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Wheelchairs
Corporate Medical Policy

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Description/Summary

A wheelchair is durable medical equipment (DME) used by a patient with severe impairment of functional mobility. Without the use of a wheelchair, the patient would otherwise be severely limited or unable to perform routine mobility related activities of daily living (MRADLs).

Custom Wheelchair Bases are those that have been uniquely constructed for specific patients because required specifications are not available in an already manufactured base. Customization of the frame must be completed at the factory for the wheelchair base to be considered custom. The application or use of customized parts or accessories does not result in the wheelchair base being considered custom.

Standard Manual Wheelchairs are either self-propelled or pushed by another person. Types of manual wheelchairs include standard, hemi-wheelchairs for patients of short stature, lightweight, high-strength, heavy duty or extra heavy duty. The type of wheelchair required is determined by assessment of the patient's size, medical needs, and physical abilities.

Mobility Assistive Equipment (MAE) includes items used to assist adults and children in MRADLs, including but not limited to manual wheelchairs, rolling chairs, power wheelchairs and power-operated vehicles.

Strollers for the purposes of this policy differ from commercially available strollers in that they are customized to meet the needs of an infant, toddler or child with a functional mobility impairment in lieu of a wheelchair. Basic strollers provide measures for safety and support for an individual who is not able to use a wheelchair and does not have special seating or positioning needs. Adaptive strollers are used for individuals who require greater seating and positioning options than a basic stroller provides. Examples of individuals who may require an adaptive stroller include those with cerebral palsy, spinal muscular atrophy, or other congenital or acquired neuromuscular disorders. Adaptive strollers can accommodate ventilators, intravenous poles, and oxygen. Children who require a motorized wheelchair may also require an adaptive stroller for circumstances where their wheelchair is not available (such as staying with a caregiver who can't afford a van) or as a backup to the motorized chair.

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) is an organization that certifies assistive technology professionals (ATPs) and accredit educational programs in rehabilitation and assistive technology. The Centers for Medicare & Medicaid Services (CMS) and other regulatory bodies require RESNA certification for some types of MAEs. These are addressed in the policy criteria.

Power Mobility Devices (PMD) include the following:

- **Power Operated Vehicles (POVs)** have limited seat modification capabilities and include power scooters with tiller steering and other power operated vehicles with 3- or 4-wheel base. POVs are intended for use in lieu of a power wheelchair. Group 1 POVs are standard models that are designed primarily for use in the home. Group 2 POVs have additional features and performance characteristics including motors with increased torque/power and suspensions with enhanced vibration-dampening or obstacle climbing capabilities.

- **Power Wheelchairs (PWCs)** are classified by the Centers for Medicare and Medicaid Services (CMS) into one of five groups based on the medical condition causing the patient's mobility limitations, patient size and required functionality options such as power tilt and recline seating. Group 1 includes standard PWCs. Group 2 and Group 3 PWCs include both single and multiple powered options and have additional features such as power tilt/recline, drive-control interfaces, and options for patients who require a ventilator mounted on the chair. Group 4 PWCs have high-power and maneuvering capabilities such as curb climbing, higher speed capability and range per battery charge. Group 5 PWCs are designed for pediatric patients. Criteria for coverage of power wheelchairs in some of these groups requires a specialty evaluation be performed by a licensed/certified medical professional, such as a physical therapist, occupational therapist, or qualified healthcare professional who has specific training and experience in rehabilitation wheelchair evaluation.

Policy

Coding Information
Click the links below for attachments, coding tables & instructions.
Attachment I - HCPCS Code Table & Instructions

When a service may be considered medically necessary

Medical Necessity Criteria for ALL Wheelchairs and Power Mobility Devices (SECTION I)

ALL of the following criteria must be met for any wheelchair or power mobility device to be considered **medically necessary**:

- The patient has a mobility limitation that significantly impairs his or her ability to participate in mobility related activities of daily living (MRADLs) appropriate to the patient's needs and abilities. These activities include toileting, dressing, personal hygiene and eating, education, working or job training. A mobility limitation is one that:
  - Prevents the patient from accomplishing the MRADLs entirely; **OR**
  - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs. Weakness and fatigue alone are not considered significant impairments in the ability

to participate in MRADLs; **AND**

- The patient has a home mobility limitation that cannot be sufficiently resolved by use of an appropriately fitted cane or walker; **AND**
- Features of the wheelchair are based upon the patient 's physical and functional capabilities and body size as assessed by a qualified professional or professionals and appropriate to the type of device requested; **AND**
- An assessment of the patient's home demonstrated that the home provides adequate access between rooms, maneuvering space and surfaces for use of the wheelchair provided; **AND**
- The wheelchair must be prescribed by a qualified health care professional within the scope of their license.

Medical Necessity Criteria for Specific Wheelchairs and Power Mobility Devices (SECTION II)

Standard Manual (Non-Motorized) Wheelchair HCPCS Codes (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0009**)**

A Standard Manual (non-motorized) Wheelchair may be considered **medically necessary** when the patient meets **ALL** of the following criteria:

- The patient has met all the criteria in **SECTION I**; **AND**
- the patient meets **ONE** of the following:
  - Has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided; **OR**
  - Patient is willing and able to self-propel a standard manual wheelchair or a caregiver has been trained and is willing and able to assist with or operate the manual wheelchair when the patient's condition precludes self- operation of the manual wheelchair.

