

Payment Policy: Wheelchairs and Accessories

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[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

Options and accessories for wheelchairs may be covered if the member has a wheelchair that meets coverage criteria and the option/accessory itself is medically necessary. General coverage and payment information for specific items are described below. This policy is adapted from CMS's 4 DME MAC Local Coverage Determinations and Local Coverage Articles for wheelchairs and accessories.

The purpose of this policy is to define coverage criteria for options and accessories for manual and powered wheelchairs to be used by The Health Plan in making coverage decisions and administering benefits.

Application

This policy applies to durable medical equipment (DME) suppliers and any other providers prescribing or furnishing wheelchair options and accessories.

Policy Description

Reimbursement

Wheelchair options and accessories may be covered as durable medical equipment. For a member's wheelchair options and accessories to be eligible for coverage, the wheelchair must be reasonable and appropriate for the member's condition and the options and accessories must be reasonable and necessary (R&N) for the particular member. A wheelchair may be covered for a member that has a mobility limitation that significantly impairs their ability to participate in 1 or more mobility-related activities of daily living (MRADLs), such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home, or when the member has other significant disability with ambulation.

Billing instructions and payment criteria for specific options and accessories for a base wheelchair, power wheelchair, or power-operated vehicle are described below.

Payment for a rollabout chair includes the options and accessories that are provided at the time of initial issue. Payment for a transport chair includes the options and accessories that are provided at the time of initial issue except for elevating leg rests (E0990, K0195). If a rollabout chair or transport chair are covered, medically necessary replacement items also may be covered. A replacement accessory for a rollabout or transport chair should be billed using code E1399.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

An electric or power wheelchair is a motorized wheelchair. Electric wheelchairs are for persons who are unable to walk and have upper extremity impairment. Power operated vehicles (POV), commonly known as “scooters,” are 3- or 4-wheeled non-highway motorized transportation systems for persons with impaired ambulation.

Payment for a power-operated vehicle (POV) includes the options and accessories that are provided at the time of initial issue, including but not limited to, batteries, battery chargers, seating systems, etc. If a member-owned POV meets coverage criteria, medically necessary replacement items also may be covered.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable. (Refer to the “Bundling Guidelines” section below for additional information on correct coding.)

Note: All codes referenced in this policy are HCPCS Level II codes.

BATTERIES/ CHARGERS:

A sealed battery (E2359, E2361, E2363, E2365, E2371, E2397, K0733) is separately payable from a power wheelchair base. There is no additional or separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair. A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base.

POWER SEATING SYSTEMS:

A power seat elevation feature (E2300) and power standing feature (E2301) are noncovered because they are 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-seat elevation or power-standing feature, it will be denied as noncovered.

POWER WHEELCHAIR DRIVE CONTROL SYSTEMS:

If an attendant control (E2331) is provided in addition to a member-operated drive control system, it will usually be denied as noncovered, although in some circumstances, it may be covered in place of a member operated system.

OTHER POWER WHEELCHAIR ACCESSORIES:

An electronic interface used to control lights or other electrical devices is noncovered because it is not primarily medical in nature. The following features of a power wheelchair will be denied as noncovered: stair climbing (A9270), electronic balance (A9270), ability to elevate the seat by balancing on 2 wheels (A9270), and remote operation (A9270).

MISCELLANEOUS ACCESSORIES:

Swing-away, retractable, or removable hardware (E1028) is noncovered if the primary indication for its use is to allow the member to move close to desks or other surfaces. If it ordered for this indication, a GY modifier must be added to the code. A manual standing system for a manual wheelchair (E2230) is noncovered because it is not primarily medical in nature.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

CODING GUIDELINES

GENERAL:

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

- Lap belt or safety belt. Shoulder harness or straps, or chest straps or vest may be billed separately.
- Battery charger, single mode
- Complete set of tires and casters, any type
- Leg rests. There is no separate payment if a 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 payment if fixed, swing-away, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate payment for angle-adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests. There is no separate payment if fixed, swing-away, or detachable non-adjustable height armrests with arm pad are provided (K0015). Adjustable height armrests (E0973, K0020) 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 PWCs with a sling or solid seat back, the following may be billed separately:
 - 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 payment.
- Any back width. Exception: For Group 3 and 4 PWCs with a sling or solid seat back, the following may be billed separately:
 - 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 payment.
- Controller and Input Device. There is no separate 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 payment at time of initial issue) The statement that an item may be separately billed does not necessarily indicate coverage:

- Lap belt or safety belt. Shoulder harness or straps, or chest straps or vest may be billed separately;
- Battery or batteries required for operation;

PAYMENT POLICY

WHEELCHAIRS AND ACCESSORIES

- 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.

