

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	11/1/2024

[POLICY RATIONALE](#)
[DISCLAIMER](#)
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)
[DEFINITIONS](#)
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)
[BENEFIT VARIATIONS](#)
[REFERENCES](#)

I. POLICY

Power Wheelchairs

A power wheelchair may be considered **medically necessary** to enter and exit the home or to support activities of daily living (ADLs) in any setting in which normal life activities take place when all of the following criteria are met:

- A formal functional capacity evaluation has been performed by an independent licensed/certified medical professional. The functional capacity evaluation must include the following:
 - Evaluation of the individual's seating and positioning needs, with objective measurement of upper and lower extremity strength, truncal stability, and the ability to use a cane, walker, and manual wheelchair; and
 - Evaluation of the individual's home to ensure adequate access between rooms, maneuvering space, and surfaces for the operation of the POV or power wheelchair that is requested.

Note: Ideally, evaluation should be performed by a physician who has specific training and experience in rehabilitation, however a physical therapist (PT), or an occupational therapist (OT) can complete this evaluation.

- The individual has a mobility limitation that significantly impairs their ability to participate in one or more mobility related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
 - Prevents the individual from accomplishing MRADL entirely, or
 - Placed the individual at reasonably determined heightened risk of morbidity or mortality secondary to the attempt to perform an MRADL, or
 - Prevents the individual from completing an MRADL within a reasonable time frame.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

- The individual’s mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker, or other assistant device.
- The individual does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair* to perform MRADLs during a typical day.
- The individual’s home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
- The use of a power wheelchair will significantly improve the individual’s ability to participate in MRADLs.
- The individual is willing to use a power wheelchair.

Use of a power wheelchair may be considered **medically necessary** for an individual who cannot safely operate the device if all of the following are met:

- Individual has a care partner that is available, willing, and able to operate the power wheelchair, **and**
- That care partner cannot safely operate an optimally configured manual wheelchair.

**An optimally configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.*

Power Operated Vehicle (POV)

A **POV**, commonly known as a “scooter”, may be considered **medically necessary** to enter and exit the home or to support activities of daily living (ADLs) in any setting in which normal life activities take place when all of the following are met:

- The individual has met criteria for a power wheelchair, and
- The individual’s mental capacity (e.g. cognition, judgment) and physical ability (e.g., vision) are sufficient for safe mobility using a POV, and
- The individual is able to do each of the following:
 - Safely transfer to and from POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability and position while operating POV.

Replacement and Rentals of Power Wheelchairs and POVs

A replacement power wheelchair or power operative vehicle **is medically necessary** when the individual meets the initial criteria for a wheelchair listed above and one of the following criteria are met:

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

- Growth features of the current wheelchair have been maximized and no longer accommodate the individual's size.
- Current wheelchair is beyond the warranty period and repair or replacement of parts will not return the device to working order.
- Change in individual's functional status necessitates other features or accessories and individual's current wheelchair cannot be adapted.

A one-month rental allowance of a power wheelchair or POV is considered **medically necessary** if an individual-owned wheelchair is being repaired.

POVs and Power Wheelchairs are divided into groups. Group 2 POVs (K0806, K0807, and K0808) and Group 4 Power Wheelchairs (K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886) are distinguished from all other power mobility devices by features for increased speed, driving range, and obstacle climb that are not required for BADL completion in the home setting. As a result, these power mobility devices are considered **not medically necessary**.

Wheelchair Seating, Recline and Tilt Options

Specialized **wheelchair seating, reclining** and **tilt** requests must be accompanied by an evaluation of the individual's seating and positioning needs, including an assessment of functional weight shifting ability and positional stability performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations (who is not an employee or otherwise paid by a supplier).

A **general use seat cushion and general use wheelchair back cushion** may be considered **medically necessary** for an individual who has a wheelchair that meets coverage criteria.

A **nonstandard seat width and/or depth** may be considered **medically necessary** if the individual's dimensions justify the need.

