

Medical Policy



Wheelchair Options/Accessories

Description

Wheelchair accessories are items that are used in conjunction with a wheelchair.

Policy

A wheelchair option or accessory is **reasonable and necessary** if the member has a wheelchair that meets coverage criteria and the option/accessory itself is reasonable and necessary.

Policy Guidelines

For Medicare members:

Refer to Medicare's medical policy (**L33792**), policy article (**A52504**) and NCA - Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3) (**CAG-00461N**) Decision Memo May 16, 2023, for coverage criteria. See below for Decision Memo. [CLICK HERE](#)

For Non-Medicare members:

Coverage Criteria

1. For an option or accessory for a wheelchair to be covered, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item without first receiving the completed order, the item will be denied as not reasonable and necessary.
2. Options and accessories for wheelchairs are covered if the member has a wheelchair that meets coverage criteria and the option/accessory itself is reasonable and necessary. Coverage criteria for specific items are described below.
3. If these criteria are not met, the item will be denied as not reasonable and necessary.
4. Arm of Chair:
 - a. Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the member requires an arm height that is different than that available using nonadjustable arms and the Member spends at least 2 hours per day in the wheelchair.
 - b. An arm trough (E2209) is covered if the Member has quadriplegia, hemiplegia, or uncontrolled arm movements.

Medical Policy



Wheelchair Options/Accessories

5. Footrest/Leg Rest:

- a. Elevating leg rests (E0990, K0046, K0047, K0053, K0195) are covered if:
 - i. The member has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
 - ii. The member has significant edema of the lower extremities that requires having an elevating leg rest; or
 - iii. The member meets the criteria for and has a reclining back on the wheelchair.

6. Nonstandard Seat Frame Dimensions:

- a. A nonstandard seat width and/or depth for a manual wheelchair (E2201-E2204) are covered only if the Member's physical dimensions justify the need.

7. Wheels/Tires for Manual Wheelchairs:

- a. A gear reduction drive wheel (E2227) is covered if all of the following criteria are met:
 - i. The member has been self-propelling in a manual wheelchair for at least one year; and
 - ii. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the member's home. The PT, OT, or practitioner may have no financial relationship with the supplier; and
 - iii. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

8. Batteries/chargers:

- a. Up to two batteries (E2361, E2363, E2365, E2371, K0733) at any one time are allowed if required for a power wheelchair.
- b. A non-sealed battery (E2360, E2362, E2364, E2372) will be denied as not reasonable and necessary.

Medical Policy



Wheelchair Options/Accessories

- c. A single mode battery charger (E2366) is appropriate for charging a sealed lead acid battery. If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary.
- d. The usual maximum frequency of replacement for a lithium-based battery (E2397) is one every 3 years. Only one battery is allowed at any one time.
- e. A sealed battery (E2361, E2363, E2365, E2371, E2397, K0733) is separately payable from a power wheelchair base.
- f. There is no additional/separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair.
- g. A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base.

9. Power Tilt and/or Recline Seating System (E1002-E1010):

- a. A power tilt seating system (E1002) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swing away detachable leg rests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 45 degrees from horizontal; back height of at least 20 inches; ability for the supplier to adjust the seat to back angle; ability to support member weight of at least 250 pounds.
- b. A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating leg rests will be covered if criteria i, ii and iii are met and if criterion iv, v or vi are met:
 - i. The member meets all the coverage criteria for a power wheelchair described in the Power Mobility Devices medical policy; and
 - ii. A specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or practitioner who has specific training and experience in rehabilitation wheelchair evaluations of the member's seating and positioning needs. The PT, OT, or practitioner may have no financial relationship with the provider; and
 - iii. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member, and
 - iv. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or

Medical Policy



Wheelchair Options/Accessories

- v. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
- vi. The power seating system is needed to manage increased tone or spasticity.

If these criteria are not met, the power seating component(s) will be denied as not reasonable and necessary.

If an attendant control (E2331) is provided in addition to a member-operated drive control system, it will be denied as not reasonable and necessary.

A power recline seating system (E1003-E1005) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height arm rests; fixed or swing away detachable leg rests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support member weight of at least 250 pounds.

A power tilt and recline seating system (E1006-E1008) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swing away detachable leg rests; fixed or flip-up footplates; two motors and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 45 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support member weight of at least 250 pounds.

A mechanical shear reduction feature (E1004 and E1007) consists of two separate back panels. As the posterior back panel reclines or raises there is a mechanical linkage between the two panels which allows the member's back to stay in contact with the anterior panel without sliding along that panel.

A power shear reduction feature (E1005 and E1008) consists of two separate back panels. As the posterior back panel reclines or raises there is a separate motor which controls the linkage between the two panels and allows the member's back to stay in contact with the anterior panel without sliding along that panel.

Medical Policy



Wheelchair Options/Accessories

A mechanically linked leg elevation feature (E1009) involves a pushrod which connects the leg rest to a power recline seating system. With this feature, when the back reclines, the leg rest elevates; when the back raises, the leg rest lowers.

A power leg elevation feature (E1010, E1012) involves dedicated motor and related electronics with or without variable speed programmability which allows the leg rest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s). It includes either articulating or non-articulating leg rests. The unit of service of code E1010 is a pair. The unit of service for code E1012 is each.

HCPCS code E1012 includes all components of the leg rest, including fixed angle footplates and foot platforms. Adjustable angle footplates coded K0040 (Adjustable Angle Footplate, each) are separately payable when provided with leg rests coded as E1012.

Codes E2310 and E2311 describe the electronic components that allow the member to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or non-proportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing. It includes a function selection switch which allows the member to select the motor that is being controlled and an indicator feature to visually show which function has been selected. When the wheelchair drive function has been selected, the indicator feature may also show the direction that has been selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface. Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box (if present).