The “Bundling Guidelines” section below defines the bundling guidelines for wheelchair bases and options/accessories. 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. Accessories provided at the time of initial issue of a rollabout 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 rollabout or transport chair should be billed using code E1399.

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 as K0108. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code K0108. When billing more than 1 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 RB modifier is used when an option or accessory is provided as a replacement for the same part that has been worn or damaged (e.g., replacing a tire of the same type). The RB modifier should 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 should not be used if the accessory is provided at the same time as the wheelchair base, even if the option/accessory is the same as one that the member had on a prior wheelchair. (See section on Power wheelchair Drive Control Systems for instructions on the use of the KC replacement modifier.)

The right (RT) and left (LT) modifiers should be used when appropriate. If bilateral items (left and right) are provided as a purchase and the unit of service of the code is “each,” both items should be billed on the same claim line using the LT-RT modifiers and 2 units of service. If bilateral items are provided as a rental and the unit of service is “each,” the items should be billed on 2 separate claim lines with the RT modifier on 1 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.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

FOOTREST/LEG REST:

Elevating leg rests that are used with a wheelchair that is purchased or owned by the member should be coded E0990. This code is per leg rest. Elevating leg rests that are used with a capped rental wheelchair base should be 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 describe seat widths and/or depths of 20 inches or more for manual wheelchairs.

For power wheelchairs, separate payment for nonstandard seat frame dimensions (width, depth, or height) may be made for Group 3 and 4 power wheelchairs with a sling or solid seat and back. These items may be billed separately using codes E2340, E2341, E2342, and E2343.

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 that 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 lever activated drive (E0988) is an alternative drive mechanism for propulsion of a manual wheelchair. It includes a user-powered lever-arm mechanism attached to 1 or both wheel hub(s). The lever activates adjustable-ratio gears and has the capability to shift between forward, reverse and braking.

A pneumatic tire (E2211, E2214) is a rubber tire that is used in conjunction with a separate tube (E2212, E2215) that is filled with air.

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 that is nonremovable.

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

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

A gear reduction drive wheel (E2227) is one that has more than 1 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.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

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.

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.

POWER SEATING SYSTEMS:

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;
- Motor and related electronics with or without variable speed programmability;
- Switch control which is independent of the power wheelchair drive control interface;
- All hardware that is needed to attach the seating system to the wheelchair base.

A power tilt seating system does not include a headrest. It must have the following features:

- Ability to tilt to greater than or equal to 20 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.

A power-recline seating system (E1003-E1005) includes:

- 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.

A power recline seating system 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; and 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;

PAYMENT POLICY

WHEELCHAIRS AND ACCESSORIES

- 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.

A power-tilt and recline seating system does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; and ability to support member weight of at least 250 pounds.

Coding for a power tilt system (E1002), power recline system (E1003, E1004 and E1005), and tilt/recline system (E1006, E1007 and E1008) is all-inclusive. Usage of K0108 to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed.

A power-tilt seating system or power-tilt and recline seating system that does not achieve a tilt of greater than or equal to 20 degrees is considered to be the same as the standard seat included in the base wheelchair. Codes E1002 – E1008 must not be used to describe a power-tilt seating system or a power-tilt and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees. These seating systems should be coded as A9900 and are not separately payable.

A mechanical shear reduction feature (E1004 and E1007) consists of 2 separate back panels. As the posterior back panel reclines or raises, there is a mechanical linkage between the 2 panels that 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 2 separate back panels. As the posterior back panel reclines or raises, there is a separate motor which controls the linkage between the 2 panels and allows the member's back to stay in contact with the anterior panel without sliding along that panel.

A mechanically linked leg elevation feature (E1009) involves a pushrod that 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) involves a 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.

A power seat elevation system (E2300) includes: a motor and related electronics with or without variable speed programmability; a switch control that is independent of the power wheelchair drive control interface; and 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.

PAYMENT POLICY WHEELCHAIRS AND 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 related electronics with or without variable speed programmability; a basic switch control which is independent of the power wheelchair drive control interface; and 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; and ability to support member weight of at least 250 pounds.

Codes E2310 and E2311 describe the electronic components that allow the member to control 2 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 that 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).

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.

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 that 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 that 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 interface 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.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

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

- 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 that 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 that 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 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 a joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

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 1 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 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 payment 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 that can be activated by a very low force (approximately 25 grams) and which has a very short displacement (a maximum excursion of approximately 5 mm 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 part (e.g., tongue, lip, fingertip, etc.). There is no separate payment for control buttons, displays, switches, etc. There is no separate payment for fixed mounting hardware, regardless of the body part used to activate the joystick.

A compact proportional remote joystick (E2373) is one that has a maximum excursion of about 15 mm 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 part (e.g., foot, amputee stump, etc.). There is no separate payment for control buttons, displays, switches, etc. There is no separate payment 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 should be 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 should be billed separately with code E2324.