A specific manual wheelchair and/or accessory may be considered **medically necessary** when the criteria above for a standard wheelchair are met **AND** the patient meets the following criteria for the specific wheelchair being requested are met:

Amputee Wheelchairs HCPCS Codes (E1170, E1171, E1172, E1180, E1190, E1195, E1200)

An amputee wheelchair may be considered **medically necessary** when the patient is non-ambulatory due to amputation of a lower extremity.

Standard Hemi Wheelchair HCPCS Code (K0002)

A standard hemi wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- The patient requires a lower seat height (<19”) due to short stature; **OR**
- to enable the patient to place their feet on the ground; **OR**
- to propel the chair with their feet.

Lightweight Wheelchair HCPCS Code (K0003)

A lightweight wheelchair may be considered **medically necessary** when the patient meets the

following criteria:

- cannot self-propel in a standard wheelchair but can, and does, self-propel in a lightweight wheelchair; **OR**
- may be at risk for shoulder pain or injury related to propelling the wheelchair.

High Strength Lightweight Wheelchair HCPCS Codes (E1087, E1088, E1089, E1090, K0004)

A high strength lightweight wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- spends at least 2 hours per day in the wheelchair; **AND**
- Self-propels in the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair; **OR**
- Needs a high strength wheelchair to be safe because of medical conditions such as spasticity or seizures, **OR**
- Requires a seat width, depth, or height that cannot be accommodated in a standard lightweight or hemi-wheelchair

Ultra-Lightweight Manual Wheelchair HCPCS Code (K0005)

An ultra-lightweight manual wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- Uses the manual wheelchair full-time; **AND**
- Requires individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a standard, lightweight, or high strength lightweight wheelchair; **AND**
- Has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation and experience in wheelchair evaluations and its special features, and who has no financial relationship with the supplier.

Heavy-Duty Manual Wheelchair HCPCS Codes (E1280, E1285, E1290, E1295, E1296, E1297, E1298, K0006)

A Heavy-duty manual wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- Weighs more than 250 pounds; **OR**
- Has severe spasticity or other medical conditions which requires a heavier duty chair for safety.

Extra Heavy- Duty and Wide Extra Heavy-Duty Manual Wheelchair HCPCS Codes (E1092, E1093, K0007)

An extra heavy- duty manual wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- Weighs more than 300 pounds; **OR**
- Has severe spasticity; other medical conditions which requires a heavier duty chair

for safety.

A wide heavy- duty wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- Has a hip width greater than 18".

Manual Wheelchair with Tilt in Space HCPCS Code (E1161)

A manual wheelchair with tilt in space may be considered **medically necessary** when the patient meets the following criteria:

- Has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation and experience in wheelchair evaluations and its special features, and who has no financial relationship with the supplier; **AND**
- Is at high risk for pressure ulcers and is unable to perform a functional weight shift; **OR**
- Has increased or excess muscle tone or spasticity related to a medical condition that is anticipated to be unchanging for at least one year.

Manual, Fully HCPCS Codes (E1050, E1060, E1070)-**or-Semi-Reclining Back Wheelchair** HCPCS Codes (E1100 & E1110**)**

A Manual, fully- or semi-reclining back wheelchair may be considered **medically necessary** when the patient meets the following criteria:

- The patient is at high risk for pressure ulcers and is unable to perform a functional weight shift; **OR**
- Uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair; **OR**
- Is unable to tolerate a full upright position due to a medical condition.

Manual Wheelchair with Push-Rim Activated Power Assist Device HCPCS Code (E0986)
A manual wheelchair with push-rim activated power assist device may be considered **medically necessary** when the patient meets the following criteria:

- The patient does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home to perform MRADLs during a typical day including (e.g., limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities). An optimally configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories; **AND**
- Has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation, and experience in wheelchair evaluations and its special features and who has no financial relationship with the supplier; **AND**
- 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 patient.

Customized Basic or Adaptive Pediatric Stroller

A customized basic or adaptive pediatric stroller may be considered **medically necessary** when the patient meets the following criteria:

- Child meets the criteria for a standard wheelchair; **AND**
- Is non-ambulatory; **AND**
- Either of the following conditions apply:
- The child requires more support than is available in a standard pediatric wheelchair; **OR**
- The child is too small to safely use a standard pediatric wheelchair.

NOTE: A standard commercial stroller is not considered durable medical equipment since it does not serve a medical purpose and does not meet the definition of durable medical equipment.

Medical Necessity Criteria for Power Wheelchairs (PWC)

Motorized/Power Wheelchair (PWC) HCPCS Codes (E1239, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0860, K0861, K0862, K0863, K0864, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898).

