheelchair; AND 2. Patient is: a. quadriplegic/tetraplegic; or b. has trunk of lower extremity cast; or c. braces that require special positioning; or d. has fixed hip angle; or e. has excess extensor tone of the trunk muscles; or f. prior history of skin breakdown.	1. Used solely for social, recreational or employment activities. 2. Used for prophylaxis of sacral decubiti without a prior history of skin breakdown.
Tilt in space - Manual Lightweight wheelchairs Custom designed frames which allow the position of the wheelchair to change.	1. Meets criteria for a standard manual wheelchair except may not be able to self-propel manual wheelchair; AND 2. Patient: a. has fixed hip angle; or b. has excess extensor tone of the trunk muscles; or c. has cerebral palsy; or d. has spinal cord injuries.	1. Patient has bladder-emptying problems or wears a leg bag (bladder may be constricted, leg bag may leak).

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<u>Model/Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
<p>Heavy Duty - Manual Wt: varies Seat width: 18" Seat depth: 16 - 17" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable Includes reinforced back and seat upholstery.</p>	<ol style="list-style-type: none"> 1. Meets criteria for a standard manual wheelchair; AND 2. Patient weight greater than 250 lbs. 	<ol style="list-style-type: none"> 1. Used solely for social, recreational or employment activities.
<p>Extra Heavy Duty - Manual Wt: greater than 36 lbs Seat width: 16-18" Seat depth: 16" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable Includes reinforced back and seat upholstery.</p>	<ol style="list-style-type: none"> 1. Meets criteria for a standard manual wheelchair; AND 2. Patient weight greater than 300 lbs. 	<ol style="list-style-type: none"> 1. Used solely for social, recreational or employment activities.
<p>Wide Heavy Duty- Manual Wt: varies Seat width: greater than 18" Seat depth: 16 - 17" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable</p>	<ol style="list-style-type: none"> 1. Meets criteria for a standard manual wheelchair; AND 2. Patient hip width greater than 18 inches. 	<ol style="list-style-type: none"> 1. Used solely for social, recreational or employment activities.
<p>Motorized Wheelchairs Used in severe impairment of functional mobility. Without the use of the wheelchair, the patient would be severely limited or unable to perform routine ADL's. Inability to safely propel a manual wheelchair due to severely limited upper extremity function.</p>	<ol style="list-style-type: none"> 1. Meets criteria for a standard manual wheelchair; AND 2. Patient is unable to maneuver a manual wheelchair for a distance greater than 25 feet; AND 3. Patient has upper extremity impairment and cannot self-propel a manual wheelchair; AND 4. Able to safely operate a power operated wheelchair; AND 5. The need for the motorized wheelchair is expected to continue for greater than 6 weeks. 	<ol style="list-style-type: none"> 1. Use as convenience item. 2. When used primarily for transportation to work, shopping, social or recreational activities, to facilitate employment, or for other activities outside the domicile/home. 3. Patient can self-propel from room to room in the home. 4. Caregiver is available and can propel the patient. 5. K0868-K0886 considered NMN due to features which are not necessary for in home use.
<p>Motorized Wheelchairs – Pediatric Used in severe impairment of functional mobility. Without the use of the wheelchair, the patient would be severely limited or unable to perform routine ADL's. Inability to safely propel a manual wheelchair</p>	<ol style="list-style-type: none"> 1. Meets criteria for a standard manual wheelchair; AND 2. Able to safely operate a power operated wheelchair as determined by an appropriate developmental evaluation; AND 3. The need for the motorized wheelchair is expected to continue 	<ol style="list-style-type: none"> 1. Patient cannot safely operate the power operated wheelchair due to lack of developed cognitive and motor skills. 2. Caregiver is available and can propel the patient. 3. Patient can self-propel from room to room in the home.

