

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

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I. POLICY

Power Operated Vehicle (POV) or Motorized/Power Wheelchair

A POV, commonly known as a “scooter”, or **power wheelchair** may be considered **medically necessary** when all of the following criteria are met:

- A formal functional capacity evaluation has been performed by an independent licensed/certified medical professional, e.g. Physical therapist (PT), occupational therapist (OT) or physician who has specific training and experience in rehabilitation. The functional capacity evaluation must include the following*:
 - Evaluation of the patient’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 patient’s home to ensure adequate access between rooms, maneuvering space, and surfaces for the operation of the POV or power wheelchair that is requested.

** As documented in the Power Wheelchairs, Power Operated Vehicles (POVs) and Related Accessories Preauthorization Request form which must be submitted with each request.*

- The patient’s condition is such that without the use of a wheelchair the patient would be unable to participate in one or more basic activities of daily living (BADLs); and
 - The patient’s condition is such that the patient is unable to use a cane or walker or operate a manual wheelchair to perform BADLs; and
 - The patient is capable of safely operating the controls; and
 - The POVs or power wheelchair will not be used significantly outside the home; and
 - For a POV, the patient can transfer safely in and out of the POV and has adequate trunk stability to be able to safely ride in the POV.

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A patient who requires a POV or power wheelchair is usually totally nonambulatory and has severe weakness of the upper extremities due to a neurologic or muscular disease/condition.

Wheelchair Seating, Recline and Tilt Options

Specialized **wheelchair seating, reclining** and **tilt** requests must be accompanied by an evaluation of the patient’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 a patient who has a wheelchair that meets coverage criteria.

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

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

- The patient’s wheelchair has been determined to be medically necessary; **and**
- The patient 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.

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 patient’s wheelchair has been determined to be medically necessary; **and**
- The patient 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 a patient 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:

- Patient meets the criteria for a prefabricated skin protection seat cushion or positioning seat cushion; **and**

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- The rehabilitation specialist’s written evaluation explains why a prefabricated seating system is not sufficient to meet the patient’s seating and positioning needs.

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

- A patient 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 patient’s seating and positioning needs.

A **manual fully reclining back or power tilt** option may be considered **medically necessary** if the patient’s wheelchair has been determined to be medically necessary and the patient 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) Patients with documentation of little or no hip and trunk strength requiring a back tilted orientation and gravity to maintain a semi-sitting position.	+	+/-
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 a patient has a less recommended indication and/or the additional medical considerations in the following table.

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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 patient cannot manually adjust the back; **and**
- There is not regular availability of caregivers in the home during normal waking hours.

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

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 patient'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 patient to perform one or more of the following activities:

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- Function in the home;
- Perform activities of daily living.

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

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

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

- The patient has a musculoskeletal condition or the presence of a cast or brace that prevents 90-degree flexion of the knee; **or**
- The patient has significant edema of the lower extremities that requires an elevated leg rest; **or**
- The patient 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 patient cannot manually adjust the leg rests; **and**
- There is not regular availability of caregivers in the home during normal waking hours.

Sealed batteries for power wheelchairs may be considered **medically necessary** when the battery is reasonable considering the patient’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**.

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 patient has a covered speech-generating device. (Please reference MP-6.032 Speech Generating Devices).

An **anti-rollback device** may be considered **medically necessary** if the patient propels himself/herself and needs the device because of ramps.

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

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A one-month **rental** allowance of a wheelchair is considered **medically necessary** if a patient-owned wheelchair is being repaired.

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

A **power-operated vehicle or power wheelchair** will be considered **not medically necessary** when it is needed primarily for use outside of the patient’s home or when it is beneficial primarily to allow the patient to perform leisure or recreational activities.

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

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

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

A **power seat elevation** feature and **power standing** feature will be considered **not medically necessary** because they are 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 seat elevation or power standing feature, it will be considered **not medically necessary**.

Seat-Lift Mechanism for Wheelchair will be considered **not medically necessary** because the patient will not be able to ambulate once they are standing

An **attendant control** requested in addition to a patient-operated drive control system 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 patient 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**.

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

III. DESCRIPTION/BACKGROUND

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Durable Medical Equipment (DME), also referred to as Home Medical Equipment (HME), 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.

IV. DEFINITIONS

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BASIC ACTIVITIES OF DAILY LIVING (BADL) include and are limited to walking in the home, eating, bathing, dressing, and homemaking.