10. Power Seat Elevation System (E2298):

A power seat elevation system: (Formerly E2300 updated to E2298 for claims on or after April 1, 2024)

Added: Information pertaining to coding of seat elevation systems on claims for DOS on or before March 31, 2024 (E2300) and on or after April 1, 2024 (E2298) includes: a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It must provide a seat elevation of at least 6 inches.

For DOS on or before March 31, 2024, code E2300 described power seat elevation systems used with complex rehabilitation technology wheelchairs and Group 5 power driven wheelchairs. For DOS on or after April 1, 2024, power seat elevation systems used

Medical Policy



Wheelchair Options/Accessories

with complex rehabilitation technology wheelchairs must be coded E2298 and a power seat elevation system used with Group 5 power driven wheelchairs must be coded K0108.

Power seat elevation equipment used with a power wheelchair raises and lowers users while they remain in the seated position. This equipment uses an electromechanical lift system to provide varying amounts of vertical seat to floor height. It does not change the seated angles or the seat's angle relative to the ground.

Effective for services performed on or after May 16, 2023, power seat elevation equipment is reasonable and necessary for members using complex rehabilitative power-driven wheelchairs. A power seat elevation system will be covered if a member meets the coverage criteria for either a Group 2 single power option or multiple power option power-driven wheelchair, or a Group 3 power-driven wheelchair as described in the Power Mobility Devices policy, and when the following conditions are met:

1. The member has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist (OT), or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; and,
2. At least **one** of the following apply:
 - i. The member performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker, etc.); or,
 - ii. The member requires a non-weight bearing transfer (e.g., a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift; or,
 - iii. The member performs reaching from the power wheelchair to complete one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

If these criteria are not met, the power seat elevation system will be denied as not reasonable and necessary.

11. Power Standing System:

Medical Policy



Wheelchair Options/Accessories

A power standing system (E2301) includes: a solid seat platform and a solid back; detachable or flip-up fixed height armrests; hinged leg rests; anterior knee supports; fixed or flip-up footplates; a motor and raised electronics with or without variable speed programmability; a basic switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to move the member to a standing position; ability to support member weight of at least 250 pounds.

A power standing feature (E2301) is non-covered because it is not primarily medical in nature. 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 standing feature, it will be denied as non-covered.

12. Power Wheelchair Drive Control Systems:

An attendant control is covered in place of a member-operated drive control system if the member meets coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair. If an attendant control (E2331) is provided in addition to a member-operated drive control system, it will be denied as reasonable and necessary.

The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc.

A proportional interface is one in which the direction and amount of movement by the member controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick.

A non-proportional interface is one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a non-proportional interface is a sip-and puff-mechanism.

The term controller describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output which controls speed and direction. A high power wire harness connects the controller to the motor and gears.

A non-expandable controller has the following features:

Medical Policy



Wheelchair Options/Accessories

- a. May have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating leg rests). Note: control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.
- b. Can accommodate only an integral joystick or a standard proportional remote joystick.
- c. May allow for the incorporation of an attendant control.

An expandable controller is capable of accommodating one or more of the following additional functions:

- a. Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touch pads, chin control, head control, etc).
- b. Non-proportional input devices (e.g., sip and puff, head array, etc).
- c. Operate 3 or more powered seating actuators through the drive control. Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.

An expandable controller may also be able to operate one or more of the following:

- a. A separate display (i.e., for alternate control devices)
- b. Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- c. An attendant control

For power wheelchairs which are capable of being upgraded to an expandable controller (K0835-K0891), E2377 is used if an expandable controller is provided at the time of initial issue. Code E2376 is used with complete replacement of an expandable controller.

A harness (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware. Code E2313 is separately billable in addition to an expandable controller both at initial issue and with complete replacement of the expandable controller. Code K0108 must not be used for any component or feature of an expandable controller at the time of initial issue. The reimbursement for any type of complete expandable controller is included in the allowance for codes E2377/E2376 plus E2313. However, if individual components of the harness are replaced, code K0108 should be used.

A switch is an electronic device which turns power to a particular function either "on" or "off." The external component of a switch may be either mechanical or non-mechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle,

Medical Policy



Wheelchair Options/Accessories

button, ribbon, etc. Examples of the external components of non-mechanical switches include, but are not limited to, proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into a single external switch component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

A stop switch allows for an emergency stop when a wheelchair with a non-proportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the member having to continually activate the interface.) This switch is sometimes referred to as a kill switch.

A direction change switch allows the member to change the direction that is controlled by another separate switch or by a mechanical proportional head control interface. For example, it allows a switch to initiate forward movement one time and backward movement another time.

A function selection switch allows the member to determine what operation is being controlled by the interface at any particular time. Operations may include, but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc.

An integrated proportional joystick and controller is an electronics package in which joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.

The interfaces described by codes E2312, E2121, E2322, E2325, E2327-E2330, and E2373-E2377 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

A remote joystick is one in which the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.

A standard proportional remote joystick is one which requires approximately 340 grams of force to activate, and which has an excursion (length of throw) of approximately 25 mm from neutral position. It can be used with a non-expandable or an expandable controller. There is no separate billing for a standard proportional remote joystick when it is provided at the time of initial issue of a power wheelchair whether it is used for hand or chin control by the member or whether it is used as an attendant control in place of a member operated drive control interface.

Medical Policy



Wheelchair Options/Accessories

A mini-proportional (short throw) remote joystick (E2312) is one which has a maximum excursion of about 15mm from neutral position but requires approximately 340 grams of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other body parts (e.g., foot, amputee stump, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A compact proportional remote joystick (E2373) is one which has a maximum excursion of about 15mm from neutral position but requires approximately 340 grams of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other body parts (e.g., foot, amputee stump, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A touchpad is an interface similar to the pad-type mouse found on portable computers. It is billed with code K0108.

Code E2321 is used for a non-proportional remote joystick, regardless of whether it is used for hand or chin control.

When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.

Code E2322 describes a system of 3-5 mechanical switches which are activated by the member touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch, and a mechanical direction change switch, if provided, are included in the allowance for the code.

Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick – e.g., U shape or T shape – or that have some other nonstandard feature, e.g., flexible shaft.

A sip and puff interface (E2325) is a non-proportional interface in which the member holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit which is described by code E2326.

A proportional, mechanical head control interface (E2327) is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the

Medical Policy



Wheelchair Options/Accessories

member's head pressing on the headrest control the direction and speed of the wheelchair. A mechanical direction control switch is included in the code.

A proportional, electronic head control interface (E2328) is one in which a member's head movements are sensed by a box placed behind the member's head. The direction and amount of movement of the member's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the member's arm or leg control the direction and speed of the wheelchair.

A non-proportional, contact switch head control interface (E2329) is one in which a member activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch, and a mechanical direction change switch are included in the allowance for the code.

A non-proportional, proximity switch head control interface (E2330) is one in which a member activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch, and a mechanical direction change switch are included in the allowance for the code.

An attendant control is one which allows a caregiver to drive the wheelchair instead of the member. The attendant control is usually mounted on one of the rear canes of the wheelchair. This code is limited to proportional control devices, usually a joystick. Code E2331 is used when an attendant control is provided in addition to a member-operated drive control interface.

Codes E2374-E2376 describes components of drive control systems. They may only be used for replacements other than at the time of initial issue.

Code K0108 is appropriately used at the time of initial issue only when the drive control interface that is provided is not included in the base code and there is no specific E code which describes it. K0108 must not be used for additional features of a joystick.

Code K0108 is appropriately used at the time of replacement in the following situations:

- a. An integrated proportional joystick and controller box are being replaced due to damage; or

Medical Policy



Wheelchair Options/Accessories

- b. An interface other than a remote joystick (e.g., sip and puff, head control) is being replaced but the controller is not being replaced; or
- c. There is no specific E code which describes the type of drive control interface system which is provided.

Lap belts and safety belts are included as basic equipment for POV's.

The KC modifier, if applicable, (replacement of special power wheelchair interface) is used in the following situations:

- a. Due to a change in the member's condition an integrated joystick and controller is being replaced by another drive control interface – e.g., remote joystick, head control, sip-and-puff), etc., or
- b. The member had a drive control interface described by codes E2321-E2322, E2325, E2327-E2330, or E2373 and both the interface (e.g., joystick, head control, sip-and-puff) and the controller electronics are being replaced due to irreparable damage.

The KC modifier would never be used at the time of initial issue of a wheelchair. The KC modifier specifically states replacement, therefore, the RB modifier is not required. The KC modifier is not used when billing code K0108.

Other Power Wheelchair Accessories:

A drive wheel is one which is directly controlled by the motor of the power wheelchair. It may be either a rear wheel, mid wheel, or front wheel, depending on the model of the power wheelchair.

A caster is a smaller wheel that is in contact with the ground during normal operation of the wheelchair and which is not directly controlled by the motor. It may be in the front and/ or rear, depending on the location of the drive wheel.

A pneumatic tire (E2381, E2384) is a rubber tire which is used in conjunction with a separate tube (E2382, E2385) which is filled with air.

A flat free insert (E2383) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A foam filled tire (E2386, E2387) is one in which a rubber tire shell has been filled with foam which is non-removable.

Medical Policy



Wheelchair Options/Accessories

A foam tire (E2388, E2389) is one which is made entirely of self-skinning urethane.

A solid tire (E2390, E2391, and E2392) is one which is made of hard plastic or rubber.

All types of tires and wheels are included in the code for a power mobility base. Codes E2381-E2396 may only be used for replacements other than at the time of initial issue.

Code E2351 describes an electronic interface used with a speech generating device. An electronic interface that is used to allow lights or other electrical devices to be operated using the power wheelchair control interface must be billed with code A9270 (non-covered item).

Codes E2368-E2370 is for a replacement motor and/or gearbox. These codes are not used at the time of the initial issue. If the item is a rebuilt component, the UE (used equipment) modifier must be added to the code. (If applicable).

An electronic interface used to control lights or other electrical devices as non-covered because it is not primarily medical in nature.

The following features of a power wheelchair will be denied as non covered: stair climbing (A9270), electronic balance (A9270), ability to elevate the seat by balancing on two wheels (A9270), and remote operation (A9270).

Specialty Evaluation:

The specialty evaluation provides detailed information explaining why each option and accessory – e.g., power tilt and/or recline seating systems, or gear reduction drive wheel – is needed to address the member's mobility limitation. There must be a written report of this evaluation available on request. The PT, OT, or practitioner who performs the specialty evaluation may have no financial relationship with the supplier. (Exception: If the supplier is owned by a hospital, the PT, OT, or practitioner working in the inpatient or outpatient hospital setting may perform the specialty evaluation.)

Coding Guidelines

General:

Power Wheelchair Base Equipment Package – Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.

Medical Policy



Wheelchair Options/Accessories

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode
- Complete set of tires and casters, any type
- Leg rests. There is no separate billing/payment if fixed, swing away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be billed separately.
- Footrests/foot platform. There is no separate billing/payment if fixed, swing away or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWC's. Angle adjustable footplates may be billed separately with Group 3, 4, and 5 PWC's.
- Armrests. There is no separate billing/payment if fixed, swing away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by member weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWC's with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, seat width and/or depth greater than 20 inches;
 - For Heavy Duty, back width greater than 22 inches;
 - For Very Heavy Duty, back width greater than 24 inches;
 - For Extra Heavy Duty, no separate billing.
 - Any back width.

Exception: For Group 3 and 4 PWC's with a sling/solid seat/back, the following may be billed separately:

- 1) For Standard Duty, back width greater than 20 inches.
 - 2) For Heavy Duty, back width greater than greater than 22 inches
 - 3) For Very Heavy Duty, back width greater than 24 inches.
 - 4) For Extra Heavy Duty, no separate billing
- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

Power Operated Vehicle (POV) Basic Equipment Package – Each POV is to include all these items on initial issue (i.e., no separate billing/payment at time of initial issue):

Medical Policy



Wheelchair Options/Accessories

- Battery or batteries required for operation/ Battery charger, single mode.
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation.

