

Wheelchair Options/Accessories

CONTRACTOR INFORMATION

Contractor Name:

AdminaStar Federal

Contractor Number:

00635

Contractor Type:

DMERC

LMRP INFORMATION

LMRP Database ID Number:

4987

LMRP Version Number:

7

LMRP Title:

Wheelchair Options/Accessories

Contractor's Policy Number:

Not applicable

AMA CPT Copyright Statement:

CPT codes, descriptions and other data only are copyright 2001 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply.

CMS National Coverage Policy:

CMS Publication 100-3 (Medicare National Coverage Determinations Manual), Chapter 1, Sections 280.1, 280.3

Primary Geographic Jurisdiction:

DC, IL, IN, MD, MI, MN, OH, VA, WI, WV

Oversight Region:

Region V

CMS Consortium:

Midwest

DMERC Region LMRP Covers:

Region B

Original Policy Effective Date:

For claims received on or after 10/01/1993

Original Policy Ending Date:

Not applicable

Revision Effective Date:

For services performed on or after 01/01/2004

Revision Ending Date:

Not applicable

LMRP Description:

Wheelchair Options/Accessories

Indications and Limitations of Coverage and/or Medical Necessity:

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Options and accessories for wheelchairs are covered if the following criteria are met:

- 1) The patient has a wheelchair that meets Medicare coverage criteria, and
- 2) The patient's condition is such that without the use of a wheelchair, he would otherwise be bed or chair confined (an individual may qualify for a wheelchair and still be considered bed confined), and;
- 3) The options/accessories are necessary for the patient to perform one or more of the following activities:
 - a) Function in the home;
 - b) Perform instrumental activities of daily living.

An option/accessory that is beneficial primarily in allowing the patient to perform leisure or recreational activities is noncovered.

The allowance for a power operated vehicle (POV) includes all options and accessories that are provided at the time of initial issue, including but not limited to batteries, battery chargers, seating systems, etc. If a patient-owned POV meets coverage criteria, medically necessary replacement items are covered.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable. (Refer to Coding Guidelines section and Appendices section for additional information on correct coding.)

The medical necessity for all options and accessories must be documented in the patient's medical record and be available to the DMERC on request.

Arm of Chair:

Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the patient requires an arm height that is different than that available using nonadjustable arms and the patient spends at least 2 hours per day in the wheelchair.

An arm trough (K0106) is covered if patient has quadriplegia, hemiplegia, or uncontrolled arm movements.

Footrest/ Legrest:

Elevating legrests (E0990, K0046, K0047, K0053, K0195) are covered if:

- 1) The patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; or
- 2) The patient has significant edema of the lower extremities that requires having an elevating legrest; or
- 3) The patient meets the criteria for and has a reclining back on the wheelchair.

Seating and Positioning:

Hook-on headrest extension (E0966) is covered if the patient:

- 1) Has weak neck muscles and needs a headrest for support, or
- 2) Meets the criteria for and has a reclining back on the wheelchair.

A safety belt/pelvic strap (E0978) is covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.

A solid seat insert (E0992) is not separately payable. The Medicare reimbursement for a seat cushion includes a solid base.

A fully reclining back option (E1226) is covered if the patient spends at least 2 hours per day in the wheelchair and has one or more of the following conditions/needs:

- 1) Quadriplegia;
- 2) Fixed hip angle;
- 3) Trunk or lower extremity casts/braces that require the reclining back feature for positioning;
- 4) Excess extensor tone of the trunk muscles; and/or
- 5) The need to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is very difficult.

Back support systems described by code K0114 are not generally accepted as being reasonable and necessary to provide trunk support to patients in wheelchairs. An adequate seating system would allow the patient to function appropriately in the wheelchair. Code K0114 will be denied as not medically necessary.

A custom fabricated back module or combined back and seat module (K0115, K0116) is covered when:

- 1) The patient has a significant spinal deformity and/or severe weakness of the trunk muscles, and
- 2) The patient's need for prolonged sitting tolerance, postural support to permit functional activities, or pressure reduction cannot be met adequately by a prefabricated seating system, and
- 3) The patient is expected to be in the wheelchair at least 2 hours per day.

Nonstandard Seat Frame Dimensions:

A nonstandard seat width and/or depth (E2201-E2204, E2340-E2341) is covered only if the patient's dimensions justify the need.

Batteries/Chargers:

Up to two batteries (E2360-E2365) at any one time are allowed if required for a power wheelchair. A battery is separately payable from the wheelchair base.

A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base (K0010-K0014). A dual mode charger (E2367) is not medically necessary; when it is provided as a replacement, payment is based on the allowance for the least costly medically appropriate alternative, E2366.

Power Seating Systems:

A power seat elevation feature (E2300), power standing feature (E2301), and power wheelchair attendant control (E2331) are noncovered because they are not primarily medical in nature. If a wheelchair has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power seat elevation or power standing feature, it will be denied as noncovered.