A **skin protection seat cushion** may be considered **medically necessary** for an individual who meets both of the following criteria:

- The individual's wheelchair has been determined to be medically necessary; **and**
- The individual has either of the following:
 - Current pressure ulcer or past history of a pressure ulcer in the area of contact with the seating surface; or
 - Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift; or
 - Has been identified by a healthcare provider, during risk assessment with a validated risk assessment tool (i.e. Braden or Norton scale), to be at high risk of developing a pressure ulcer.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

A **positioning seat cushion, positioning back cushion, and positioning accessory** (headrest, shoulder strap, and/or trunk, hip, or thigh support) may be considered **medically necessary** when both of the following criteria are met:

- The individual's wheelchair has been determined to be medically necessary; **and**
- The individual has significant postural asymmetries that are due to a spinal or neurological disorder.

A combination **skin protection** and **positioning seat cushion** may be considered **medically necessary** for an individual who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

A **custom fabricated seat cushion** may be considered **medically necessary** when both of the following are met:

- Individual meets the criteria for a prefabricated skin protection seat cushion or positioning seat cushion; **and**
- The rehabilitation specialist's written evaluation explains why a prefabricated seating system is not sufficient to meet the individual's seating and positioning needs.

A **custom fabricated back cushion** may be considered **medically necessary** when both of the following criteria are met:

- The individual meets all of the criteria for a prefabricated positioning back cushion; **and**
- The rehabilitation specialist's written evaluation explains why a prefabricated seating system is not sufficient to meet the individual's seating and positioning needs.

A **manual fully reclining back, or power tilt** option may be considered **medically necessary** if the individual's wheelchair has been determined to be medically necessary and the individual has one or more of the medical necessity indications with recommended notation listed in the following table.

Medical Necessity		
Indication	Tilt	Recline
Pressure Relief Functionally at high risk for development of a pressure ulcer and unable to weight shift. Reclining systems are the most effective means of distributing pressure. Power tilt is slightly less effective but will provide pressure relief if power tilt is needed for another indication.	+/-	+
Postural Control (Balance) Individuals with documentation of little or no hip and trunk strength requiring a back tilted orientation and gravity to maintain a semi-sitting position.	+	+/-

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

Bladder Management Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed. Tilt systems may interfere with this if catheter tubing is not carefully routed to prevent the flow of urine from reversing and access generally may be a problem.	+/-	+
+ Recommended +/- Less Recommended or only with consideration - Not Recommended		

Individual consideration will be given if an individual has a less recommended indication and/or the additional medical considerations in the following table.

Medical Considerations		
Indication	Tilt	Recline
Spasticity Tilt systems do not elicit spasticity to the extent that a power recline system will, because they maintain static joint angle and muscle lengths during positional changes.	+	-
Trunk or lower extremity casts/braces or Hip extension contracture Tilt systems must have an adjustable seat-to-back angle to accommodate such contractures. Recline systems should have adjustable limit switches to prevent the seat-to-back angle from being closed beyond the available hip range. Otherwise, the reclining back will push the person off the seat.	+	+/-
Hip Flexion contracture greater than 90 degrees Tilt systems with adjustable seat and back angles that can be adjusted to less than 90 degrees will accommodate this type of contracture.	+	-
Need for custom-molded seating The use of an aggressively contoured back in combination with power recline systems presents a problem. The offset of the axis of rotation of the seating system is not the same as the person's. Therefore, when the person reclines, the backrest shears or moves relative to the person. This causes the back to no longer fit appropriately.	+	-
+ Recommended +/- Less Recommended or only with consideration - Not Recommended		

A **power reclining back** may be considered **medically necessary** when **all** of the following criteria are met:

- The preceding requirements for a fully reclining back are met; **and**
- The individual cannot manually adjust the back; **and**
- There is not regular availability of care partner in the home during normal waking hours.

A **combination Tilt and Reclining back** may be considered **medically necessary** when the individual meets the requirements for pressure relief and Interface-Pressure Mapping has documented that both recline and tilt alone fail to adequately distribute pressure.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

Replacement of wheelchair seat cushion, wheelchair back cushion, or wheelchair positioning accessories may be considered **medically necessary** when the useful lifetime has been exceeded (i.e., usually greater than or equal to three (3) years) unless **ONE** of the following conditions is met:

- The item has been accidentally, irreparably damaged (other than usual wear and tear); **or**
- Irreparable wear such that the item's intended function is no longer effective; **or**
- There is a change in the individual's medical condition that requires a different type of seating or positioning item; **or**
- The item has been lost or stolen.