A table at the end of this section defines the bundling guidelines for wheelchair bases and options/accessories. The codes listed in column II are not separately payable from the wheelchair base and must not be billed separately at the time of initial purchase or rental of the wheelchair.

A replacement option/accessory for POV is billed using a wheelchair option/accessory code. All options and accessories provided at the time of initial issue of a POV are not separately billable.

Accessories provided at the time of initial issue of a roll about chair are not separately billable. Accessories provided with the initial issue of a transport chair are not separately billable with the exception of elevating leg rests (E0990, K0195). A replacement accessory for a roll about or transport chair is billed using code E1399.

The RB modifier, if applicable, is used when an option or accessory is provided as a replacement for the same part which has been worn or damaged (e.g., replacing a tire of the same type). The RB modifier must not be used for an upgrade subsequent to providing the wheelchair base (e.g., replacing a standard seat of a power wheelchair with a power seating system). The RB modifier must not be used if the accessory is provided at the same time as the wheelchair base, even if the option/accessory is the same one that the member had on a prior wheelchair.

Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code K0108. When billing more than one line item with code K0108, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge. If a supplier chooses to bill separately for a component that is included in another code, code A9900 must be used.

The right (RT) and left (LT) modifiers must be used when appropriate. Effective for claims with dates of service (DOS) on or after 3/1/2019, if bilateral items (left and right) are provided as a purchase and the unit of service of the code is “each”, bill each item on two separate claim lines using the RT and LT modifiers and 1 unit of service (UOS) on

Medical Policy



Wheelchair Options/Accessories

each claim line. Do not use the RTLTL modifier on the same claim line and billed with 2 UOS. Claims for purchased items billed without modifiers RT and/or LT, or with RTLTL on the same claim line and 2 UOS, will be rejected as incorrect coding. If bilateral items are provided as a rental and the UOS is “each”, bill the items on two separate claim lines with the RT modifier on one line and the LT modifier on the other. If bilateral items are provided and the unit of service is “pair”, the LT and RT modifiers do not need to be reported.

Codes E0968, E0969, E0970, E0980, E0994, E1227, E1228, E1296-E1298, and E2340-E2343 are not valid for claim submission.

FOOTREST/LEG REST:

A footbox, E0954, is a padded box designed to position a member’s foot. This item comes in multiple configurations, i.e., it may be for a single foot or for both feet. Regardless of configuration, the unit of service (UOS) is per foot. E0954 includes both prefabricated and custom fabricated products. The code also includes all mounting hardware.

Elevating leg rests that are used with a wheelchair that is purchased or owned by the member are coded E0990. This code is per leg rest. Elevating leg rests that are used with a capped rental wheelchair base are coded K0195. This code is per pair of leg rests.

NONSTANDARD SEAT FRAME DIMENSIONS:

For all adult manual wheelchairs (E1161, K0001-K0009), payment for seat widths and/or seat depths of 15-19 inches is included in the payment for the base code. These seat dimensions should not be billed separately. Codes E2201-E2204 describes seat widths and/or depths of 20 inches or more for manual wheelchairs.

For power wheelchairs, there is no separate billing for nonstandard seat frame dimensions (width, depth, or height) with the following exceptions: For Group 3 and 4 power wheelchairs, with a sling/solid seat/back, the following items may be billed separately using code K0108:

- For Standard Duty, seat width and/or depth greater than 20 inches;
- For Heavy Duty, seat width and/or depth greater than 22 inches;
- For Very Heavy Duty, seat width and/or depth greater than 24 inches;
- For Extra Heavy Duty, no separate billing

For Group 3 and 4 PWC’s with a sling/solid seat/back, the following items may be billed separately using code K0108:

Medical Policy



Wheelchair Options/Accessories

- For Standard Duty, back width greater than 20 inches;
- For Heavy Duty, Back width greater than 22 inches;
- For Very Heavy Duty, Back width greater than 24 inches
- For Extra Heavy duty, no separate billing

Code K0108 may not be billed for nonstandard dimensions of a power tilt and/or recline seating system (E1002-E1008). The definition of those codes includes any frame width and depth.

WHEELS/TIRES FOR MANUAL WHEELCHAIRS:

A propulsion wheel is a large wheel which can be used by a member to propel the wheelchair with his/her arms.

A caster is a small wheel that is in contact with the ground during normal operation of the wheelchair and which cannot be used for arm propulsion. This includes rear tires on tilt-in-space wheelchairs that are not used for arm propulsion.

A pneumatic tire (E2211, E2214) is a rubber tire which is used in conjunction with a separate tube (E2212, E2215) which is filled with air. A valve (E2223) is part of the tire tube and is only separately payable if just the valve is replaced on an existing tire tube.

A flat free insert (E2213) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A foam filled tire (E2216, E2217) is one in which a rubber tire shell has been filled with foam which is non-removable.

A foam tire (E2218, E2219) is one which is made entirely of self-skinning urethane.

A solid tire (E2220, E2221, E2222) is one which is made of hard plastic or rubber.

A gear reduction drive wheel (E2227) is one that has more than one gear ratio option. Pushing on the rim allows the user to manually shift between the gears in order to provide additional leverage to assist propulsion of a manual wheelchair.

A wheel braking and lock system (E2228) is a caliper or disc type braking system that permits the controlled slowing of a manual wheelchair or the controlled descent on inclines. It also has full wheel lock capability.

Medical Policy



Wheelchair Options/Accessories

A rear wheel assembly (K0069, K0070) includes a wheel rim plus a tire. For pneumatic tires, it also includes the tire tube, but not a flat free insert.

A caster assembly (K0071, K0072, K0077) includes a caster fork, wheel rim, and tire.

For information concerning a push-rim activated power assist device for a manual wheelchair, refer to the Power Mobility Devices medical policy.

POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc. (Note: In the Power Mobility Devices policy, the term “control input device” is used instead of “interface”.)

A proportional interface is one in which the direction and amount of movement by the member controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick.

A non-proportional interface is one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a non-proportional interface is a sip-and-puff mechanism.

The term controller describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output which controls speed and direction. A high power wire harness connects the controller to the motor and gears.

A non-expandable controller has the following features:

- May have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating leg rests). (Note: control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.)
- Can accommodate only an integral joystick or a standard proportional remote joystick.
- May allow for the incorporation of an attendant control.

An expandable controller is capable of accommodating one or more of the following additional functions:

Medical Policy



Wheelchair Options/Accessories

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touch pads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip-and-puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, E2310 or E2311.)

An expandable controller may also be able to operate one or more of the following:

- A separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- An attendant control

For power wheelchairs which are capable of being upgraded to an expandable controller (K0835-K0891), E2377 is used if an expandable controller is provided at the time of the initial issue.

A harness (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware. Code E2312 is separately billable in addition to an expandable controller both at initial issue and with complete replacement of the expandable controller. However, if individual components of the harness are replaced, code K0108 should be used.

A switch is an electronic device which turns power to a particular function either “on” or “off”. The external component of a switch may be either mechanical or non-mechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle, button, ribbon, etc. Examples of the external components of non-mechanical switches include, but are not limited to, proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

A stop switch allows for an emergency stop when a wheelchair with a non-proportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the member having to continually activate the interface.) This switch is sometimes referred to as a kill switch.

Medical Policy



Wheelchair Options/Accessories

A direction change switch allows the member to determine what operation is being controlled by the interface at any particular time. Operations may include, but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc.

An integrated proportional joystick and controller is an electronics package in which joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.

The interfaces described by codes E2312, E2321, E2322, E2325, E2327-E2330, and E2373-E2377 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

A remote joystick is one in which the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.

A standard proportional remote joystick is one which requires approximately 340 grams of force to activate, and which has an excursion (length of throw) of approximately 25mm from neutral position. It can be used with a non-expandable or an expandable controller. There is no separate billing for a standard proportional remote joystick when it is provided at the time of initial issue of a power wheelchair whether it is used for hand or chin control by the member or whether it is used as an attendant control in place of a member-operated drive control interface.

A mini-proportional (short throw) remote joystick (E2312) is one which can be activated by a very low force (approximately 25 grams) and which has a very short displacement (a maximum excursion of approximately 5mm from neutral). It can only be used with an expandable controller. It can be used for hand or chin control or control by other body parts (e.g., tongue, lip, fingertip, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A compact proportional remote joystick (E2373) is one which has a maximum excursion of about 15mm from neutral position but requires approximately 240 grams of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other body parts (e.g., foot, amputee stump, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

Medical Policy



Wheelchair Options/Accessories

A touchpad is an interface similar to the pad-type mouse found on portable computers. It is billed with code K0108.

Code E2321 is used for a non-proportional remote joystick, regardless of whether it is used for hand or chin control.

When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.

Code E2322 describes a system of 3-5 mechanical switches which are activated by the member touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch, if provided, are included in the allowance for the code.

Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick- e.g., U shape or T shape – or that have some other nonstandard feature – e.g., flexible shaft.

A sip and puff interface (E2325) is a non-proportional interface in which the member holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit which is described by code E2326.

A proportional, mechanical head control interface (E2327) is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the member's head pressing on the headrest control the direction and speed of the wheelchair.

A proportional, electronic head control interface (E2328) is one in which a member's head movements are sensed by a box placed behind the member's head. The direction and amount of movement of the member's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the member's arm or leg control the direction and speed of the wheelchair.

A non-proportional, contact switch head control interface (E2329) is one in which a member activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.

Medical Policy



Wheelchair Options/Accessories

A non-proportional, proximity switch head control interface (E2330) is one in which a member activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch are included in the allowance for the code.

An attendant control is one which allows a caregiver to drive the wheelchair instead of the member. The attendant control is usually mounted on one of the rear canes of the wheelchair. This code is limited to proportional control devices, usually a joystick. Code E2331 is used when an attendant control is provided in addition to a member-operated drive control interface.

Codes E2374-E2376 describes components of drive control systems. They may only be used for replacements other than at the time of initial issue.

The KC modifier would never be used at the time of initial issue of a wheelchair. The KC modifier specifically states replacement, therefore, the RB modifier is not required. The KC modifier is not used when billing code K0108.

OTHER POWER WHEELCHAIR ACCESSORIES:

- A drive wheel is one which is directly controlled by the motor of the power wheelchair. It may be either a rear wheel, mid wheel, or front wheel, depending on the model of the power wheelchair.
- A caster is a smaller wheel that is in contact with the ground during normal operation of the wheelchair and which is not directly controlled by the motor. It may be in the front and/or rear, depending on the location of the drive wheel.
- A pneumatic tire (E2381, E2384) is a rubber tire which is used in conjunction with a separate tube (E2382, E2385) which is filled with air.
- A flat free insert (E2383) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.
- A foam filled tire (E2386, E2387) is one in which a rubber tire shell has been filled with foam which is non-removable.

Medical Policy



Wheelchair Options/Accessories

- A foam tire (E2390, E2391, E2392) is one which is made entirely of self-skinning urethane.
- A solid tire (E2390, E2391, E2392) is one which is made of hard plastic or rubber.
- All types of tires and wheels are included in the code for a power mobility base. Codes E2381-E2396 may only be used for replacements other than at the time of initial issue.
- Code E2351 describes an electronic interface used with a speech generating device. An electronic interface that is used to allow lights or other electrical devices to be operated using the power wheelchair control interface must be billed with code A9270 (non-covered item).
- Codes E2368-E2370 is for a replacement motor and/or gearbox. These codes are not used at the time of the initial issue. If the item is a rebuilt component, the UE (used DME) modifier must be added to the code.