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<u>Model/Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
due to severely limited upper extremity function. Inability of the caregiver to safely propel a manual wheelchair.	for greater than 6 weeks.	4. When used primarily for transportation to shopping, social or recreational activities, or for other activities outside the domicile/home. 5. Use as convenience item.
Power Operated Vehicle Electrically operated three or four wheeled chair or scooter designed to transport a patient that is unable to ambulate but has adequate trunk stability to be able to ride safely in the vehicle.	1. Meets criteria for a standard manual wheelchair; AND 2. Patient is unable to maneuver a manual wheelchair for a distance greater than 25 feet; AND 3. Patient must be able to safely transfer in and out of POV and have adequate trunk stability to ride safely in the vehicle; AND 4. Patient condition is non-progressive, POV may be provided in lieu of motorized wheelchair if the POV meets the needs of the patient and is more cost efficient alternative; AND 5. Disability is expected to continue for greater than 6 months.	1. Use as convenience item; or 2. Patient has inadequate trunk stability to ride safely; or 3. Patient is disoriented or cannot be left unattended; or 4. Patient is unable to operate controls; or 5. Use as back-up item; or 6. Purchased without a prescription. 7. K0806-K0808 considered NMN due to features that are not necessary for in home use.
Rollabout/Transport Chairs May also be called a mobile geriatric chair (geri-chair). Front and back wheels the same size.	1. Meets criteria for a standard manual wheelchair except may not be able to self-propel manual wheelchair; AND 2. Used as primary means of transport in the home.	1. Used solely for social, recreational or employment activities.
Pediatric Stroller	1. Child is non ambulatory; 2. Used to transport child to and from school; AND 3. Child requires more support than is available in a standard pediatric wheelchair; or 4. Child is too small to safely use a standard pediatric wheelchair; or 5. Commercially available stroller is inadequate to meet the child's needs.	

III. The following is a list of special features, accessories, and customizations with coverage criteria. This list is not all-inclusive.

<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
Adjustable arm-height option	1. Patient spends at least 2 hrs per day in a wheelchair; AND 2. Patient needs arm height that is	

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<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
	different from standard non-adjustable arms.	
Anti-roll back or anti-tip device Prevents tipping or wheelchair ability to independently raise front wheels when accessing inclines.	1. Patient propels either a manual wheelchair or power operated wheelchair up ramps/inclines.	
Arm support/ trough Stabilizes the arm.	1. Patient has quadriplegia/ tetraplegia, or hemiplegia, or uncontrolled arm movements.	
Attendant Drive Control Allows the caregiver to drive the wheelchair instead of the patient.		Convenience item.
Battery Charger Single mode included with power wheelchair base.		Dual mode battery charger is a convenience item.
Caster Tires Pneumatic or semi-pneumatic - provides shock absorption from outdoor and rough surfaces. Solid core - used on smooth surfaces and indoors (flat-free).		Castor tires with lights are considered a convenience item.
Chin Control/Support	Patient has weak neck muscles.	
Clothing/ Side Guards Protects clothing from dirt, mud or water thrown up by the wheels.		Convenience item (used for outside the home).
Custom Manual/Power Wheelchair Base Frame has been customized to a specific patient.	Patient requires a wheelchair base which is not an available option in an already manufactured base.	
Elevating Leg Rests – Manual or Power Allows the leg to be raised and lowered independently of the recline and/or tilt of the seating system. Power leg elevation for use with a Power Wheelchair. Articulating (telescoping) power elevating leg rests lengthen while also extending the knee.	1. Musculoskeletal condition or presence of cast or brace which prevent 90 degree flexion of the knee; or 2. Significant edema of the lower extremities; or 3. Has a reclining back on a wheelchair.	
Controller- Integral or Modular - Power Controller function allows the patient to operate the power wheelchair. It is used in conjunction with a proportional interface in which the direction and amount of movement by the patient controls the direction and speed of	Inability to operate a manual or power wheelchair. *Integral controller for patients who will have little or no change in functional status and need no special control features in their wheelchair *Modular controller for patients who need enhanced functions such as, sip and puff, head array, power seating	Additional modules for the Q-logic Control System (e.g., environmental controls) is a convenience item.

