

# MEDICAL POLICY

<b>POLICY TITLE</b>	<b>MANUAL WHEELCHAIRS AND ACCESSORIES</b>
<b>POLICY NUMBER</b>	<b>MP 6.059</b>

<b>CLINICAL BENEFIT</b>	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input 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.
<b>Effective Date:</b>	<b>11/1/2024</b>

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## I. POLICY

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

- The individual has a mobility limitation that significantly impairs their ability to safely 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 an MRADL entirely, **or**
  - Places the individual at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**
  - Prevents the individual from completing an MRADL within a reasonable time frame.
- The individual's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane, walker, or other assistive device.
- The individual's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
- Use of a manual wheelchair will significantly improve the individual's ability to participate in MRADLs and the individual will use it on a regular basis.
- The individual is willing to use the manual wheelchair
- The individual has one of the following:
  - Sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity

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- or absence of one or both upper extremities are relevant to the assessment of upper extremity function. **OR**
- o A care partner who is available, willing, and able to provide assistance with the wheelchair.

*Note: For individuals who meet the above criteria, an occupational therapy (OT) consultation is strongly recommended.*

### Additional criteria for specific manual wheelchairs

In addition to the general manual wheelchair criteria above, the specific criteria below must be met for each manual wheelchair. If the specific criteria are not met, the manual wheelchair is considered **not medically necessary**.

A transport chair **is medically necessary** as an alternative to a standard manual wheelchair and if basic coverage criteria for a manual wheelchair is met.

A standard hemi-wheelchair **is medically necessary** when the individual requires a lower seat height (17" to 18") because of short stature or to enable the individual to place his/her feet on the ground for propulsion.

A lightweight wheelchair **is medically necessary** when an individual meets both criteria:

- Cannot self-propel in a standard wheelchair; **and**
- The individual is able to self-propel in a lightweight wheelchair.

A high strength lightweight wheelchair **is medically necessary** when an individual meets the one of the following:

- The individual self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair. **OR**
- The individual requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.

An ultra-lightweight manual wheelchair **is medically necessary** if the individual meets the following criteria:

- The individual has a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and documents the medical necessity for the wheelchair and its special features, **and**
- The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the individual **and,**
- The individual requires one of the following:

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- Individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a standard manual wheelchair, **OR**
- A manual wheelchair full time

A heavy-duty wheelchair is **medically necessary** if the individual weighs more than 250 pounds or the individual has severe spasticity.

An extra heavy-duty wheelchair is **medically necessary** if the individual weighs more than 300 pounds.

A manual wheelchair with tilt in space is **medically necessary** if the individual meets the general coverage criteria for a manual wheelchair above, and if both criteria are met:

- The individual has a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features, **and**
- The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the individual.

A custom manual wheelchair base is **medically necessary** if, in addition to the general coverage criteria above, the specific configuration required to address the individual's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual manual wheelchair base is required.

A custom manual wheelchair is considered **not medically necessary** if the expected duration of need is less than three months (e.g., post-operative recovery).

### Wheelchair Seating

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

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

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 one of the following:

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- Current pressure ulcer or past history of a pressure ulcer on 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.

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** 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 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 **medically necessary** if both of the following are met:

- The individual meets all of the criteria for a prefabricated skin protection seat cushion or positioning seat cushion;
- There is a comprehensive written evaluation by a licensed/certified medical professional, such as a PT or OT, which clearly 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 **medically necessary** if both of the following are met:

- The individual meets all of the criteria for a prefabricated positioning back cushion;
- There is a comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the individual's seating and positioning needs.

A powered seat cushion is considered **not medically necessary**.

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

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### Accessories

The following may be considered **medically necessary** for criteria listed:

- A manual semi/fully reclining back option if either of the following:
  - The individual is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; **or**
  - The individual utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.
- Elevating leg rests (including articulating leg rests) for one of the following:
  - The individual has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee; **or**
  - The individual has significant edema of the lower extremities that requires an elevating leg rest; **or**
  - The individual meets the criteria for and has a reclining back on the wheelchair.
- Adjustable arm height option if individual requires an arm height that is different from that available using nonadjustable arms and individual spends > 2 hours per day in manual wheelchair.
- Arm trough if the individual has quadriplegia, hemiplegia or uncontrolled arm movement.
- A headrest when the individual has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair.