MISCELLANEOUS:

Code E1028 is used for:

1. Swing away hardware used with remote joysticks or touch pads,
2. Swing away or flip-down hardware for head control interfaces E2327- E2330, and
3. Swing away hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311.

Code E1028 is not to be used for swing away hardware used with a sip and puff interface (E2325) because swing away hardware is included in the allowance for that code. See Wheelchair Seating Policy for information concerning uses of E1028 for positioning accessories. Code E1028 is not to be used for hardware on a wheelchair tray (E0950). Swing away, retractable, or removable hardware (E1028) is non-covered if the primary indication for its use is to allow the member to move close to desks or other surfaces.

Code E1029 describes a ventilator tray which is attached in a fixed position to the wheelchair base or back. Code E1030 describes a ventilator tray which is attached to the seat back and is articulated so that the tray will remain horizontal when the seat back is raised or lowered.

Medical Policy



Wheelchair Options/Accessories

Code E1225 describes a manually operated reclining back that can recline greater than 15 degrees but less than 80 degrees. Code E1226 describes a manually operated reclining back that reclines 80 degrees or greater.

The manual standing system for a manual wheelchair (E2230) is non-covered because it is not primarily medical in nature.

The medical necessity for all options and accessories must be documented in the member's medical record and be available upon request. This documentation might include information on why the member needs the item, the member's diagnosis, the member's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the wheelchair base it is being added to, and the date of initial issue of the wheelchair must be available upon request.

Accessories to the wheelchair base must be billed on the same claim as the wheelchair base itself.

Column II code is included in the allowance for the corresponding column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
Power Operated Vehicle (K0800-K0812)	All options and accessories
Roll about Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001 through K0007 and K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K1009, K0042 through K0047, K0050, K0052, K0069 through K0072
Power Wheelchair Base Groups 1 and 2 (K0813-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366 through E 2370, E2374, E2375, E2376, E2381 through E2392, E2394, E2395, E2396, K0015, K0017 through K0020, K0037 K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating	E0973, K0015, K0017, K0018, K0019, K0020, K0042,

Medical Policy



Wheelchair Options/Accessories

systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052,
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K-0195
E2325	E1028
E0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

HCPCS Level II Codes and Description

Arm of Chair

E0973 WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH

E0988 MANUAL WHEELCHAIR ACCESSORY, LEVER ACTIVATED, WHEEL DRIVE, PAIR

E2209 ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH

K0015 DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH

K0017 DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH

K0018 DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH

K0019 ARM PAD, REPLACEMENT ONLY, EACH

K0020 FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

E2626 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE.

Medical Policy



Wheelchair Options/Accessories

- E2627 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE
 - E2628 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING
 - E2629 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS)
 - E2630 WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARMAND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT
 - E2631 WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM
 - E2632 WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL
 - E2633 WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR
- Footrest/Leg rest:**
- E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH
 - E0952 TOE LOOP/HOLDER, ANY TYPE, EACH
 - E0954 WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT
 - E0990 WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
 - E0995 WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY, EACH
 - E1020 RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE
 - K0037 HIGH MOUNT FLIP-UP FOOTREST, EACH

Medical Policy



Wheelchair Options/Accessories

K0038 LEG STRAP, EACH

K0039 LEG STRAP, H STYLE, EACH

K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH

K0041 LARGE SIZE FOOTPLATE, EACH

K0042 STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH

K0043 FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH

K0044 FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH

K0045 FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH

K0046 ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH

K0047 ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH

K0050 RATCHET ASSEMBLY, REPLACEMENT ONLY

K0051 CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH

K0052 SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH

K0053 ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH

K0195 ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

Nonstandard Seat Frame Dimensions:

E1011 MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)

E2201 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES

E2202 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES

E2203 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES

Medical Policy



Wheelchair Options/Accessories

E2204 MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES

K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR

Rear Wheels for Manual Wheelchair:

E0961 MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH

E0967 MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH

E0986 MANUAL WHEELCHAIR ACCESSORY, PUSH-RIM ACTIVATED POWER ASSIST SYSTEM

E2205 MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH

E2206 MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH

E2211 MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH

E2212 MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH

E2213 MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH

E2214 MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH

E2215 MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH

E2216 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH

E2217 MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH

E2218 MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH

Medical Policy



Wheelchair Options/Accessories

- E2219 MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH
- E2220 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2221 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH
- E2222 MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH

- E2224 MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2225 MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2226 MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
- E2227 MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH
- E2228 MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE EACH

- K0065 SPOKE PROTECTORS, EACH
- K0069 REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH
- K0070 REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH
- K0071 FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH
- K0072 FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH
- K0073 CASTER PIN LOCK, EACH
- K0077 FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH

Medical Policy



Wheelchair Options/Accessories

Batteries/Chargers:

E2360 POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH

E2361 POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)

E2362 POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH

E2363 POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)

E2364 POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH

E2365 POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)

E2366 POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH

E2367 POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH

E2371 POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH

E2372 POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH

E2397 POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH

K0733 POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

Power Seating Systems:

E1002 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY

E1003 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION

Medical Policy



Wheelchair Options/Accessories

- E1004 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION
- E1005 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION
- E1006 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION
- E1007 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION
- E1008 WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION
- E1009 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH
- E1010 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR
- E1012 WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE SYSTEM, ANY TYPE, EACH
- E2298 COMPLEX REHABILITATIVE POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
- E2301 POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM
- E2310 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM MOTOR, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
- E2311 POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING SYSTEM MOTORS, INCLUDING ALL RELATED ELECTRONICS, INDICATOR FEATURE, MECHANICAL FUNCTION SELECTION SWITCH, AND FIXED MOUNTING HARDWARE
- K0830 POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND



Wheelchair Options/Accessories

INCLUDING 300 POUNDS

K0831 POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

Power Wheelchair Drive Control Systems:

E2312 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE

E2313 POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTNERS, CONNECTORS AND MOUNTING HARDWARE, EACH

E2321 POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

E2322 POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE

E2323 POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED

E2324 POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE

E2325 POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE

E2326 POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE

E2327 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE

Medical Policy



Wheelchair Options/Accessories

- E2328 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
- E2329 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
- E2330 POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, MECHANICAL DIRECTION CHANGE SWITCH, HEAD ARRAY, AND FIXED MOUNTING HARDWARE
- E2331 POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
- E2373 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
- E2374 POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER), PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE, REPLACEMENT ONLY
- E2375 POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
- E2376 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
- E2377 POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE
- E2378 POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY.