A **PWC** may be considered **medically necessary** when the patient meets **ALL** of the following criteria:

- The Patient has met the criteria in **SECTION I**; **AND**
- An optimally configured manual wheelchair (i.e., appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories) is determined to be inadequate to address the patient's need for mobility inside and outside the patient's home; **AND**
- The patient does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home to perform MRADLs during a typical day; **AND**
- Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; **AND**
- Patient's condition is such that they are unable to operate a manual wheelchair due to lack of upper body strength; **AND**
- The patient's home mobility limitations cannot be sufficiently resolved by the use of POV (i.e., Patient is not able to safely operate a POV or maintain postural stability and position while operating a POV); **AND**
- The patient is capable of safely operating the controls of a PWC or has a caregiver who cannot push a manual chair but can propel the power chair using an attendant control; **AND**
- The patient must be able to safely transfer, or be transferred, in and out of the PWC and have adequate trunk stability to be able to safely ride in the wheelchair; **AND**
- The patient's weight is less than or equal to the weight capacity of the PWC that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC (i.e., a Heavy Duty PWC is generally indicated for patient weighing 285-450 pounds; a Very Heavy Duty PWC is generally indicated for a patient weighing 428-600 pounds); **AND**

- Use of a PWC will significantly improve the patient's ability to participate in MRADLs, and the patient will use it in the home; **AND**
- The patient is willing to use a PWC in the home; **AND**
- A patient under the age of 4 has been evaluated and found to be developmentally ready to begin to operate a power chair equipped with appropriate attendant control and safeguards.

Power Wheelchair Groups 1, 2, 3 or 5

PWC Groups 1, 2, 3 or 5 may be considered **medically necessary** when the criteria for **PWC** above are met **AND** the following group-related criteria for the PWC being requested are met:

Power Wheelchair Group 1 Standard PWC or Group 2 PWC

Power Wheelchair Group 1 HCPCS Codes (K0813, K0814, K0815, K0816) Standard PWC or

Group 2 Standard PWC may be considered **medically necessary** when the wheelchair is appropriate for the patient's weight.

Power Wheelchair Group 2 HCPCS Codes (K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843)

Power Wheelchair Group 2 Single Power Option

Power Wheelchair Group 2 single power option may be considered **medically necessary** when the patient meets the following criteria:

- The patient has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation and experience in wheelchair evaluations and its special features, and who has no financial relationship with the supplier; **AND**
- 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 patient; **AND**
- Meets ONE of the following:
  - Requires a drive control interface other than a hand- or chin-operated standard proportional joystick (e.g., head control, sip and puff, switch control); **OR**
  - Meets criteria for a power tilt, power recline, or combination power tilt/power recline seating system (see criteria below) and the system is to be used on the PWC.

Power Wheelchair Group 2 Multiple Power Option PWC

Power Wheelchair Group 2 multiple power option may be **medically necessary** when the patient meets the following criteria:

- The patient has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation

and experience in wheelchair evaluations and its special features, and who has no financial relationship with the supplier; **AND**
- 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 patient; **AND**
- Meets ONE of the following:
  - Criteria for a power tilt and recline seating system (see criteria below) and the system is to be used on the wheelchair; **OR**
  - Uses a ventilator which is mounted on the wheelchair.

Power Wheelchair Group 3 HCPCS Codes (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0860, K0861, K0862, K0863, K0864)

Power Wheelchair Group 3 PWC with No Power Options

Power Wheelchair Group 3 PWC with no power options may be considered **medically necessary** when the patient meets the following criteria:
- The patient has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation and experience in wheelchair evaluations and its special features, and who has no financial relationship with the supplier; **AND**
- 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 patient; **AND**
- The patient has a mobility limitation due to a neurological condition, myopathy, or congenital skeletal deformity.

Power Wheelchair Group 3 PWC with single power option may be **medically necessary** when the patient meets the following criteria:

- The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **AND**
- The power wheelchair group 2 single power option criteria are met.

Power Wheelchair Group 3 with Multiple Power Options

Power Wheelchair Group 3 PWC with multiple power options may be considered **medically necessary** when the patient meets the following criteria:

- The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **AND**
- The patient has had a specialty evaluation that was performed by a licensed/certified medical professional such as a physical therapist (PT) or occupational therapist (OT), or qualified healthcare professional who has specific training and experience in rehabilitation and experience in wheelchair evaluations and its special features, and who has no financial relationship with the supplier; **AND**
- 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 beneficiary; **AND**
- Meets **ONE** of the following:
    - Criteria has been met for a power tilt and recline seating system (see criteria below) and the system is to be used on the wheelchair; **OR**
    - Uses a ventilator which is mounted on the wheelchair

Power Wheelchair Group 5 HCPCS Codes (K0890 & K0891)

Power Wheelchair Group 5 Pediatric PWC with Single Power Option

Power Wheelchair Group 5 pediatric PWC with single power option may be considered **medically necessary** when the patient meets the following criteria:
- The patient is expected to grow in height; **AND**
- The Group 2 single power option criteria are met.

Power Wheelchair Group 5 pediatric PWC with multiple power options may be medically necessary when the patient meets the following criteria:
- The patient is expected to grow in height; **AND**
- The Group 2 multiple power option criteria are met.

NOTE: Up to (2) batteries at one time may be considered **medically necessary** if required for the power wheelchair.

Custom Motorized/Power Wheelchair Base HCPCS Code (K0013)

A customized motorized/power wheelchair base may be considered **medically necessary** when the patient has met the following criteria:
- The patient meets the criteria for a power wheelchair; **AND**
- The specific configurational needs of the patient is not able to be met using wheelchair cushions, or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.

Base of a Wheelchair with Stair-Climbing Ability HCPCS Code (K0011)

A base of a wheelchair with stair climbing ability may be considered **medically necessary** when the patient meets the following criteria:

- The patient meets coverage criteria for a standard wheelchair as outlined in **SECTION II** above.