Code E2322 describes a system of 3-5 mechanical switches that 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.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

A sip-and-puff interface (E2325) is a non-proportional interface in which the member holds a tube in the 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 that 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 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 1 of 3 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 1 of 3 switches placed around the back and sides of the head. These switches are activated by movement of the head toward the switch, although 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 that allows a caregiver to drive the wheelchair instead of the member. The attendant control is usually mounted on 1 of the rear canes of the wheelchair. This code is limited to proportional control devices, usually a joystick. Code E2331 should be used when an attendant control is provided in addition to a member-operated drive-control interface.

Codes E2374-E2376 describe 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:

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

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

- 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
- There is no specific E code that describes the type of drive-control interface system that is provided.

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

- 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); or
- 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 should never be used at the time of initial issue of a wheelchair. Because the KC modifier specifically states “replacement,” reporting the RB modifier is not required.

OTHER POWER WHEELCHAIR ACCESSORIES:

A drive wheel is one that is directly controlled by the motor of the power wheelchair. It may be either a rear-wheel, mid-wheel, or front-wheel drive, 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 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 that is used in conjunction with a separate tube (E2382, E2385) that 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 nonremovable.

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

A solid tire (E2390, E2391, E2392) is one that 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 should be billed with code A9270 (noncovered item).

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

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

MISCELLANEOUS:

Code E1028 is used for:

- Swing-away hardware used with remote joysticks or touchpads;
- Swing-away or flip-down hardware for head control interfaces E2327-E2330; and/or
- Swing-away hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311.

Code E1028 may not 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. Code E1028 may not be used for hardware on a wheelchair tray (E0950). Code E1028 may not be used in addition to E1020 (Residual limb support system) as it includes swing-away hardware.

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

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.

Limitations

The items described in this policy may be subject to prior authorization by The Health Plan. Please consult the prior-authorization list on the The Health Plan Web site.

An option/accessory that is beneficial primarily in allowing the member to perform leisure or recreational activities is noncovered.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable. (Refer to “Coding Guidelines” above for additional correct-coding information.)

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

Utilization

Not applicable

Documentation Requirements

A wheelchair will only be considered for coverage if the patient’s condition or diagnosis is such that, without a wheelchair, he or she would be confined to a bed or chair. Approval decisions are based on the equipment that is the least costly alternative to meet the patient’s medical needs.

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

Approval will not be granted for equipment to allow the patient to engage in leisure, recreational, or social activities, if this equipment is more costly than a wheelchair that meets the patient's medical needs. Requests for a second wheelchair or a backup wheelchair are not covered.

Reimbursement for any wheelchair includes all labor charges involved in fitting or measuring of the patient, assembly, delivery, set-up, patient or caregiver education on care and operation of the wheelchair, and shipping fees and taxes. Billing may be done only after the wheelchair is delivered to the patient. The provider must keep in his or her records a copy of the delivery slip, which must include the brand name, model and serial number of the wheelchair and which must be signed and dated by the individual receiving the equipment.

Physicians must be aware that their signature on an order for DME authorizes those items to be dispensed to the member. The prescriber is also responsible for maintaining documentation in the member's medical record that supports the medical necessity of specific wheelchair prescribed. To ensure that the appropriate quantity and type of item are dispensed, it is especially important that the written order be detailed.

Suppliers of DME, including those supplying wheelchairs, must maintain the prescriber's written order in the member's medical record. Suppliers are responsible for ensuring that the written order contains the necessary information to complete the order. If the physician's order lacks information necessary to accurately dispense the appropriate specific wheelchair, including type or quantity of accessories, the supplier must contact the physician's office for written clarification.

The dispensing DME supplier should maintain the following information in their records:

- Diagnosis code;
- Date, height, weight;
- Manufacturer and model;
- Manufacturer retail pricing including wheelchair options (or invoice if renting a used, in-stock wheelchair);
- Warranty information;
- Signed and dated prescription including medical necessity for any wheelchair options being requested;
- Rental information:
 - If rental – new or used in-stock wheelchair;
 - If rental – purchase price information is needed if provider is willing to consider rental towards purchase;
- Length of time the wheelchair will be needed;
- Information regarding the beneficiary's mobility without the wheelchair;
- Distance the beneficiary can ambulate;
- Hours per day manual wheelchair is used.

Additional documentation requirements for a power wheelchair:

- Will the power wheelchair eliminate the need for a paraprofessional or an attendant?
- How many hours per day will the power wheelchair be used?
- Can the patient operate the manual without the help of an attendant?

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

- How long will the power wheelchair be needed?
- Does the patient reside in an adult care home?
- Can the patient operate the power wheelchair controls independently?
- How has the patient been managing without a power wheelchair up until now?
- What are the plans/options for the patient if the wheelchair is not provided?