When a manual wheelchair base is considered **not medically necessary** the related accessories are also **not medically necessary**.

An option/accessory that is beneficial primarily in allowing the individual to perform leisure or recreational activities is **not medically necessary**.

Upgraded and specialty wheels (e.g., Spinergy) are considered **not medically necessary** because they are not required for performance of instrumental activities of daily living.

For a push-rim activated power assist system for a manual wheelchair, see **MP 6.037** Power Wheelchairs, Power Operated Vehicles (POV) and related Options and Accessories.

Wheelchair items, including but not limited to the following list, are considered **not medically necessary** as they are categorized as personal convenience items and do not meet the definition of DME:

- Articulating (telescoping) elevating leg rests for purposes not meeting the above criteria
- Back support systems
- Canopies
- Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flaps for cars)
- Crutch or cane holder
- Flat-free inserts (zero pressure tubes)

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- Gloves
- Home modifications: Modifications to the structure of the home to accommodate wheelchairs are not considered treatment of disease. Examples of home modifications and installations that are non-covered include wheelchair ramps, wheelchair accessible showers, elevators, and lowered bath or kitchen counters and sinks
- Identification devices (such as labels, license plates, name plates)
- Lighting systems
- Power add-ons to manual wheelchairs: A power add-on is used to convert a manual wheelchair to a motorized wheelchair (e.g., an add-on to convert a manual wheelchair to a joystick-controlled power mobility device or to a tiller-controlled power mobility device)
- Shock absorber
- Snow tires for wheelchair
- Tie-down restraints
- Warning devices, such as horns and backup signals
- Wheelchair trays, baskets, bags, or pouches - used to hold personal belongings
- Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) - devices to assist in lifting wheelchair up stairways, into car trunks, or in vans
- Wheelchair rack for automobile (auto carrier) - car attachment to carry wheelchair
- Wheelchair ramp - provides access to stairways or van
- Wheelchair tie downs (i.e., transit option device, locking tin device).

### Replacement/Repair manual wheelchair

A replacement manual wheelchair **is medically necessary** when the individual meets the initial criteria for a manual wheelchair listed above and one of the following criteria are met.

- 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 wheelchair may be considered **medically necessary** if a patient-owned wheelchair is being repaired.

#### ***Cross-reference:***

**MP 6.026** Durable Medical Equipment (DME) and Supplies

**MP 6.037** Power Wheelchairs, Power Operated Vehicles (POV) and Related Options and Accessories.

## II. PRODUCT VARIATIONS

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

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**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

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Manual wheelchairs are devices used to assist adults and children in the mobility-related activities of daily living (MRADLs). A manual wheelchair may be rigid or folding, has two wheels sized and placed so the user may propel the chair, and is available in a range of sizes. A manual wheelchair may be standard or specialized. A specialized manual wheelchair is designed for the individual with extensive mobility requirements or positioning needs.

Manual wheelchairs are components of a category of durable medical equipment (DME) known as mobility-assistive equipment (MAE). MAE includes, but is not limited to canes, crutches, walkers, manual wheelchairs, rolling chairs, power wheelchairs, and power-operated vehicles. There is wide variability in functional status among individuals who may benefit from MAE. Providers must assess an individual's physical and psychological status, the availability of other support (i.e., the presence of a care partner), and the physical characteristics of the individual's home or any setting in which ADLs take place to determine which type of MAE is most appropriate.

### IV. RATIONALE

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NA

### V. DEFINITIONS

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NA

### VI. BENEFIT VARIATIONS

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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.

### VII. DISCLAIMER

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*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*

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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.