<u>Specialized Wheelchair Seating, Options and Accessories</u>

Standard Options and Accessories for Manual Wheelchairs may include the following: (NOTE: This list is not all-inclusive)
- Calf rests/pads
- Fixed height arm rests
- Footrests and foot plates

- Hand rims with or without projections
- Wheel lock assemblies

Non-Standard Options and Accessories for Manual Wheelchairs may include the following: (NOTE: This list is not all-inclusive)

- Adjustable height arm rests
- Anti-rollback device
- Elevating leg rests
- Head rest extensions
- Non-standard seat frames
- One-arm drive attachments (see criterion below)
- Positioning accessories
- Push activated power assist wheels (see criterion below)
- Safety belts/straps
- General use seat and back cushions
- Skin protection seat and back cushions
- Heel loops
- IV rod
- Oxygen tank attachment
- Ventilator tray
- Tie Down for Vehicles
- Headrest, headrest cover, harness and position belt if required for head or truncal support/control
- Lights if needed for safety while performing ADLs (eg: college students who are required to traverse campus at night)

Standard Equipment for Power Wheelchairs may include the following: (NOTE: This list is not all-inclusive)

- Standard tires and wheels
- Any back width
- Any seat width and depth
- Weight specific components required by the patient's weight capacity
- Battery charger
- Fixed swing-away or detachable footrests/foot platform, including angle adjustable footrests for group 1 or 2 power wheelchairs
- Fixed swing-away or detachable non-adjustable armrests with arm pad
- Fixed swing-away or detachable non-elevating leg rests with/without calf pad
- Lap belt or safety belt
- Non-expandable controller
- Standard integrated or remote proportional joystick
- All labor charges involved in the assembly of the wheelchair

Wheelchair Specialized Seating for Skin Protection HCPCS Codes (E2622, E2623, E2624, E2625)

Specialized wheelchair seating may be considered **medically necessary** when the patient meets the following criteria for the specific type of wheelchair being requested **AND** the following criteria for the specific seating option:

- **Solid seat insert**, when the patient spends at least two hours per day in a wheelchair or roll-about chair; OR
- **Adjustable or non-adjustable prefabricated skin protection seat** when the patient meets **one or more** of the following criteria:
  - Current pressure ulcer or history of a pressure ulcer on the area of contact with the seating surface;
  - Absent or impaired sensation in the area of contact with the seating surface;
  - Inability to carry out a functional weight shift due to spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida and childhood cerebral degeneration.
  - Positioning seat cushion, positioning back cushion, and positioning accessories - when the patient has any significant postural asymmetries that are due to spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, monoplegia of the lower limb, hemiplegia due to stroke, traumatic brain injury, or other etiology, muscular dystrophy, torsion dystonia or spinocerebellar disease.

  NOTE: Adjustable or non-adjustable combination skin protection or positioning seat cushions may be considered medically necessary if the patient meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

Custom Fabricated Wheelchair Seat Cushion HCPCS Code (E2609)

A customized fabricated wheelchair seat cushion may be **medically necessary** when the patient meets the following criteria:

- The patient meets ALL of the coverage criteria for a prefabricated skin protection seat cushion or positioning seat cushion; **AND**
- There is a comprehensive written evaluation by a licensed/certified medical qualified healthcare professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the patient's seating and positioning needs.

Custom Fabricated Wheelchair Back Cushion HCPCS Code (E2617)

A customized fabricated wheelchair back cushion may be **medically necessary** when the patient meets the following criteria:

- The patient meets ALL of the coverage criteria for a prefabricated skin protection back cushion or positioning seat cushion; **AND**
- There is a comprehensive written evaluation by a licensed/certified medical qualified healthcare professional, such as a physical therapist (PT) or occupational therapist

(OT), which clearly explains why a prefabricated seating system is not sufficient to meet the patient's seating and positioning needs.

Wheelchair Seat elevation or a Seat Lift HCPCS Codes (E0985 & E2300)

A customized wheelchair seat elevation or seat lift may be considered **medically necessary** when the patient meets the following criteria:

- The patient must routinely transfer between uneven surfaces that cannot be adjusted and the seat elevation feature allows them to independently transfer; **OR**
- The patient cannot be safely transferred using a patient lift or standing transfer but can safely be transferred with that seat elevation feature; **OR**
- The seat elevation has been demonstrated to allow the patient to independently access areas in the home necessary for completion of MRADL's (cupboards, closets, etc.); **OR**
- The patient is less than 18 years of age and less than 60" tall and requires the seat elevation to participate fully in MRADLs.

Reinforced Back Upholstery or Reinforced Seat Upholstery

Reinforced back upholstery or reinforced seat upholstery may be considered **medically necessary** when the patient meets the following criteria:

- When the patient weighs more than 200 pounds.

NOTE**:** When used in conjunction with heavy duty or extra heavy-duty wheelchair base, the allowance for reinforced upholstery is included in the allowance for the wheelchair base.