Wheelchair Options/Accessories

Other Power Wheelchair Accessories:

- E1016 SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH
- E1018 HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH
- E2351 POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE
- E2368 POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY
- E2378 POWER WHEELCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY
- E2369 POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY
- E2370 POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY
- E2381 POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2382 POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2383 POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2384 POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2385 POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2386 POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2387 POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2388 POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
- E2389 POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE,

Medical Policy



Wheelchair Options/Accessories

REPLACEMENT ONLY, EACH

E2390 POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2391 POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH

E2392 POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH

E2394 POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2395 POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

E2396 POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH

K0098 DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY

Miscellaneous Accessories:

A9270 NON-COVERED ITEM OR SERVICE

A9900 MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE

E0705 TRANSFER BOARD OR DEVICE, ANY TYPE, EACH

E0950 WHEELCHAIR ACCESSORY, TRAY, EACH

E0958 MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH

E0959 MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH

E0971 MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH

E0974 MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH

E0978 WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH

Medical Policy



Wheelchair Options/Accessories

- E0981 WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH
- E0982 WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH
- E0985 WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM
- E1014 RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR
- E1015 SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH
- E1017 HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH
- E1028 WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
- E1029 WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED
- E1030 WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED
- E1225 WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH
- E1226 WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH
- E2207 WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH
- E2208 WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH
- E2210 WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH
- E2230 MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM
- E2295 MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES
- K0105 IV HANGER, EACH
- K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED
- K0900 CUSTOM DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR



Wheelchair Options/Accessories

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating practitioner conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

1. For options and accessories provided at the time of initial issue of a power wheelchair, once the provider has determined the specific power mobility device that is appropriate for the member based on the treating practitioner's order, the provider must prepare a written document (termed a detailed product description) that lists the specific base (HCPCS code and either a narrative description of the item or the manufacturer name/model) and all options and accessories that will be separately billed. The provider must list their charge. The treating practitioner must sign and date this detailed product description and the provider must receive it prior to delivery of the power wheelchair. A date stamp or equivalent must be used to document receipt date. The detailed product description must be submitted with the claim.
2. For items provided other than at the time of initial issue of a power wheelchair, there must be a detailed written order which lists each item which will be separately billed, and which is signed and dated by the treating practitioner. For manual wheelchair accessories, this order must be received by the provider before the claim is submitted. For power wheelchair accessories, this order must be received prior to delivery.
3. If a manual wheelchair accessory is billed before a signed and dated order is received by the provider, it will be denied.
4. If a power wheelchair accessory is delivered before a signed and dated order has been received by the provider, it will be denied.
5. For accessories provided at the same time as a power wheelchair, if the requirements related to a face to face examination (see related Power Mobility Devices Policy) has not been met, it will be denied.
6. For accessories provided with a power wheelchair, if it is only needed for mobility outside the home, it will be denied. The medical necessity for all options and accessories must be documented and submitted with the claim. This documentation might include information on why the member needs the item, the member's diagnosis, the member's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the

Medical Policy



Wheelchair Options/Accessories

- activities the member performs, etc.), the duration of the condition, the expected prognosis, and past experience using similar equipment.
7. Accessories to the wheelchair base must be billed on the same claim as the wheelchair base itself.
 8. When billing option/accessory codes as a replacement, documentation of the medical necessity for the item, make and model name of the wheelchair base it is being added to and the initial date of service of the wheelchair must be submitted with the claim.

Modifier use (if applicable):

KX, GA, GY, and GZ MODIFIERS:

If modifiers are used, please note the following. For accessories for a power mobility device, if the requirements related to a 7-element order and face-to-face examination in the criteria has not been met, the GY modifier must be added to the codes for all accessories.

For accessories provided with a manual wheelchair or power mobility device, if it is only needed for mobility outside the home, the GY modifier must be added to the codes for all accessories.

If the conditions for use of the GY modifier are not met, the KX modifier must be added to the code for the accessory only if (a) coverage criteria have been met, and (b) any specific coverage criteria for the accessory identified in this policy have been met. If the coverage criteria are not met, the KX modifier must not be used.

If the conditions for use of the GY modifier are not met and if the requirements for use of the KX modifier are not met, the GA or GZ modifier must be added to a claim line for the accessory. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed ABN or the GZ modifier if they have not obtained a valid ABN.

If the GY modifier is used, the KX, GA, and GZ modifiers should not be used.

Claim lines billed without a GA, GZ or KX modifier will be rejected as missing information if modifiers are being used.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable

Medical Policy



Wheelchair Options/Accessories

and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; Last accessed and reviewed December 11, 2024.

CGS Administrators, LLC. Jurisdiction B DME MAC, Wheelchair Options and Accessories. Local Coverage Determination No. L33792; Last accessed and reviewed December 11, 2024.

Noridian Healthcare Solutions, LLC. Wheelchair Options and Accessories. Local Coverage Determination No. L33792. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A. Last accessed and reviewed December 13, 2023.



