

# Mobility Devices, Options, and Accessories

Policy Number: DME 046.5  
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[➔ Instructions for Use](#)

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<b>Related Policy</b>
<ul style="list-style-type: none"> <li>• <a href="#">Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements</a></li> </ul>

## Coverage Rationale

[➔ See Benefit Considerations](#)

Mobility devices are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® for:

- Manual Wheelchairs
  - CP: Durable Medical Equipment:
    - Wheelchairs Manual
    - Wheelchairs or Strollers, Pediatric
- Power Mobility Devices
  - CP: Durable Medical Equipment:
    - Power Operated Vehicles (POV)
    - Wheelchairs or Strollers, Pediatric
    - Wheelchairs, Power
    - Wheels or Wheelchairs, Power-Assist
- Wheelchair Options and Accessories
  - CP: Durable Medical Equipment:
    - Wheelchair Cushions or Seating System
    - Wheelchairs Manual
    - Wheelchairs or Strollers, Pediatric
    - Wheelchairs, Power
- Wheelchair Seating
  - CP: Durable Medical Equipment, Wheelchair Cushions or Seating System

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

## Documentation Requirements

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 documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

HCPCS Codes*	Required Clinical Information
E0984, E0986, E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1010, E1016, E1018, E1236, E1238, K0005, K0812, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891	<p>Medical notes documenting the following, when applicable:</p> <ul style="list-style-type: none"> <li>● Documentation of face-to-face encounter within six months prior to the prescription (written order) from the treating practitioner, including date, when applicable</li> <li>● Current prescription (written order) from physician, including:               <ul style="list-style-type: none"> <li>○ Initial or replacement</li> <li>○ Rental or purchase</li> <li>○ Specific HCPCS code(s) for item and each accessory requested</li> <li>○ Equipment make, model, and price quotation</li> <li>○ Rationale for selection of specific device and accessories</li> <li>○ If repair or replacement, current device used, date of initial acquisition, status of warranty, as well as:                   <ul style="list-style-type: none"> <li>▪ Proper use and continued benefit</li> <li>▪ Date the member acquired the original equipment and original payer</li> <li>▪ Make, model, configuration, and serial number of the existing chair</li> <li>▪ Reason for repair or replacement</li> <li>▪ Detailed equipment replacement/repair quote</li> <li>▪ History of previous repairs</li> <li>▪ Replacement cost</li> <li>▪ If stolen, include police report</li> </ul> </li> </ul> </li> <li>● Diagnosis</li> <li>● Most recent member weight and height</li> <li>● For wheelchairs and power mobility devices, in addition to the above, provide medical notes documenting the following, when applicable:               <ul style="list-style-type: none"> <li>○ Current ambulation</li> <li>○ Transfer status</li> <li>○ Functional limitations as related to activities of daily living (ADLs) and mobility activities of daily living (MRADLs) as well as risk of performing ADL</li> <li>○ Estimated duration of use</li> <li>○ Measurement of:                   <ul style="list-style-type: none"> <li>▪ Strength</li> <li>▪ Ability to move and distance moved with assistive equipment</li> <li>▪ Coordination deficits</li> <li>▪ Pain level</li> </ul> </li> <li>○ Primary setting of wheelchair/power mobility device</li> <li>○ Current mobility assistance devices</li> <li>○ Prior device(s) tried, failed, or contraindicated; include the dates, duration of use, and reason for discontinuation</li> <li>○ Home and safety evaluation assessment</li> </ul> </li> <li>● For wheelchair seating, options, and accessories, in addition to the above, provide medical notes documenting the following, when applicable:               <ul style="list-style-type: none"> <li>○ Safe utilization, tolerance, and benefit of requested device</li> <li>○ Proper use and continued benefit</li> <li>○ Prior accessories/options tried, failed, or contraindicated; include the dates and reason for discontinuation</li> </ul> </li> </ul>

\*For code descriptions, refer to the [Applicable Codes](#) section.

## 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 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.

HCPCS Code	Description
<b>Manual Wheelchairs</b>	
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests
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 legrest
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests
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 legrests
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests
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 legrests
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 legrests
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest
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 legrests
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest
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 legrests
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests
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 legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
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

HCPCS Code	Description
<b>Manual Wheelchairs</b>	
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 legrest
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 legrests
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests
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 legrest
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
<b>Power Mobility Devices</b>	
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
E0986	Manual wheelchair accessory, push-rim activated power assist system
K0013	Custom motorized/power wheelchair base
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, captain's 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

HCPCS Code	Description
<b>Power Mobility Devices</b>	
K0816	Power wheelchair, group 1 standard, captain's 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, captain's 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, captain's chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 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, captain's 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, captain's chair, patient weight 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, captain's 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, captain's 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

HCPCS Code	Description
<b>Power Mobility Devices</b>	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy-duty, captain's 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, captain's 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, captain's 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, captain's chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds

HCPCS Code	Description
<b>Power Mobility Devices</b>	
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
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
<b>Wheelchair Options and Accessories</b>	
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0971	Manual wheelchair accessory, antitipping device, each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, antirollback device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E0990	Wheelchair accessory, elevating legrest, complete assembly, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, 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
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, 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
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
E1020	Residual limb support system for wheelchair, any type

HCPCS Code	Description
<b>Wheelchair Options and Accessories</b>	
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
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
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, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2207	Wheelchair accessory, crutch and cane holder, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, 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
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
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

HCPCS Code	Description
<b>Wheelchair Options and Accessories</b>	
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
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
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 nonsealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each