Wheelchair Power Tilt and/or Recline Seating Systems Accessory– Tilt only HCPCS Code (E1002), **Recline Only** HCPCS Codes (E1003, E1004, E1005) **or a Combination Tilt and Recline Seating System** HCPCS Codes (E1006, E1007, E1008)

Wheelchair power tilt and recline seating systems–tilt only, recline only or a combination accessory with or without power elevating leg rests may be considered **medically necessary** when the patient meets **ALL** of the following criteria:

- The patient meets medical necessity criteria for a power wheelchair; **AND**
- A specialty evaluation was performed by a licensed/certified medical qualified health care professional, such as a physical therapist (PT) or occupational therapist (OT) or qualified health care professional who has specific training and experience in rehabilitation wheelchair evaluations which documents the patient's seating and positioning needs; **AND**
- Meets **one or more** of the of the following:
  - Patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **OR**
  - The patient uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; **OR**
  - The power seating system is needed to manage increased tone or spasticity.

Back Support

A back support may be considered **medically necessary** when the patient meets the following criteria:

- The patient meets the Section I criteria for a wheelchair; **AND**
- Requires trunk or body support due to neurological impairments, flexible asymmetrical/symmetrical deformities or fixed asymmetrical/symmetrical deformities.

Adjustable Arm Rest(s) Height Option HCPCS Code (K0017 & K0018)

An adjustable arm rest(s) height option may be considered **medically necessary** when the patients meets the following criteria:

- The patient meets the Section I criteria for a wheelchair; **AND**
- Requires arm height that is different than that available using non-adjustable arms; **AND**
- spends at least two hours per day in the wheelchair.

Wheelchair Arm Trough Accessory HCPCS Code (E2209)

A wheelchair arm trough accessory may be considered **medically necessary** when the patient meets the following criteria:

- The patient meets the Section I criteria a for a wheelchair; **AND**
- Has quadriplegia, hemiplegia, or uncontrolled arm movements.

Wheelchair Detachable Arm(s) Accessory HCPCS Code (K0015)

Detachable arms may be considered **medically necessary** when the patient meets the following criteria:

- The patient meets the criteria above for a wheelchair as outlined in Section I; **AND**
- Must transfer from wheelchair to bed/chair by "sliding over" and cannot walk or stand and pivot to transfer.

Wheelchair One Arm Drive Attachment(s) HCPCS Code (E0958)

Wheelchair one arm drive attachment(s) are considered **medically necessary** when the patient meets the following criteria:

- If the patient meets the Section II criteria for a manual wheelchair, but is unable to use both arms or at least one lower extremity to safely propel the manual wheelchair; **AND**
- A trial demonstrated the member has the strength, stamina and cognitive ability to propel the wheelchair using the one arm drive attachment.

Wheelchair Hook-On Head Rest Wheelchair Extension HCPCS Code (E0955)

A wheelchair hook-on head rest wheelchair extension may be considered **medically necessary** when the patient meets the following criteria:

- The patient meets the criteria in Section I for a wheelchair; **AND**
- Has weak neck muscles and needs a head rest for support; **OR**
- The patient has a need for a reclining back on the wheelchair.

Wheelchair Elevating Leg Rests HCPCS Codes (E1009, E1010, E1012)

Wheelchair elevating leg rests may be considered **medically necessary** when the patient meets

the following criteria:

- The patient meets the criteria in Section I for a wheelchair; **AND**
- Meets **one or more** of the following:
  - Has a musculoskeletal condition, cast or brace that prevents 90 degrees of knee flexion; **OR**
  - has a below knee amputation and is in an early rehabilitation phase; **OR**
  - Is in a treatment program to decrease flexion contractures of the knee; **OR**
  - has a reclining wheelchair; **OR**
  - has significant edema of the lower extremities that requires having an elevated leg rest.

Wheelchair Safety Belt/Pelvic Wheelchair Strap HCPCS Code (E0978)

A wheelchair safety belt/pelvic wheelchair strap may be considered **medically necessary** when the patient meets the following criteria:

- The patient meets the criteria in Section I for a wheelchair; **AND**
- Has weak upper body muscles, upper body instability or muscle spasticity requiring belt/strap to maintain proper positioning.

Wheelchair Gear Reduction Drive Wheels HCPCS Code (E2227)

A wheelchair gear reduction drive wheels are considered **medically necessa**ry when the patient meets the following criteria:

- Meets criteria in Section II for a manual wheelchair; **AND**
- Is at risk for weakness or repetitive motion injury to the arms or shoulders.

Wheelchair Dynamic Seating Frame Pediatric HCPCS Code (E2295)

A dynamic wheelchair seating frame may be **medically necessary** when the patient meets the following criteria:

- The requested dynamic seating frame is made by the same manufacturer as the requested pediatric wheelchair; **AND**
- The requested pediatric wheelchair independently meets all criteria for medical necessity in Section I; **AND**
- The patient does not require tilt-in-space or reclining back; **AND**
- The member is able to engage in some hip or knee extension.

Wheelchair Standing Feature Accessory Manual: HCPCS Code (E2230); **Power** HCPCS Code: (E2301)

A wheelchair standing feature accessory is considered **medically necessary** when the patient meets the following criteria:

- A stander has not been purchased for the member in the previous 3 years; **AND**
- The standing function has been demonstrated to allow the member to independently access areas in the home necessary for completion of MRADL's (cupboards, closets, etc.); **OR**
- The patient has been evaluated by a licensed/certified medical qualified health care

professional such as a physical therapist (PT) or occupational therapist (OT) or other qualified health care professional who has specific training and experience in rehabilitation wheelchair evaluations and documents the patient has a program utilizing the standing function on a daily basis for exercise of Range of motion, bone density, lung vital capacity, and gastrointestinal motility.