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.

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V. 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 BlueCross. Members and providers should consult the member's health benefit plan for information or contact Capital BlueCross for benefit information.

VI. DISCLAIMER

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Capital BlueCross's 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 BlueCross' Provider Services or Member Services. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. 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.

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
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push-rim activated power assist system
E1230	Power operated vehicle (3- or 4-wheel non-highway), specify brand name and model number
E2207	Wheelchair accessory, crutch and cane holder, each
E2300	Wheelchair accessory, power seat elevation system, any type

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HCPCS Codes	Description
E2301	Wheelchair accessory, power standing system, any type
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
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

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
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, each
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

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HCPCS Codes	Description
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
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, gimballed
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1239	Power wheelchair, pediatric size, not otherwise specified
E2209	Accessory, arm trough, with or without hand support, each
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, 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

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HCPCS Codes	Description
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
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)
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, nonexpandable 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

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HCPCS Codes	Description
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
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

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HCPCS Codes	Description
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
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

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HCPCS Codes	Description
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
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)
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
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
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

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HCPCS Codes	Description
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
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

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HCPCS Codes	Description
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
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
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, captains 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
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

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HCPCS Codes	Description
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
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

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ABLEDATA. Fact Sheet: Powered Wheelchairs. [Website]: <http://www.agis.com/> Accessed September, 30, 2019.

ABLEDATA. Fact Sheet: Scooters. [Website]: <http://www.agis.com> Accessed September 30, 2019.

Berlowitz D. Prevention of pressure-induced skin and soft tissue injury. In:Uptodate Online Journal [serial online]. Waltham, MA; updated March 28, 2018. [Website]: www.uptodate.com Accessed September 30, 2019.

Cooper R. Wheelchair Standards: It's All About Quality Assurance and Evidence-based Practice. J Spinal Cord Med. 2006; 29(2): 93-94. [Website]: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1929010/> Accessed September 30, 2019.

Goodwin JS, Nguyen-Oghalai TU, Kuo YF, Ottenbacher KJ. Epidemiology of Medicare abuse: the example of power wheelchairs. Journal of the American Geriatrics Society. 55(2):221-6, 2007 Feb.

Leister E, Ding D, Cooper R, et al. Effectiveness and use of tilt and recline power wheelchairs: Preliminary data analysis. 29th Annual RESNA Conference Proceedings. 2006.

Sabol TP, Haley ES. Wheelchair evaluation in the older adult. Clin Geriatr Med. 2006; 22:355-375.

Taber's Cyclopedic Medical Dictionary, 20th edition.

Wilson P, Lange M. Seating Evaluation and Wheelchair Prescription. Emedicine. Updated September5, 2016. [Website]: <https://emedicine.medscape.com/article/318092-overview> Accessed September 30, 2019.

IX. POLICY HISTORY

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CAC 9/28/04

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	CAC 11/29/05
	CAC 11/28/06
	CAC 1/29/08
	CAC 5/27/08
	CAC 7/28/09 Consensus Review
	CAC 11/30/10 Consensus review.
	CAC 11/22/11 Consensus Review
	CAC 10/30/12 Consensus Review, no change to policy statements. References updated. Codes reviewed 11/1/12
	2013 Code Update: Added 12/20/2013
	CAC 11/26/13 Consensus review. References updated but no changes to the policy statements.
	CAC 11/25/14 Consensus. No change to policy statements. References updated.
	11/2/15 Administrative change. LCD numbers changed from L21271 to L33798; L11473 to L33792 and L27234 to L33312 due to NHIC updates due to ICD-10.
	12/8/15 Admin correction to Product Variations section.
	CAC 1/26/16 Consensus review. No change to policy statements. References updated. Coding reviewed.
	7/8/16 Administrative posting. Changed DME Medicare Carrier from NHIC to Noridian.
CAC 7/26/16 Minor review. Clarified policy statement related to coverage for batteries for power wheelchair. Sealed batteries for power wheelchairs may be considered medically necessary when the battery is reasonable considering the patient’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 . Coding reviewed. Variations reformatted.	
Admin update 1/1/17: Product variation section updated with BlueJourney product name.	
12/19/17 Consensus review. No changes to the policy statements. References updated. Coding Reviewed	
11/1/18 Consensus review. No changes to the policy statements. References updated.	
09/30/19- Consensus review. No changes to policy statements. References updated.	

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MEDICAL POLICY

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by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.