Other Wheelchair Options/Accessories

All of the following Options and Accessories for wheelchairs may be considered **medically necessary** when all of the following criteria are met:

- The individual's wheelchair has been determined to be medically necessary; **and**
- The specific requirements listed for that option are met; **and**
- The options/accessories are necessary for the individual to perform mobility related activities of daily living.

Adjustable arm height option may be considered **medically necessary** if the individual requires an arm height that is different than that available using non-adjusting arms and the individual spends at least two hours per day in the wheelchair.

An **arm trough** may be considered **medically necessary** if the individual has quadriplegia, hemiplegia, or uncontrolled arm movements.

Elevating (manual) leg rests (including articulating/telescoping leg rests) may be considered **medically necessary** if one of the following criteria is met:

- The individual has a musculoskeletal condition or the presence of a cast or brace that prevents 90-degree flexion of the knee; **or**
- The individual has significant edema of the lower extremities that requires an elevated leg rest; **or**
- The individual meets the criteria for and has a reclining back on the wheelchair.

Power elevating leg rests, may be considered **medically necessary** when all of the following criteria are met:

- The preceding requirements for elevating leg rests are met; **and**
- The individual cannot manually adjust the leg rests; **and**
- There is not regular availability of care partner in the home during normal waking hours.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

Seat-Lift Mechanism for wheelchair may be considered **medically necessary** if all of the following are met:

- The seat-lift operates smoothly, and can safely be controlled by individual, **and**
- Individual is completely incapable of standing up **and**
- Individual has tried and failed appropriate therapeutic modalities (e.g., medication, physical therapy) that would enable them to transfer from wheelchair to as standing position **and**
- The seat lift mechanism is supplied by a durable medical equipment (DME) provider **and**
- The seat lift mechanism must be part of the professional provider's course of treatment and prescribed to improve the individual's condition or to arrest or retard deterioration of individual's condition.

Power seat elevation may be considered **medically necessary** if all of the following criteria is met:

- Individual has undergone an evaluation that confirms they are safe to use the power seat elevation equipment, **and**
- Any one of the following:
 - The individual performs weightbearing transfers to/from the power wheelchair with or without a care partner or use of assistive equipment, **or**
 - The individual requires a non-weight bearing transfer to/from the power wheelchair, **or**
 - The individual requires this equipment to perform one or more MRADLs.

An **electronic interface to allow a speech-generating device** to be operated by the power wheelchair control interface may be considered **medically necessary** if the individual has a covered speech-generating device. (Please reference **MP 6.032** Speech Generating Devices).

A **safety belt/pelvic strap** may be considered **medically necessary** if the individual has weak upper body muscles, upper body instability, or muscle spasticity which requires use of this item for proper positioning.

A power wheelchair/POV may be considered **medically necessary** for individuals with a manual wheelchair if the functional capacity evaluation documents an inability to use the manual wheelchair for BADLs.

An **attendant control** may be considered **medically necessary** in place of an individual-operated drive control system if the individual meets coverage criteria for a power wheelchair, is unable to operate the power wheelchair and has a care partner who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

An **attendant control** requested in addition to an individual-operated drive control system will be considered **not medically necessary**.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

A **push-rim activated power assist device** for a manual wheelchair may be considered **medically necessary** if all the coverage criteria for a POV or Power Wheelchair has been met and the individual has been self-propelling in a manual wheelchair for at least one year.

A **headrest** may be considered **medically necessary** when the individual has a manual fully reclining back on a power wheelchair or power tilt and/or recline power seating system.

Sealed batteries for power wheelchairs may be considered **medically necessary** when the battery is reasonable considering the individual's use of the wheelchair. Up to 2 batteries at one time are considered **medically necessary** if required for the power wheelchair.

The usual maximum medically necessary frequency of replacement for a lithium-based battery is one every 3 years.

Non-sealed lead acid batteries are considered **not medically necessary**.

Any Option or Accessory that does not meet criteria as stated above will be denied as **not medically necessary**.

A **power-operated vehicle or power wheelchair** will be considered **not medically necessary** when its primary benefit is to allow the individual to perform leisure or recreational activities.