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<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
<p>the wheelchair. One example of a proportional interface is a standard joystick.</p> <p>A non-proportional interface consists of a number of switches. An example of a non-proportional interface is a sip and puff control.</p> <p>Integral controller has single housing unit with joystick; may be standard. (e.g., Remote Plus electronic system).</p> <p>Modular controller has separate components for different functions. Able to mix and match components to accommodate function enhancers. (e.g., Q-logic Control System).</p>	<p>systems</p>	
<p>Fully Reclining/ Folding Back-Manual</p>	<ol style="list-style-type: none"> 1. Patient is quadriplegic/tetraplegic; or 2. Patient has trunk or lower extremity cast/braces that require specially positioning; or 3. Patient has fixed hip angle; or 4. Patient has excess extensor tone of the trunk muscle; or 5. Prior history of skin breakdown 6. Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; 7. Patient unable to carry out a functional weight shift due to spinal cord disease, neurological disease, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease. 	<ol style="list-style-type: none"> 1. Convenience item if purpose is for transport only. 2. Used for prophylaxis of sacral decubiti.
<p>Head rest (Not included in power tilt and recline or power recline seating system.)</p>	<ol style="list-style-type: none"> 1. Meets criteria for manual tilt-in-space; or 2. Manual semi- or fully reclining back; or 3. Power tilt and or recline seating system. 	<p>Not medically necessary on a Power Wheelchair with a Captain's seat.</p>
<p>Miscellaneous accessories: Amputee adapter, heel loops, IV rod, narrowing device, oxygen carrier, ventilator tray, speech generative device table, suspension fork, wide stance arm bracket, leg straps, footrests, back straps,</p>	<ol style="list-style-type: none"> 1. May be considered medically necessary. 2. Based on individual consideration when adequate documentation provided. 	

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<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
additional pads for hips, arms, or legs.		
Miscellaneous Accessories (Non Covered): Trays, back packs, crutch or can holder, shock absorbers, impact guards, lighting systems any option or accessory that is primarily for the purpose of allowing the member to perform leisure, recreation or sports activities, electrical or mechanical features that enhance basic equipment and that usually serve a convenience function.		Convenience items.
Upholstery - Reinforced Back or Seat Not standard with power wheelchair base.	1. Patient weighs more than 200 lbs.	1. Should be included with heavy duty or extra heavy-duty wheelchair base. 2. If used in conjunction with other manual wheelchair bases.
Push/ Hand Rims/ Handles Addition to wheel to aid in self propelling a manual wheelchair rather than pushing on tire rim. Poorly designed hand rims can cause pain in hands and wrists associated with Carpal Tunnel Syndrome (e.g., Natural Fit hand rims provide ergonomic grip and greater control when braking).	Pain in hands from pushing standard hand rims or tires.	Not designed for patients with poor hand function.
Power add-ons/ Push Activated System Provides an additional power boost to wheels upon the users input force on the pushrims. This added boost often provides the necessary force to get the users up hills or to allow them to continue on in a manual chair when shoulder pain, strength or fatigue might otherwise force them to go to a powered wheelchair.	Based on individual consideration when adequate documentation provided.	
Safety Belt/ Shoulder Harness, Structured Harness Allows for proper positioning.	1. Weak upper body muscles; or 2. Patient has upper body instability or muscle spasticity.	

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<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
<p>Seat Cushion or Back Cushion General Use: Prefabricated cushion made of foam, flexible cellular material, air fluid or solid gel. Skin Protection: Composed of foam, flexible cellular material, air, fluid or solid gel or a multi-compartment air cushion or composed of two or more types of foam with different stiffness. Positioning: Composed of foam, flexible cellular material, air, fluid and supporting structural features.</p>	<ol style="list-style-type: none"> 1. Patient spends at least 2 hrs per day in a wheelchair; AND 2. History of or current pressure ulcer on area of contact with seating surface; or 3. Absent or impaired sensation in area of contact with seating surface; or 4. Unable to carry out a functional weight shift due to spinal cord disease, neurological disease, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease; or 5. Patient has significant postural asymmetries due to spinal cord injury/disease, demyelinating disease, neurological diseases, Alzheimer's disease, Parkinson's disease, hemiplegia due to stroke, traumatic brain injury. 	<ol style="list-style-type: none"> 1. Patient does not have a wheelchair. 2. Use with transport chair (comfort item). 3. Patient cannot reposition self at least every two hours (seat cushion will not prevent development of pressure ulcers).
<p>Seat or Back Cushion - Custom Fabricated Has removable waterproof cover or surface.</p>	<ol style="list-style-type: none"> 1. Meets criteria for skin protection seat or positioning seat cushion; AND 2. Explanation from health care profession why this type of cushion is necessary. 	
<p>Seat Cushion - Powered Battery operated, prefabricated cushion powered by an air pump to cause the cushion to inflate and deflate.</p>		<p>Investigational as its effectiveness has not been established.</p>
<p>Seat and Back Cushions - Replacement</p>	<ol style="list-style-type: none"> 1. Would be considered when out of warranty; or 2. Irreparably damaged (other than wear and tear); or 3. Item is lost or stolen; or 4. A change in member's medical condition that requires a different type of seating or positioning item. 	
<p>Seating System Ensures optimal posture and positioning. Consists of: 1) Seat, 2) Back, and 3) Supports. Four different types: 1. Sling – minimal support; 2. Planar – flat surface without contours – firm support. For patients with no pelvis/spinal</p>	<p>Based on individual consideration when adequate documentation provided.</p>	