Alternative Interface Power Wheelchair Devices HCPCS Codes (E2312, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2373, E2399)

Alternative interface power wheelchair may be **medically necessary** if the patient meets the following criteria:

- The patient meets criteria in Section III for a power wheelchair and cannot safely operate the wheelchair using a hand or chin operated standard proportional joystick but can safely operate the wheelchair using the alternative device.

Power Wheelchair Attendant Control HCPCS Code (E2331)

A power wheelchair attendant control may be **medically necessary** when the patient meets the following criteria:

- The patient meets criteria for a mobility device but is unable to operate a manual or power wheelchair; **AND**
- Meets criteria in Section III for a power wheelchair or lacks a caregiver able to propel a manual chair; **AND**
- Has a caregiver willing and able to operate the power wheelchair and assist the patient.

Wheelchair Component or Accessory, Not Otherwise Specified Code (K0108)

Miscellaneous wheelchair components or accessories may be considered **medically necessary** if the item is required for the functioning of other covered items and meets the definition of medical necessity.

Miscellaneous items if required for the functioning of other covered items. For example, if a high mount footrest is needed because the chair has a power or manual tilt, the high mount bracket is covered.

Wheelchair Tray Accessory HCPCS Code (E0950)

A wheelchair tray accessory may be considered **medically necessary** when the following criteria have been met:

- The patient meets the criteria above for wheelchair base; **AND**
- The tray is primarily required for support or positioning.

When a service is considered not medically necessary

- When the sole use of a manual wheelchair is to only use it outside the home
- Sports wheelchairs
- Non-sealed lead acid batteries
- Battery powered, prefabricated cushion
- Power wheelchair group 4 PWCHCPCS Codes: (K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0855, K0886) as these wheelchairs have additional capabilities that are not necessary for use within the home.
- A Captain's chair for a patient who needs a separate wheelchair seat and/or back cushion.
- A skin protection and/or positioning seat or back cushion when provided with a power operated vehicle or power wheelchair with captain's chair.

NOTE: The following may be considered not medically necessary unless it meets applicable medically necessary criteria as noted within the medial policy.

- Advanced features such as seat lifts, electronic lifts, or special tires.
- New technology introducing improved features for existing medical equipment.
- "Deluxe" features to make the equipment more versatile or easier for the patient to use if the standard/conventional equipment meets the patient's functional needs.

When a service is considered a benefit exclusion and therefore not covered

- The stair climbing features (the 4-wheel, balance, stair and remote functions) are considered a convenience item
- A power wheelchair for a child under 18 months of age
- Items or equipment that do not meet the definition of durable medical equipment
- Any treatment, durable medical equipment, supplies or accessories intended principally for participation in sports or recreational activities or for personal comfort or convenience
- Home or automobile modifications or equipment like air conditioners, HEPA filters, humidifiers, stair glides, elevators, lifts, motorized scooters HCPCS Codes: (E1230, K0800, K0801, K0802, K0806, K0807, K008, K0812), whirlpools, furniture or "barrier – free" construction, even if prescribed by a provider
- Personal service, comfort or convenience items such as:
  (NOTE: This list is not all inclusive)
  - Reinforced back and seat upholstery if used in conjunction with other manual wheelchair bases.
  - A standing feature when requested solely to allow the member to socialize at eye level with peers
  - Baskets
  - Cane holders
  - Canopies
  - Crutch holders
  - Color upgrades
  - Cup holders
  - Flags
  - High-low chassis or frames
  - Lights, unless necessary for safe performance of ADLs as noted above
  - Modifications to the home environment to accommodate the device (e.g.,

widening doors, lowering counters)
  - Motorized lifts used to place the wheelchair in a vehicle
  - Stand and drive features
  - Storage devices (e.g., backpacks, seat pouches)
  - Battery powered, prefabricated cushion
  - Trays that are not required primarily for support or positioning

- Wheelchairs designed for sports or recreational purposes as these wheelchairs have additional capabilities that are not necessary for use within the home.
- Duplicate medical equipment and supplies.

Replacement of Lost, Stolen or Destroyed Durable Medical Equipment

We will replace one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year if not covered by an alternative entity (including but not limited to homeowners insurance and automobile insurance) if:

- the Durable Medical Equipment, prosthetic or orthotic' s absence would put the member at risk of death, disability or significant negative health consequences such as a hospital admission;
- the Durable Medical Equipment is still under warranty.

Note: In order to replace a stolen item we require you to submit documentation, such as a police report, with the request.

Exclusions:
We do not cover the replacement of a lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic:

- if the criteria above have not been met; **AND**
- for more than one lost, stolen or destroyed Durable Medical Equipment, prosthetic or orthotic per Plan Year.

Documentation Submission

The patient's qualified health care professional must submit documentation of a face-to face examination by a licensed/certified medical professional to support medical necessity for the wheelchair, options or accessories (within 6 months of written order). This documentation must include **ALL** of the following:

- The patient's diagnosis, prognosis, and severity of the condition; **AND**
- Narrative description including functional impairments that necessitate use of the requested wheelchair and any requested non-standard features; **AND**
- Number or percentage of waking hours per day the patient will spend in the chair.
- Relevant medical records including pertinent laboratory tests, radiology reports or other diagnostic tests.
- For PWC a detailed narrative chart note by the treating qualified health care professional. The report should provide pertinent information about the following elements but may include other details. Each element would not have to be

addressed in every evaluation.