An **option/accessory** is **not medically necessary** if its primary benefit is to allow the individual to perform leisure or recreational activities.

Effectiveness of a **powered seat cushion** has not been established and therefore powered seat cushions will be denied as **not medically necessary**.

A **power standing** feature is considered **not medically necessary** because it is not primarily medical in nature. If a wheelchair has an electrical connection device, and if the sole function of the connection is for a power standing feature, it will be considered **not medically necessary**.

An **electronic interface** used to control lights or other electrical devices will be considered **not medically necessary** because it is not primarily medical in nature.

The following features of a power wheelchair will be considered **not medically necessary**: **stair climbing, electronic balance**, ability to elevate the seat by **balancing on two wheels**, and **remote operation**. This includes ibot type systems.

Swingaway, retractable, or removable hardware will be considered **not medically necessary** if the primary indication for its use is to allow the individual to move close to desks or other surfaces.

A crutch and/or cane holder, wheelchair tray and flat free or solid tires will be considered **not medically necessary**, as they are not primarily medical in nature.

Backup power wheelchairs are considered **not medically necessary**.

Cross-reference:

MP 6.026 Durable Medical Equipment

MP 6.059 Manual Wheelchairs and Accessories

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

II. PRODUCT VARIATIONS

[Top](#)

This policy is only applicable to certain programs and products administered by Capital Blue Cross please see additional information below, and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at: <https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

III. DESCRIPTION/BACKGROUND

[Top](#)

Durable Medical Equipment (DME) is any equipment which provides therapeutic benefits to a patient with a specific illness, injury, or medical condition. DME consists of items which are primarily and customarily used to serve a medical purpose; are not useful to a person in the absence of illness or injury; are ordered by a physician; are appropriate for use in the home; are reusable; and can stand repeated use. Wheelchairs (manual or power), power operated vehicles (POV) and options and accessories, are considered durable medical equipment.

Most people who use power seating systems are either dependent or have severely impaired sitting balance. Interface pressure-mapping systems can provide objective measurement of interface pressures and can be used to determine the effectiveness of power tilt and/or recline systems in distributing pressure.

Another medical issue for using a powered seating system is to use gravity to assist in positioning and function. A person who is dependent in sitting balance must rely on the seating system and gravity to improve his or her vertical sitting tolerance. By tilting or reclining, the person can get the center of gravity of the upper torso and head behind a more proximal stabilized body part, thereby gaining balance and stability. The degree of recline and tilt necessary to achieve this will vary from person to person.

Sitting tolerance may be compromised in a person with poor endurance and/or dependent sitting balance. From a functional standpoint, some people may be able to function for 8 to 10 hours alone once given the ability to change positions for comfort and function, which translates into increased independence. Preference for tilt vs. recline as it pertains to comfort depends entirely on the person sitting in the wheelchair.

Power seat elevation equipment used with a power wheelchair raises and lowers users while they remain in the seated position. This equipment uses an electromechanical lift system to provide varying amounts of vertical seat to floor height. It does not change the seated angles or the seat's angle relative to the ground. Power seat elevation devices address several medical needs and reduces the amount of overhead reaching that would otherwise be necessary for wheelchair users.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

IV. DEFINITIONS

[Top](#)

ACTIVITIES OF DAILY LIVING (ADL) include personal functional activities required by an individual for continued wellbeing, health, and safety. Activities consist of eating, dressing/grooming, bathing/personal hygiene, mobility (ambulation and transfer), elimination (toileting, bowel, and bladder management), and cognition/behavior.

MOBILITY RELATED ACTIVITIES OF DAILY LIVING (MRADL) mean personal care activities including but not limited to tasks such as toileting, eating, dressing, grooming, and bathing.

POWERED SEAT CUSHION is a battery-powered, prefabricated cushion in which an air pump provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the cushion. One type of powered seat cushion is an alternating pressure cushion.

POWER SEAT ELEVATION is a seat function component of a wheelchair that raises and lowers users while remaining in a seated position using an electromechanical lift system to provide varying amounts of vertical seat to floor height.

SEAT LIFT MECHANISM is designed to assist individuals to stand from a sitting position.