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<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
<p>deformities.</p> <p>3. Contoured – postural support and pressure relief (e.g., Synergy, TruComfort, Jay Fit for pediatric patients).</p> <p>4. Custom Contoured- conforms to shape of pelvis and spine. Provides maximum support and pressure distribution.</p>		
<p>Seat Elevation- Power Raises and lowers the patient in their seated position by the use of an electro-mechanical lift system, without changing the seated angles or the seat's angle relative to the ground, in order to provide varying amounts of added vertical access. A seat elevator may elevate vertically from a standard seat height, or may lower the user closer to the floor.</p>		<p>Convenience item.</p>
<p>Stander Attachment- Power Patient requires assistance to assume standing position and has some residual muscular strength in legs, such that standing will improve lower body strength.</p>		<p>No evidence that power stander improves lower body strength for patients who are completely paralyzed in the legs and hips.</p>
<p>Tilt and/or Recline Seating Systems- Manual/Power Designed to reduce the weight placed on a person's coccyx (tailbone) and buttocks. Disperses weight evenly over the buttocks and legs. Tilting backwards shifts weight off the buttocks and legs while maintaining a normal sitting posture.</p>	<ol style="list-style-type: none"> 1. Patient is quadriplegic/tetraplegic; or 2. Patient has trunk or lower extremity cast/braces that require specially positioning; or 3. Patient has fixed hip angle; or 4. Patient has excess extensor tone of the trunk muscle; or 5. Prior history of skin breakdown; or 6. Significant edema of lower extremities; or 7. Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or 8. Patient unable to carry out a functional weight shift due to spinal cord disease, neurological disease, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease. 	<p>Used for prophylaxis of sacral decubiti.</p>

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<u>Feature/ Description</u>	<u>Coverage Criteria</u>	<u>Non Coverage Criteria</u>
Swingaway, Retractable or Removable Legrests/ Hardware	If needed for patient to perform a slide transfer to a chair or bed.	1. If primary use is to allow patient to move closer to desks or other surfaces. 2. Should be considered part of the wheelchair base.
Transport Tie Down Keeps chair stabilized when traveling. Usually an addition to the transport vehicle rather than to the wheelchair.	Covered for pediatric patients if wheelchair is used to transport to and from school.	1. Convenience item for adults.
Wheel Chair Tires Specially designed tires which may be more lightweight, narrower, have custom rims or be "flat-free". May be used for sports or recreational activities. Pneumatic: air filled: lightweight provides cushioned ride. Semi-pneumatic: possible problematic maintenance. Flat-free: standard tires filled with polyfoam.		1. Used for sports or recreational purpose; or 2. Snow tires (convenience item).

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT Codes

Code	Description
No codes	

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HCPCS Codes

Code	Description
E1031	Rollabout wheelchair, any and all types with casters 5" or greater
E1038	Transport chair, adult size, patient weight capacity less than 300 pounds
E1050 E1060 E1070	Fully reclining wheelchairs
E1083 E1084 E1085 E1086	Standard hemi (low seat) wheelchair

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Code	Description
E1087 E1088 E1089 E1090	High strength, lightweight wheelchair
E1092 E1093 E1280-E1295 K0006	Heavy duty wheelchair
E1100 E1110	Semi-reclining wheelchairs
E1130-E1160	Standard wheelchair
E1161	Manual adult size wheelchair, includes tilt in space
E1170-E1200	Amputee wheelchairs
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
E1220-E1228	Other manual wheelchair/base or accessories
E1229	Wheelchair, pediatric size, not otherwise specified
E1230	Power operated vehicle (3 or 4 wheel non-highway), specify brand name and model number
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating
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-E1270 K0003	Lightweight wheelchair
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0007	Extra heavy duty wheelchair
K0008	Custom Manual Wheelchair Base
K0009	Other manual wheelchair/base
K0010	Standard-weight frame motorized/power wheelchair
K0012	Lightweight portable motorized/power wheelchair
K0013	Custom Motorized/Power Wheelchair Base
K0014	Other motorized/power wheelchair base
K0800-K0898	Power operated vehicles/wheelchairs
E0953 E0954	Lateral thigh support; footbox; including hardware (<i>effective 1/1/2018</i>)
E0955 E0966	Headrest extension
E0971	Anti-tipping device
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each

