

# Manual Wheelchairs (for Nebraska Only)

Guideline Number: CS184NE.C  
Effective Date: June 1, 2022

[Instructions for Use](#)

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- Related Policies**
- [Durable Medical Equipment, Orthotics, Ostomy Supplies, Medical Supplies and Repairs/Replacements \(for Nebraska Only\)](#)
  - [Power Mobility Devices \(for Nebraska Only\)](#)
  - [Wheelchair Options and Accessories \(for Nebraska Only\)](#)
  - [Wheelchair Seating \(for Nebraska Only\)](#)

## Application

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

## Coverage Rationale

### Indications for Coverage

Manual wheelchairs are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Manual Wheelchair Bases.

Click [here](#) to view the InterQual® criteria.

### *Repair, Replacement, and Upgrade*

#### Replacement

Replacement of DME is for the same or similar type of equipment which is beyond its reasonable useful life span and has become irreparable.

#### Upgrade

The physician provides documentation that the condition of the member changes (e.g., impaired function necessitates an upgrade to an electric wheelchair from a manual one).

### General Criteria

- Routine wear on the equipment renders it non-functional and the member still requires the equipment.
  - Vendors/manufacturers are responsible for repairs, replacements, and maintenance for rented equipment and for purchased equipment covered by warranty
  - Coverage includes DME obtained in a physician's office, DME vendor, or any other provider authorized to provide/dispense DME
- Unless otherwise stated, DME has a Reasonable Useful Lifetime (RUL) of 5 years

- Pediatric equipment must allow room for growth with 2 inches in width and 3 inches of depth and width available for adjustments. Documentation of frame modifications or growth kits may be submitted to demonstrate growth allowances to the dimensions

Notes:

- Growth method for wheelchair may not mean ordering equipment that it is too large for current needs. This applies for new as well as replacement wheelchairs
- A new prescription isn't needed if the needs of the patient are the same.

## Equipment Upgrades

- A change in the member's medical condition and equipment needs requires the same documentation as a new request
- Equipment upgrades are equivalent to a new service

## Coverage Limitations and Exclusions

When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for member needs. Examples include but are not limited to, standard electric wheelchair vs. custom wheelchair.

The following services are excluded from coverage:

- Replacement of items due to malicious damage, neglect or abuse.
- Replacement of lost or stolen items.
- Upgrade or replacement of DME when the existing equipment is still functional. Refer to the [Repair, Replacement, and Upgrade](#) section.

## Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

**Durable Medical Equipment (DME):** Medical Equipment that is all of the following:

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability
- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

**Medically Necessary:** Health Care Services that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

**Mobility Device:** A manual wheelchair, electric wheelchair, transfer chair or scooter.

**Reasonable Useful Lifetime:** RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

## 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 guideline 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 the member specific benefit plan document 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 Clarification: 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 UnitedHealthcare.

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
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

HCPCS Code	Description
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
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

## References

Consortium for Spinal Cord Medicine Pressure ulcer prevention and treatment following spinal cord injury: Clinical Practice Guideline. [https://pva-cdnendpoint.azureedge.net/prod/libraries/media/pva/library/publications/cpg\\_pressure-ulcer.pdf](https://pva-cdnendpoint.azureedge.net/prod/libraries/media/pva/library/publications/cpg_pressure-ulcer.pdf)  
 Accessed August 10, 2020

## Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	<p data-bbox="337 359 592 390"><b>Coverage Rationale</b></p> <ul data-bbox="337 394 1484 426" style="list-style-type: none"><li data-bbox="337 394 1484 426">• Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria</li></ul> <p data-bbox="337 430 638 462"><b>Supporting Information</b></p> <ul data-bbox="337 466 889 497" style="list-style-type: none"><li data-bbox="337 466 889 497">• Archived previous policy version CS184NE.B</li></ul>

## 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.