V. BENEFIT VARIATIONS

[Top](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VI. DISCLAIMER

[Top](#)

Capital Blue Cross' medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

VI. CODING INFORMATION

[Top](#)

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of individual benefit information. In addition, not all covered services are eligible for separate reimbursement.

Not medically necessary power wheelchairs and power operated vehicles (POV) related options and accessories; therefore, not covered:

HCPCS Codes	Description
E0950	Wheelchair accessory, tray, each
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E1230	Power operated vehicle (3- or 4-wheel non-highway), specify brand name and model number
E2207	Wheelchair accessory, crutch and cane holder, each
E2301	Wheelchair accessory, power standing system, any type
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each
E2610	Wheelchair seat cushion, powered
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

Covered when medically necessary power wheelchairs and power operated vehicles (POV):

HCPCS Codes	Description
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0970	No. 2 footplates, except for elevating leg rest
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0980	Safety vest, wheelchair
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push-rim activated power assist system
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, each

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1016	Shock absorber for power wheelchair, each
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
E1020	Residual limb support system for wheelchair
E1028	Wheelchair accessory, manual swingaway, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaleed
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1239	Power wheelchair, pediatric size, not otherwise specified
E2209	Accessory, arm trough, with or without hand support, each
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics,

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
	indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
E2361	Power wheelchair accessory, 22 nf sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
E2368	Power wheelchair component, motor, replacement only
E2369	Power wheelchair component, gear box, replacement only
E2370	Power wheelchair component, motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2512	Accessory for speech generating device, mounting system
E2599	Accessory for speech generating device, not otherwise classified
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth
K0010	Standard-weight frame motorized/power wheelchair
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	Lightweight portable motorized/power wheelchair
K0013	Custom motorized/power wheelchair base
K0014	Other motorized/power wheelchair base
K0017	Detachable, adjustable height armrest, base, each
K0018	Detachable, adjustable height armrest, upper portion, each
K0019	Arm pad, each
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, H style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, each
K0043	Footrest, lower extension tube, each
K0044	Footrest, upper hanger bracket, each
K0045	Footrest, complete assembly
K0046	Elevating leg rest, lower extension tube, each
K0047	Elevating leg rest, upper hanger bracket, each
K0050	Ratchet assembly
K0051	Cam release assembly, footrest or leg rest, each
K0052	Swingaway, detachable footrests, each
K0053	Elevating footrests, articulating (telescoping), each

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
K0098	Drive belt for power wheelchair
K0105	Iv hanger, each
K0108	Other accessories
K0195	Elevating leg rest, pair (for use with capped rental wheelchair base)
K0462	Temporary replacement for patient-owned equipment being repaired, any type
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
K0733	Power wheelchair accessory, 12-to-24-amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 451 to 600 pounds
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more

MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

HCPCS Codes	Description
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified

VIII. REFERENCES

[Top](#)

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MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

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MEDICAL POLICY

POLICY TITLE	POWER WHEELCHAIRS, POWER OPERATED VEHICLES (POV) AND RELATED OPTIONS AND ACCESSORIES
POLICY NUMBER	MP 6.037

IX. POLICY HISTORY

[Top](#)

MP 6.037	09/09/2020 Consensus Review. No changes to the policy statements. References updated. Coding Reviewed.
	10/04/2021 Minor Review. Added criteria for individuals who cannot operate controls along with criteria for attendant control device. Added replacement criteria for wheelchairs and seating accessories. Group 2 POVs and Group 4 PWCs are NMN. Added 3 rd skin protection cushion criteria. Added MN statements for push-rim activated power system and headrest. Updated FEP, coding table and references.
	01/12/2023 Minor Review. Policy now separates power wheelchair and power operated vehicles with criteria. Language adjusted for use of both devices “to enter and exit the home or to support activities of daily living in any setting in which normal life takes place...” Seat lift mechanism is now MN with criteria. New references.
	01/03/2024 Minor Review. Removed statement requiring preauthorization form. Power seat elevation is MN with criteria. Other updates to statement for clarity. Updated background and definitions. New references.
	03/15/2024 Administrative Update. New code update, E2300 deleted, E2298 added, effective 4/1/24.

[Top](#)

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