Wheelchair Options/Accessories

[CMS Decision Memo](#)

**NCA - Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3)
(CAG-00461N) - Decision Memo**

To: Administrative File: CAG-00461N

Subject: National Coverage Determination for Power Seat Elevation Equipment on Power Wheelchairs

Date: May 16, 2023

I. Decision

CMS finds in this national coverage analysis that the evidence is sufficient to determine that power seat elevation equipment is reasonable and necessary for individuals using complex rehabilitative power-driven wheelchairs [1] when the following conditions are met:

1. The individual has undergone a specialty evaluation that confirms the individual's ability to safely operate the seat elevation equipment in the home. This evaluation must be performed by a licensed/certified medical professional such as a physical therapist (PT), occupational therapist (OT), or other practitioner, who has specific training and experience in rehabilitation wheelchair evaluations; and,
2. At least one of the following apply:
 - a. The individual performs weight bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker, etc.); or,
 - b. The individual requires a non-weight bearing transfer (e.g., a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift; or,
 - c. The individual performs reaching from the power wheelchair to complete one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

Medical Policy



Wheelchair Options/Accessories

In addition, the Durable Medical Equipment Medicare Administrative Contractor (DME MAC) has discretion to determine reasonable and necessary coverage of power seat elevation equipment for individuals who use Medicare covered PWCs other than complex rehabilitative power-driven wheelchairs.

See full memo by clicking on the link: <https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&ncaid=309>.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01	01-2008	Added HCPC codes E0227, E0228, E2312, E2313 and E2397	Rosanne Brugnani	Ken Fasse	n/a	
02		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
03	01-2009	Added E2230, E2295, RB modifier. Revised: KX modifier Deleted: RP modifier Revised billing instructions for bilateral items. Added PDAC reference.	Susan Glomb	Ken Fasse		
04	03-2009	Corrected non-coverage statement for E2230. Deleted Codes: E0977, E0997-E0999, E2320, and K0099 from list of invalid codes. These codes have been discontinued.	Susan Glomb	Ken Fasse		
05	July 2009	Added complete coding guidelines for reference use	Susan Glomb	Ken Fasse		
06	12-22-	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	

Medical Policy



Wheelchair Options/Accessories

	09					
07	01-06-10	<p>Discontinued codes: E2223- Manual wheelchair accessory, valve, any type, replacement only, each. E2393- Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each. E2399 New Code K0108- Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware.</p>	Susan Glomb	Ken Fasse		
08	12-30-10	Annual Review/ No changes at this time.	Susan Glomb	Ken Fasse	Dec.2010	
09	1-21-11	<p>Deleted: Least costly alternative language for dual mode battery chargers. Instructions for use of the RT and LT modifiers when unit of svc. Is pair. Clarified billing instructions for expandable controllers E2377, E2376, electronic harnesses E2313 and special features of joysticks. Statement that E1028 is not separately billable with a wheelchair tray and added E0950 to bundling table</p>	Susan Glomb	Ken Fasse	Jan2011	
10	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	07-20-11	
11	11-22-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	

Medical Policy



Wheelchair Options/Accessories

12	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
13	11-29-12	Annual Review - Deleted discontinued Codes: L3964, L3965, L3966, L3968, L3969, L3970, L3972, L3974. Added Codes: E0988, E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633	Susan Glomb	Dr. B. Almasri	Dec 12	
14	12-18-13	Annual Review. Added E2378 Power wheelchair component, actuator, replacement only. Changed narrative for E1020, E2368, E2369, E2370. Added lap/safety belt added to POV basic equipment package.	Susan Glomb	Dr. B. Almasri	Dec 13	
15	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri		
16	12-30-14	Changed narrative for Code E0986: Manual wheelchair accessory, push-rim activated power assist system	Susan Glomb	Dr. B. Almasri		
17	12-16-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri		
18	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
19	04-06-17	Policy reviewed per CMS memo. No changes required at this time.	Susan Glomb	Dr. C. Lerchin		
20	12-18-	Annual review. Revised per Medicare: Descriptor	Carol Dimech	Dr. C. Lerchin	December 2017	

Medical Policy



Wheelchair Options/Accessories

	17	changed to indicate “replacement only” in Group 1 - K0015, K0017, K0018, K0019; Group 2 - E0995, K0037, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052; Group 4 - E0967, E2206, E2220, E2221, E2222, E2224, K0069, K0070, K0071, K0072, K0077; Group 8 - K0098				
21	12-14-18	Annual review. Per Medicare guidelines, added code E0954 to bundling table; added code E1012 guidelines. Updated Medicare references.	Carol Dimech	Dr. C. Lerchin	December 2018	
22	12-05-19	Annual review. Revised K0037 narrative to remove “replacement only”. Revised RT and LT modifier billing instructions effective 3/1/19.	Carol Dimech	Dr. C. Lerchin	December 2019	December 5, 2019
23	12-07-20	Annual Review. Updated ‘physician’ to ‘practitioner’.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
24	12-07-21	Annual Review. Added NCD/LCD verbiage to “Important Note”.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	December 7, 2021	
25	12-14-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 14, 2022	December 2022
26	6-13-23	Added CMS update regarding power seat elevation – see CMS Decision Memo box.	Carol Dimech	Dr. C. Lerchin	June 13, 2023	June 13, 2023
27	7-6-23	Added HCPCS codes K0830, K0831 per CMS update.	Carol Dimech	Dr. C. Lerchin	July 6, 2023	July 6, 2023

Medical Policy



Wheelchair Options/Accessories

28	12-13-23	Annual review. Per CMS, added coverage information for E2300; added Specialty Evaluation criteria; removed language that specified a power seat elevation feature (E2300) is non-covered.	Carol Dimech	Dr. C. Lerchin	December 13, 2023	December 13, 2023
29	12-11-24	Annual review. Revised: E2300 to E2300 or E2298 depending on DOS. Added: Information pertaining to coding of seat elevation systems on claims for DOS on or before March 31, 2024, and on or after April 1, 2024. Added: E2298 to HCPCS codes list.	Carol Dimech	Dr. C. Lerchin	December 11, 2024	December 11, 2024