Other Power Wheelchair Accessories:

An electronic interface (E2351) to allow a speech generating device to be operated by the power wheelchair control interface is covered if the patient has a covered speech generating device. (Refer to the medical policy on Speech Generating Devices for details.) An electronic interface used to control lights or other electrical devices is noncovered because it is not primarily medical in nature.

Miscellaneous Accessories:

A one arm drive attachment (E0958) is covered if the patient propels the chair himself/herself with only one hand and the need is expected to last at least 6 months.

Anti-rollback device (E0974) is covered if the patient propels himself/herself and needs the device because of ramps.

Swingaway, retractable, or removable hardware (E1028) is noncovered if the primary indication for its use is to allow the patient to move close to desks or other surfaces. One example (not all-inclusive) of a covered indication would be to move the component out of the way so that a patient could perform a slide transfer to a chair or bed.

A crutch and cane holder (K0102) is not medically necessary.

CPT/HCPCS Section:

Durable Medical Equipment Regional DMERCs – Wheelchairs
 Durable Medical Equipment Regional DMERCs – Spinal Orthotics
 Durable Medical Equipment Regional DMERCs – Additions to Mobile Arm Supports
 Durable Medical Equipment – Decubitis Care Equipment
 Durable Medical Equipment – Wheelchair Accessories
 Orthotic Procedures – Abduction Positioning-Custom Fitted

Benefit Category:

Durable Medical Equipment

Coverage Topic:

Durable Medical Equipment
 Wheelchairs

CODING INFORMATION**CPT/HCPCS Codes**

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS Modifiers:

EY No physician or other licensed health care provider order for this item or service
 GY Item or service statutorily excluded or does not meet the definition of any Medicare benefit
 RP Replacement

HCPCS Codes:**Arm of Chair**

E0973 Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
 K0015 Detachable, non-adjustable height armrest, each
 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
 K0106 Arm trough, each
 L3964 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment
 L3965 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, adjustable rancho type, prefabricated, includes fitting and adjustment
 L3966 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment
 L3968 Shoulder elbow orthosis, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment
 L3969 Shoulder elbow orthosis, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support, prefabricated, includes fitting and adjustment
 L3970 SEO, addition to mobile arm support, elevating proximal arm
 L3972 SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control

L3974 SEO, addition to mobile arm support, supinator

Footrest/Legrest

E0951 Heel loop/holder, with or without ankle strap, each
E0952 Toe loop/holder, each
E0990 Wheelchair accessory, elevating leg rest, complete assembly, each
E0995 Wheelchair accessory, calf rest/pad, each
E1020 Residual limb support system for wheelchair
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
K0045 Footrest, complete assembly
K0046 Elevating legrest, lower extension tube, each
K0047 Elevating legrest, upper hanger bracket, each
K0050 Ratchet assembly
K0051 CAM release assembly, footrest or legrest, each
K0052 Swingaway, detachable footrests, each
K0053 Elevating footrests, articulating (telescoping), each
K0195 Elevating leg rests, pair (for use with capped rental wheelchair base)

Seating and Positioning

E0192 Low pressure and positioning equalization pad, for wheelchair
E0955 Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
E0956 Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
E0957 Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
E0960 Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0962 1" cushion, for wheelchair
E0963 2" cushion, for wheelchair
E0964 3" cushion, for wheelchair
E0965 4" cushion, for wheelchair
E0966 Manual wheelchair accessory, headrest extension, each
E0978 Wheelchair accessory, safety belt/pelvic strap, each
E0981 Wheelchair accessory, seat upholstery, replacement only, each
E0982 Wheelchair accessory, back upholstery, replacement only, each
E0992 Manual wheelchair accessory, solid seat insert
E1012 Integrated seating system, planar, for pediatric wheelchair
E1013 Integrated seating system, contoured, for pediatric wheelchair
E1014 Reclining back, addition to pediatric wheelchair
E1025 Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware)
E1026 Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)
E1027 Lateral/anterior support, for pediatric wheelchair, each (includes hardware)

- E1225 Manual wheelchair accessory, semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
- E1226 Manual wheelchair accessory, fully reclining back, each
- K0023 Solid back insert, planar back, single density foam, attached with straps
- K0024 Solid back insert, planar back, single density foam, with adjustable hook-on hardware
- K0114 Back support system for use with a wheelchair, with inner frame, prefabricated
- K0115 Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base
- K0116 Seating system, combined back and seat module, custom fabricated for attachment to wheelchair base

Nonstandard Seat Frame Dimensions

- E1011 Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
- E2201 Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
- E2202 Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
- E2203 Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
- E2204 Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
- 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
- K0056 Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair

Rear Wheels for Manual Wheelchairs

- E0961 Manual wheelchair accessory, wheel lock brake extension (handle), each
- E0967 Manual wheelchair accessory, hand rim with projections, each
- E0986 Manual wheelchair accessory, push-rim activated power assist, each
- K0059 Plastic coated handrim, each
- K0060 Steel handrim, each
- K0061 Aluminum handrim, each
- K0064 Zero pressure tube (flat free inserts), any size, each
- K0065 Spoke protectors, each
- K0066 Solid tire, any size, each
- K0067 Pneumatic tire, any size, each
- K0068 Pneumatic tire tube, each
- K0069 Rear wheel assembly, complete, with solid tire, spokes or molded, each
- K0070 Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each
- K0081 Wheel lock assembly, complete, each