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Code	Description
E1014 E1225-E1226 E2291 E2293 E2611-E2617 E2619-E2621 K0669	Back of chair
E0973 E0994 K0015 K0017-K0020	Arm of chair
E0968 E0981 E0978-E0980 E0992 E2230 E2231 E2292 E2294 E2295 E2601-E2610 K0669	Seat
E2300	Wheelchair accessory, power seat elevation system, any type
E0951 E0952 E0970 E0990 E0995 E1010 K0047 K0050-K0053 K0195	Foot rest/Leg rest
E1011 K0056	Seat Width, Depth, Height
E2205	Handrims without Projections (includes ergonomic or contoured), any type, replacement only, each
E0967	Handrims with Projections any type, replacement only, each
K0065-K0070	Rear Wheels
K0071-K0077	Front Caster
E0961 E0974 E2206	Wheel Lock
E2360-E2367	Batteries/Chargers for Motorized/Power Wheelchairs
E0950 E0958 E0959 E2368-E2370 K0098	Motorized/Power Wheelchair Parts
E2373-E2377	Power wheelchair accessory control interface/controller
E2381-E2396	Power wheelchair wheel/caster/tire

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Code	Description
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E0956 E0957 E0969 E0986 E1035 K0105 K0108	Miscellaneous Accessories

ICD10 Codes

Code	Description
Numerous	

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[\[http://www.rstce.pitt.edu/rstce_resources/Resna_Position_on_Tilt_Recline_Elevat_Legrest.pdf\]](http://www.rstce.pitt.edu/rstce_resources/Resna_Position_on_Tilt_Recline_Elevat_Legrest.pdf) accessed 5/23/18.

United States Dept. of Education. National Institute on Disability and Rehabilitation Research. Grant #H133E990001, Washington. DC.

*Key Article

KEY WORDS

Power operated vehicle, Scooter, Wheelchair

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE). Please refer to the following NCD website for Medicare Members: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&ncdver=2&bc=AgAAgAAAAAA&>.

There is currently a Local Coverage Determination (LCD) and an Article for Manual Wheelchair Bases. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33788&ver=8&CtrctrSelected=137*1&Ctrctr=137&s=41&DocType=Active&bc=AggAAAIAlA AAAA%3d%3d&

Please refer to the following Article website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52497&ver=11&Ctrctr=137&ContrVer=1&CtrctrSelected=137*1&s=41&bc=AhAAAAEAgAA A&

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There is currently a Local Coverage Determination (LCD) and an Article for Power Mobility Devices. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33789&ver=14&CntrctrSelected=137*1&Cntrctr=137&s=41&DocType=Active&bc=AggAAAIATAAAA%3d%3d&

Please refer to the following Article website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52498&ver=15&Cntrctr=137&ContrVer=1&CntrctrSelected=137*1&s=41&bc=AhAAAAEAgAA&

There is currently a Local Coverage Determination (LCD) and an Article for Wheelchair Option/Accessories. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33792&ver=16&CntrctrSelected=137*1&Cntrctr=137&s=41&DocType=Active&bc=AggAAAIIBAAA&

Please refer to the following Article website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52504&ver=20&Cntrctr=137&ContrVer=1&CntrctrSelected=137*1&s=41&bc=AhAAAAEAgAA&

There is currently a Local Coverage Determination (LCD) and an Article for Wheelchair Seating. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33312&ver=22&CntrctrSelected=137*1&Cntrctr=137&s=41&DocType=Active&bc=AggAAAIIBAAA&

Please refer to the following Article website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52505&ver=19&Cntrctr=137&ContrVer=1&CntrctrSelected=137*1&s=41&bc=AhAAAAEAgAA&

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