HCPCS Code	Description
<b>Wheelchair Options and Accessories</b>	
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
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
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2633	Wheelchair accessory, addition to mobile arm support, supinator
K0009	Other manual wheelchair/base
K0015	Detachable, nonadjustable height armrest, each

HCPCS Code	Description
<b>Wheelchair Options and Accessories</b>	
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 legrest, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), 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 semipneumatic tire, replacement only, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
K0098	Drive belt for power wheelchair, replacement only
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
K0900	Customized durable medical equipment, other than wheelchair
<b>Wheelchair Seating</b>	
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
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
E2610	Wheelchair seat cushion, powered

HCPCS Code	Description
<b>Wheelchair Seating</b>	
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
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
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
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, 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
E0966	Manual wheelchair accessory, headrest extension, each
E0992	Manual wheelchair accessory, solid seat insert
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
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
K0108	Wheelchair component or accessory, not otherwise specified
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC

# Benefit Considerations

## Mobility Devices

- Mobility Devices including manual wheelchairs, electric wheelchairs, transfer chairs, scooters/power-operated vehicles (POV), canes and walkers, are a Covered Health Care Service when Medically Necessary. Check the member specific benefit plan document for coverage.
- Proof of the home evaluation is not required at the time of prior authorization. The on-site home evaluation can be performed prior to, or at the time of, delivery of a power Mobility Device. The written report of the home evaluation must be available on request post-delivery.

## Repair, Replacement, and Upgrade

Refer to the Administrative Policy titled [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements](#).

# References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Technology Assessment Committee. [030.02]

# Policy History/Revision Information

Date	Summary of Changes
03/01/2023	<p><b>Title Change/Template Update</b></p> <ul style="list-style-type: none"><li>• Reorganized and renamed policy; combined content previously included in the Clinical Policies titled:<ul style="list-style-type: none"><li>○ <i>Manual Wheelchairs</i></li><li>○ <i>Power Mobility Devices</i></li><li>○ <i>Wheelchair Options and Accessories</i></li><li>○ <i>Wheelchair Seating</i></li></ul></li></ul> <p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"><li>• Revised language to indicate mobility devices are proven and medically necessary in certain circumstances; for medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment:<ul style="list-style-type: none"><li>○ Power Operated Vehicles (POV)</li><li>○ Wheelchair Cushions or Seating System</li><li>○ Wheelchairs Manual</li><li>○ Wheelchairs or Strollers, Pediatric</li><li>○ Wheelchairs, Power</li><li>○ Wheels or Wheelchairs, Power-Assist</li></ul></li></ul> <p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"><li>• Updated list of HCPCS codes with associated documentation requirements:<ul style="list-style-type: none"><li>○ Added E0986</li><li>○ Removed E1009</li></ul></li><li>• Updated list of <i>Required Clinical Information</i> to reflect/include:<ul style="list-style-type: none"><li>○ Documentation of face-to-face encounter, within six months prior to the prescription (written order), from the treating practitioner including date, when applicable</li><li>○ Current prescription (written order) from physician, including:<ul style="list-style-type: none"><li>▪ Initial or replacement</li><li>▪ Rental or purchase</li><li>▪ Specific HCPCS code(s) for item and each accessory requested</li><li>▪ Equipment make, model and price quotation</li><li>▪ Rationale for selection of specific device and accessories</li></ul></li></ul></li></ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>▪ If repair or replacement, current device used, date of initial acquisition, status of warranty, as well as: <ul style="list-style-type: none"> <li>– Proper use and continued benefit</li> <li>– Date the member acquired the original equipment and original payer</li> <li>– Make, model, configuration and serial number of the existing chair</li> <li>– Reason for repair or replacement</li> <li>– Detailed equipment replacement/repair quote</li> <li>– History of previous repairs</li> <li>– Replacement cost</li> </ul> </li> <li>▪ If stolen, include police report</li> <li>○ Diagnosis</li> <li>○ Most recent member weight and height</li> <li>○ For wheelchairs and power mobility devices, in addition to the above, provide medical notes documenting the following, when applicable: <ul style="list-style-type: none"> <li>▪ Current ambulation</li> <li>▪ Transfer status</li> <li>▪ Functional limitations as related to activities of daily living (ADLs) and mobility activities of daily living (MRADLs) as well as risk of performing ADL</li> <li>▪ Estimated duration of use</li> <li>▪ Measurement of: <ul style="list-style-type: none"> <li>– Strength</li> <li>– Ability to move and distance moved with assistive equipment</li> <li>– Coordination deficits</li> <li>– Pain level</li> </ul> </li> </ul> </li> <li>○ Primary setting of wheelchair/power mobility device</li> <li>○ Current mobility assistance devices</li> <li>○ Prior device(s) tried, failed or contraindicated; include the dates, duration of use and reason for discontinuation</li> <li>○ Home and safety evaluation assessment</li> <li>○ For wheelchair, seating, options and accessories, in addition to the above, provide medical notes documenting the following, when applicable: <ul style="list-style-type: none"> <li>▪ Safe utilization, tolerance and benefit of requested device</li> <li>▪ Proper use and continued benefit</li> <li>▪ Prior accessories/ options tried, failed, or contraindicated; include the dates and reason for discontinuation</li> </ul> </li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>● Removed HCPCS codes A9270, E0950, E1031, E1037, E1038, E1039, E2300, and E2301</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Added <i>Benefit Considerations</i> section</li> <li>● Removed <i>Definition</i> and <i>References</i> sections</li> <li>● Archived previous policy versions DME 042.5, DME 044.5, DME 046.4, and DME 048.5</li> </ul>

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Oxford Clinical Policies 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.