### VIII. CODING INFORMATION

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**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 member benefit information. In addition, not all covered services are eligible for separate reimbursement.

#### Covered when medically necessary:

<b>HCPCS Code</b>	<b>Description</b>
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
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
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating leg rest
E0971	Manual wheelchair accessory anti-tipping device each



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<b>HCPCS Code</b>	<b>Description</b>
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, anti-rollback device, 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
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	Reclining back, addition to pediatric size wheelchair
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, gimbaled
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy-duty, patient weight capacity greater than 300 pounds
E1050	Fully reclining wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1060	Fully reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating leg rests
E1070	Fully reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating leg rest
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating leg rests
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating leg rests

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<b>HCPCS Code</b>	<b>Description</b>
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating leg rests
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating leg rest
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating leg rests
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1171	Amputee wheelchair, fixed full-length arms, without footrests or leg rest
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or leg rest
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating leg rests
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating leg rests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating leg rests
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each

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<b>HCPCS Code</b>	<b>Description</b>
E1227	Special height arms for wheelchair
E1228	Special back height for wheelchair
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating leg rest
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating leg rests
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating leg rests
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating leg rest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each

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<b>HCPCS Code</b>	<b>Description</b>
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2230	Manual wheelchair accessory, manual standing system
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601	General use wheelchair seat cushion, width less than 22 in, any depth
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth

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<b>HCPSC Code</b>	<b>Description</b>
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 in 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
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
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultra-lightweight wheelchair
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair
K0008	Custom manual wheelchair/base

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<b>HCPCS Code</b>	<b>Description</b>
K0009	Other manual wheelchair/base
K0015	Detachable, nonadjustable height armrest, each
K0017	Detachable, adjustable height armrest, base, replacement only, each
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each
K0019	Arm pad, replacement only, each
K0020	Fixed, adjustable height armrest, pair
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, replacement only, each
K0043	Footrest, lower extension tube, replacement only, each
K0044	Footrest, upper hanger bracket, replacement only, each
K0045	Footrest, complete assembly, replacement only, each
K0046	Elevating legrest, lower extension tube, replacement only, each
K0047	Elevating legrest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or leg rest, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultra-lightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi pneumatic tire, replacement only, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0462	Temporary replacement for patient-owned equipment being repaired, any type

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**Not Medically Necessary; therefore, not covered:**

<b>HCPCS Code</b>	<b>Description</b>
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
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E1015	Shock absorber for manual wheelchair, each
E1017	Heavy duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
E2207	Wheelchair accessory, crutch and cane holder, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2610	Wheelchair seat cushion, powered

### IX. REFERENCES

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2. *Durable Medical Equipment Regional Carrier (NHIC DME MAC A) Region AJ Local Coverage Determination (LCD) L33312. Wheelchair Seating. Effective 01/01/2020.*
3. *Durable Medical Equipment Regional Carrier (NHIC DME MAC A) Region A Local Coverage Determination (LCD) L33788 Manual Wheelchair Bases. Effective 01/01/20.*
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### X. POLICY HISTORY

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<b>MP 6.059</b>	<b>03/26/2019 Consensus Review.</b> No changes to the policy statements. References reviewed.
	<b>01/01/2020 Administrative Update.</b> Added new code E2398.
	<b>03/16/2020 Consensus Review.</b> No changes to policy statements. Coding reviewed; duplication removed. References reviewed.
	<b>09/21/2021 Minor Review.</b> Added wheelchair seating statements to policy and added seating/cushion codes to MN coding table. Added MN statement for manual fully reclining back option. Expanded the MN statement on elevating leg rests. Added MN statement for headrest and rental equipment. Coding and references updated.
	<b>12/22/2022 Minor Review.</b> Updated language for manual wheelchair criteria now says, “a manual wheelchair may be 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...”. Format changes. New references.
	<b>01/05/2024 Consensus Review.</b> Editorial updates without changing policy stance. Included recommendation of OT evaluation for individuals who qualify for manual wheelchair. Updated references.



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