- History of the present condition(s) and past medical history that is relevant to mobility needs.
- Symptoms that limit ambulation.
- Diagnoses that are responsible for these symptoms.
- Medications or other treatment for these symptoms.
- Progression of ambulation difficulty over time.
- Other diagnoses that may relate to ambulatory problems.
- How far the patient can walk without stopping.
- Pace of ambulation.
- What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
- What has changed to now require use of a power mobility device.
- Ability to stand up from a seated position without assistance.
- Description of the home setting and the ability to perform activities of daily living in the home.

Physical examination that is relevant to mobility needs:

- Weight and height
- Cardiopulmonary examination
- Musculoskeletal examination
- Arm and leg strength and range of motion examination
- Neurological examination
- Gait
- Balance and coordination

The following written reports may be required and must be available on request:

- On-site evaluation of the patient's home by the supplier or qualified health care professional verifying that the patient can adequately maneuver the device provided considering physical layout, doorway width, doorway thresholds, and surfaces.
- Specialty evaluation required for patients who receive a Group 2 Single Power Option or Multiple Power Options PWC and any Group 3 PWC or a push-rim activated power assist device.
- Supplier verification of a supplier that a RESNA-certified ATP is employed who specializes in wheelchairs and has direct, in-person involvement in the wheelchair selection for the patient.

Reference Resources

1. BCBS Minnesota Medical Policy Vii-04-005 Last reviewed 9/2018
2. CMS – Power Mobility Devices. CMS.gov. 10/2017.
3. Health Partners Minnesota medical policy effective 4/2018.
4. MCG Ambulatory Care 21th Edition. Wheelchairs, Powered. A- 0353-A0354 http://careweb.careguidelines.com/ed21/index.html.

Related Policies

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)
Physical Therapy/Medicine

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non- compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required for wheelchairs and accessories when the purchase price meets or exceeds the dollar threshold indicated on the Corporate Durable Medical Prior Approval List.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

04/2007	New policy. Reviewed by CAC 07/2007.
08/2015	Power wheelchair medical necessity added. Code table updated. Headers updated and clarified. Added benefit exclusion header. Non- specified codes added to PA. Power operated vehicles added to non-covered code table. Moved all other wheelchairs and accessories to only require PA if over dollar threshold depending on group.
10/2017	Added medical necessity criteria "added musculoskeletal and neurological examination". Updated references and resources section. Updated medical necessity and benefit exception sections. No change in policy statement.
04/2019	External input received. Reviewed policy clarification to medical necessity criteria for the various types of wheelchairs and accessories. Lost stolen language added. Coding added to policy and coding table reviewed.
11/2020	No changes made to policy language. Coding table updated to capture codes within policy.
12/2021	Policy reviewed. No change to Policy Statement. Minor formatting changes.
11/2022	Policy reviewed. No change to Policy Statement. Code K0108 changed to require prior approval when purchase price exceeds dollar threshold indicated on the corporate prior approval list.
11/2023	Policy reviewed. Correction to criteria for wide heavy-duty wheelchair. No other policy statement changes. Minor formatting changes.
12/2024	Policy reviewed. Minor formatting changes. No changes to policy statement.
08/2025	Policy reviewed. Added specific criteria for Amputee Wheelchair. No other change to policy statement. Formatting changes for clarity and consistency.
10/2026	Policy reviewed. No other change to policy statement. Updated code E1239 to requiring prior approval to align with prior approval list.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President and Chief Medical Officer

