

Manual Wheelchairs (for Indiana Only)

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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements Power Mobility Devices Wheelchair Options and Accessories Wheelchair Seating

Application

This Coverage Determination Guideline only applies to the state of Indiana.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Indiana Durable and Home Medical Equipment and Supplies Provider Reference Module](#).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

Coding Clarifications for Manual Wheelchair:

- A complete manual wheelchair base includes:
 - A complete frame
 - Propulsion wheels
 - Casters
 - Brakes/wheel locks
 - A sling seat, seat pan which can accommodate a wheelchair seat cushion, or a seat frame structured in such a way as to be capable of accepting a seating system
 - A sling back, other seat back support which can accommodate a wheelchair back cushion, or a back frame structured in such a way as to be capable of accepting a back system
 - Standard leg

- Standard leg and footrests
- Armrests
- Safety accessories (a seat belt used for positioning may be requested separately)
- Adult manual wheelchairs (K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, E 1161) are those which have a seat width and a seat depth of 15” or greater.
- For codes K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009, the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. In addition, specific codes are defined by the following characteristics:
- Standard wheelchair (K0001)
 - Weight: Greater than 36 lbs.
 - Seat Height: 19 inches or greater
 - Weight capacity: 250 pounds or less
- Standard hemi (low seat) wheelchair (K0002)
 - Weight: Greater than 36 lbs
 - Seat Height: Less than 19 inches
 - Weight capacity: 250 pounds or less
- Lightweight wheelchair (K0003)
 - Weight: 34-36 lbs
 - Weight capacity: 250 pounds or less
- High strength, lightweight wheelchair (K0004)
 - Weight: Less than 34 lbs
 - Lifetime Warranty on side frames and crossbraces
- Ultralightweight wheelchair (K0005)
 - Weight: Less than 30 lbs
 - Adjustable rear axle position
 - Lifetime Warranty on side frames and crossbraces
- Heavy duty wheelchair (K0006)
 - Weight capacity: Greater than 250 pounds
- Extra heavy duty wheelchair (K0007)
 - Weight capacity: Greater than 300 pounds
- Custom manual wheelchair/base (K0008)
 - In addition to meeting the criteria above, custom manual wheelchairs must also have a lifetime warranty on side frames and crossbraces.
- Adult tilt-in-space wheelchair (E 1161)
 - Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle.
 - Lifetime Warranty: On side frames and crossbraces
 - Wheelchairs with less than 20 degrees of tilt are standard wheelchairs. They do not meet the definition of a tilt-in-space wheelchairs.
- Manual wheelchair bases (K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, and K0009) include construction of any type material, including but not limited to, titanium, carbon, or any other lightweight high strength material. Suppliers should not request HCPCS code K0108 in addition to the base wheelchair for construction materials or for a “heavy duty package” reflecting the type of material used to construct the manual wheelchair base.
- A manual wheelchair with a seat width and/or depth of 14” or less is considered a pediatric size wheelchair (E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238 or E1229).
- Codes E1050, E1060, E1070, E1083, E1084, E1085, E1086, E1087, E1088, E1089, E1090, E1091, E1092, E1093, E1100, E1110, E1130, E1140, E1150, E1160, E1170, E1171, E1172, E1180, E1190, E1195, E1200, E1220, E1221, E1222, E1223, E1224, E1240, E1250, E1260, E1270, E1280, E1285, E1290, E1295 should only be used to submit for maintenance and service when the vendor has a written maintenance and service agreement with UnitedHealth Care

HCPCS Code	Description
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

HCPCS Code	Description
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
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 wheelchair, 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
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

HCPCS Code	Description
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
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair
K0008	Custom Manual Wheelchair Base
K0009	Other manual wheelchair/base

Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	<ul style="list-style-type: none"> New Coverage Determination Guideline

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.