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current 2016 manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Covered Procedure Codes

Applicable procedure codes for wheelchairs and accessories can be found in the HCPCS Manual, Durable Medical Equipment (E codes) and Temporary Codes Assigned to DME Regional Carriers (K codes) sections.

Noncovered Procedure Codes

The following is a list of procedures codes for which coverage is NOT provided, unless an exception is noted in this policy.

CPT/HCPCS Code	Descriptor
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating leg rest
E0980	Safety vest, wheelchair
E0994	Arm rest, each
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E2230	Manual wheelchair accessory, manual standing system
E2300	Wheelchair accessory, power seat elevation system, any type
E2301	Wheelchair accessory, power standing system, any type

Bundling Guidelines

A 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.

**PAYMENT POLICY
WHEELCHAIRS AND ACCESSORIES**

Column I	Column II
Power Operated Vehicle (K0800-K0812)	All options and accessories
Rollabout 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, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power Wheelchair Base Groups 1 and 2 (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power Tilt and/or Recline Seating Systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
K0039	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

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Definitions

Not Applicable

Related Policies

Not Applicable

Related Documents or Resources

Not Applicable

References

1. *Current Procedural Terminology (CPT®)*, 2016
2. *HCPCS Level II*, 2016
3. *International Classification of Diseases*, Ninth Revision, Clinical Modification (ICD-9-CM), 2016
4. *ICD-10-CM Official Draft Code Set*, 2016
5. CGS Administrators LLC. Local Coverage Determination L11451, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11451&ContrId=140&ver=77&ContrVer=2&CtrctrSelected=140*2&Ctrctr=140&s=12&DocType=Active&bc=AggAAAIAAAAAAAA%3d%3d&_ Published October 1, 1993. Updated October 31, 2014. Accessed June 26, 2015.
6. CGS Administrators LLC. Local Coverage Article A20284, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=20284&ver=49&ContrId=140&ContrVer=2&LCDId=11451&CtrctrSelected=140*2&Ctrctr=140&s=12&DocType=Active&IsPopup=y&_ Published June 1, 2004. Updated October 31, 2014. Accessed June 26, 2015.
7. National Government Services, Inc. Local Coverage Determination L27223, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=27223&ContrId=138&ver=47&ContrVer=1&CtrctrSelected=138*1&Ctrctr=138&s=19&DocType=Active&bc=AggAAAIAAAAAAAA%3d%3d&_ Published October 1, 1993. Updated October 31, 2014. Accessed June 26, 2015.
8. National Government Services, Inc. Local Coverage Article A47229, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=47229&ver=34&ContrId=138&ContrVer=1&CtrctrSelected=138*1&Date=06%2f26%2f2015&DocID=A47229&bc=hAAAAAgAAAAAAAA%3d%3d&_ Published July 1, 2004. Updated October 31, 2014. Accessed June 26, 2015.

**PAYMENT POLICY
WHEELCHAIRS AND ACCESSORIES**

9. NHIC Corp. Local Coverage Determination L11473, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11473&ContrId=137&ver=76&ContrVer=1&CntrctrSelected=137*1&Cntrctr=137&LCntrctr=137*1&DocType=Active&bc=AgACAAIAAAAAAAAA%3d%3d&. Published October 1, 1993. Updated October 31, 2014. Accessed June 26, 2015.
10. NHIC Corp. Local Coverage Article A19829, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=19829&ver=60&ContrId=137&ContrVer=1&LCDId=11473&CntrctrSelected=137*1&Cntrctr=137&LCntrctr=137*1&DocType=Active&IsPopup=y&. Published July 1, 2004. Updated October 31, 2014. Accessed June 26, 2015.
11. Noridian Healthcare Solutions, LLC. Local Coverage Determination L11462, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=11462&ContrId=139&ver=93&ContrVer=2&CntrctrSelected=139*2&Cntrctr=139&s=6&DocType=Active&bc=AggAAAIAAAAAAAAA%3d%3d&. Published October 1, 1993. Updated October 31, 2014. Accessed June 26, 2015.
12. Noridian Healthcare Solutions, LLC. Local Coverage Article A19846, Wheelchair Options/Accessories. Medicare Coverage Database. http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=19846&ver=60&ContrId=139&ContrVer=2&LCDId=11462&CntrctrSelected=139*2&Cntrctr=139&s=6&DocType=Active&IsPopup=y&. Published October 1, 1993. Updated October 31, 2014. Accessed June 26, 2015.

Revision History	
03/15/2016	Revisions Effective Date
01/03/2017	Converted to new corporate template and removed branding

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy

PAYMENT POLICY WHEELCHAIRS AND ACCESSORIES

between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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