Attachment I
HCPCS Code Table & Instructions

Code Type	Code	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met			
HCPCS	**E0950**	Wheelchair accessory, tray, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E0955**	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E0958**	Manual wheelchair accessory, one-arm drive attachment, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E0978**	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E0985**	Wheelchair accessory, seat lift mechanism	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E0986**	Manual wheelchair accessory, push-rim activated power assist system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1002**	Wheelchair accessory, power seating system, tilt only	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1003**	Wheelchair accessory, power seating system, recline only, without shear reduction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E1004**	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1005**	Wheelchair accessory, power seating system, recline only, with power shear reduction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1006**	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1007**	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1008**	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1009**	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1010**	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1012**	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1050**	Fully reclining wheelchair, fixed full- length arms, swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1060**	Fully reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E1070**	Fully reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1087**	High strength lightweight wheelchair, fixed full- length arms, swing- away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1088**	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1089**	High-strength lightweight wheelchair, fixed- length arms, swing- away detachable footrest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1090**	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1092**	Wide heavy-duty wheelchair, detachable arms (desk or full-length), swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1093**	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1100**	Semi-reclining wheelchair, fixed full- length arms, swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1110**	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating leg rest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1161**	Manual adult size wheelchair, includes tilt in space	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E1170**	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1171**	Amputee wheelchair, fixed full-length arms, without footrests or leg rest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1172**	Amputee wheelchair, detachable arms (desk or full-length) without footrests or leg rest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1180**	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1190**	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1195**	Heavy-duty wheelchair, fixed full- length arms, swing- away detachable elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1200**	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1229**	Wheelchair, pediatric size, not otherwise specified	Requires Prior Approval
HCPCS	**E1231**	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1232**	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1233**	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E1234**	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1235**	Wheelchair, pediatric size, rigid, adjustable, with seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1236**	Wheelchair, pediatric size, folding, adjustable, with seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1237**	Wheelchair, pediatric size, rigid, adjustable, without seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1239**	Power wheelchair, pediatric size, not otherwise specified	Requires Prior Approval
HCPCS	**E1238**	Wheelchair, pediatric size, folding, adjustable, without seating system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1280**	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating leg rests	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1285**	Heavy-duty wheelchair, fixed full- length arms, swing- away detachable footrest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1290**	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1295**	Heavy-duty wheelchair, fixed full- length arms, elevating leg rest	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1296**	Special wheelchair seat height from floor	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E1297**	Special wheelchair seat depth, by upholstery	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E1298**	Special wheelchair seat depth and/or width, by construction	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2209**	Accessory, arm trough, with or without hand support, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2227**	Manual wheelchair accessory, gear reduction drive wheel, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2230**	Manual wheelchair accessory, manual standing system	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2295**	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2300**	Wheelchair accessory, power seat elevation system, any type	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2301**	Wheelchair accessory, power standing system, any type	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2312**	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E2321**	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2322**	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2323**	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2324**	Power wheelchair accessory, chin cup for chin control interface	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2325**	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2326**	Power wheelchair accessory, breath tube kit for sip and puff interface	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2327**	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E2328**	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**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	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**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	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2331**	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2373**	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2399**	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**E2609**	Custom fabricated wheelchair seat cushion, any size	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2617**	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2622**	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2623**	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2624**	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**E2625**	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0001**	Standard wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0002**	Standard hemi (low seat) wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0003**	Lightweight wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0004**	High strength, lightweight wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0005**	Ultralightweight wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**K0006**	Heavy-duty wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0007**	Extra heavy-duty wheelchair	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0009**	Other manual wheelchair/base	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0011**	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0013**	Custom motorized/power wheelchair base	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0015**	Detachable, nonadjustable height armrest, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0017**	Detachable, adjustable height armrest, base, replacement only, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0018**	Detachable, adjustable height armrest, upper portion, replacement only, each	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0108**	Wheelchair component or accessory, not otherwise specified	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0813**	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**K0814**	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0815**	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0816**	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0820**	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0821**	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0822**	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0823**	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0824**	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0825**	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0826**	Power wheelchair, group 2 very heavy- duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**K0827**	Power wheelchair, group 2 very heavy- duty, captain's chair, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0828**	Power wheelchair, group 2 extra heavy- duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0829**	Power wheelchair, group 2 extra heavy- duty, captain's chair, patient weight 601 pounds or more	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0830**	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0831**	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0835**	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0836**	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0837**	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0838**	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**K0839**	Power wheelchair, group 2 very heavy- duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0840**	Power wheelchair, group 2 extra heavy- duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0841**	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0842**	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0843**	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0848**	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0849**	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0850**	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0851**	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List

Code Type	Code	Description	Policy Instructions
HCPCS	**K0852**	Power wheelchair, group 3 very heavy- duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0853**	Power wheelchair, group 3 very heavy- duty, captain's chair, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0854**	Power wheelchair, group 3 extra heavy- duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0855**	Power wheelchair, group 3 extra heavy- duty, captain's chair, patient weight capacity 601 pounds or more	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0856**	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0857**	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0858**	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0860**	Power wheelchair, group 3 very heavy- duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0861**	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0862**	Power wheelchair, group 3	Prior Approval is Required When the

Code Type	Code	Description	Policy Instructions
		heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0863**	Power wheelchair, group 3 very heavy- duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0864**	Power wheelchair, group 3 extra heavy- duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0890**	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0891**	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Prior Approval is Required When the Purchase Price Meets or Exceeds the Dollar Threshold Indicated on the Corporate Prior Approval List
HCPCS	**K0898**	Power wheelchair, not otherwise classified	Requires Prior Approval

Code Type	Code	Description	Policy Instructions
The Following Services Will Be Denied as Not Medically Necessary, Contract Exclusion or Investigational			
HCPCS	**E1230**	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	Contract Exclusion
HCPCS	**K0800**	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Contract Exclusion

Code Type	Code	Description	Policy Instructions
HCPCS	**K0801**	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Contract Exclusion
HCPCS	**K0802**	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Contract Exclusion
HCPCS	**K0806**	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Contract Exclusion
HCPCS	**K0807**	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Contract Exclusion
HCPCS	**K0808**	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Contract Exclusion
HCPCS	**K0812**	Power operated vehicle, not otherwise classified	Contract Exclusion
HCPCS	**K0868**	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not Medically Necessary
HCPCS	**K0869**	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Not Medically Necessary
HCPCS	**K0870**	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Not Medically Necessary
HCPCS	**K0871**	Power wheelchair, group 4 very heavy- duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Not Medically Necessary

Code Type	Code	Description	Policy Instructions
HCPCS	**K0877**	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not Medically Necessary
HCPCS	**K0878**	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Not Medically Necessary
HCPCS	**K0879**	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Not Medically Necessary
HCPCS	**K0880**	Power wheelchair, group 4 very heavy- duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Not Medically Necessary
HCPCS	**K0884**	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not Medically Necessary
HCPCS	**K0885**	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Not Medically Necessary
HCPCS	**K0886**	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Not Medically Necessary