Front Casters for Manual Wheelchairs

- K0071 Front caster assembly, complete, with pneumatic tire, each
- K0072 Front caster assembly, complete, with semi-pneumatic tire, each
- K0073 Caster pin lock, each
- K0074 Pneumatic caster tire, any size, each
- K0075 Semi-pneumatic caster tire, any size, each
- K0076 Solid caster tire, any size, each
- K0077 Front caster assembly, complete, with solid tire, each
- K0078 Pneumatic caster tire tube, each

Batteries/Chargers

- E2360 Power wheelchair accessory, 22 NF non-sealed 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 non-sealed 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 non-sealed 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 non-sealed, each
- E2367 Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each

Power Seating Systems

- 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 leg rest, each
- E1010 Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each
- E2300 Power wheelchair accessory, power seat elevation system
- E2301 Power wheelchair accessory, power standing system
- 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 two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware

Power Wheelchair Drive Control Systems

- E1028 Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
- E2320 Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware
- 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
- 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
- E2399 Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware

Other Power Wheelchair Accessories

- E1016 Shock absorber for power wheelchair, each
- E1018 Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
- E2351 Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
- K0090 Rear wheel tire for power wheelchair, any size, each
- K0091 Rear wheel tire tube other than zero pressure for power wheelchair, any size, each
- K0092 Rear wheel assembly for power wheelchair, complete, each
- K0093 Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each
- K0094 Wheel tire for power base, any size, each
- K0095 Wheel tire tube other than zero pressure for each base, any size, each
- K0096 Wheel assembly for power base, complete, each
- K0097 Wheel zero pressure tire tube (flat free insert) for power base, any size, each
- K0098 Drive belt for power wheelchair
- K0099 Front caster for power wheelchair, each

Miscellaneous Accessories

- A9270 Non-covered item or service
- A9900 Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
- E0950 Wheelchair accessory, tray, each
- E0958 Manual wheelchair accessory, one-arm drive attachment, each
- E0959 Manual wheelchair accessory, adapter for amputee, each
- E0971 Anti-tipping device wheelchairs
- E0972 Wheelchair accessory, transfer board or device, each
- E0974 Manual wheelchair accessory, anti-rollback device, each
- E0985 Wheelchair accessory, seat lift mechanism

E1015	Shock absorber for manual wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each
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
K0102	Crutch and cane holder, each
K0104	Cylinder tank carrier, each
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0452	Wheelchair bearings, any type

Not Otherwise Classified (NOC):

Not specified

ICD-9 Codes that Support Medical Necessity:

Not specified

Diagnoses that Support Medical Necessity:

Not specified

ICD-9 Codes that Do Not Support Medical Necessity:

Not specified

Non-Medical Necessity ICD-9 Codes Asterisk Explanation:

Not applicable

Diagnoses that Do Not Support Medical Necessity:

Not specified

Reasons for Denials:

Items listed in this policy will be denied as not medically necessary when provided for conditions other than those listed in the “Indications and Limitations of Coverage and/or Medical Necessity” section unless it specifically states in that section that they will be denied as noncovered.

Non-covered ICD-9 Codes:

Not specified

Non-covered Diagnoses:

Not specified

Coding Guidelines:

General:

A table in the Appendices section defines the bundling guidelines for wheelchair bases and options/accessories. Codes listed in Column II are not separately payable from the wheelchair base and must not be billed separately at the time of initial purchase or rental of the wheelchair.

A replacement option/accessory for a power operated vehicle (POV) is billed using a wheelchair

option/accessory code. All options and accessories provided at the time of initial issue of a POV are not separately billable.

The RP modifier is used when an option or accessory is provided either as a replacement for the same part which has been worn or damaged (e.g., replacing a tire of the same type) or as an upgrade subsequent to providing the wheelchair base (e.g., replacing a standard seat of a power wheelchair with a power seating system). In both of these situations, the new item is placed on the existing wheelchair base. The RP modifier must not be used if the accessory is provided at the same time as the wheelchair base, even if the option/accessory is the same as one that the patient had on a prior wheelchair.

Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded K0108. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code K0108. When billing more than one line item with code K0108, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge. If a supplier chooses to bill separately for a component that is included in another code, code A9900 must be used.

The right (RT) and left (LT) modifiers must be used when appropriate. When the same code for bilateral items (left and right) are billed on the same date of service, bill both items on the same claim line using the LTRT modifiers and 2 units of service.

Codes E0953, E0954, E0969-E0970, E0977, E0980, E0994, E0996-E1001, E1227, E1296-E1298 are not valid for claims submitted to the DMERC. Codes E0968 and E1228 should only be used to bill for maintenance and service for an item for which the initial claim was paid by the local carrier prior to transition to the DMERC.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

Footrest/ Legrest:

Elevating legrests that are used with a wheelchair that is purchased or owned by the patient are coded E0990. This code is per legrest. Elevating legrests that are used with a capped rental wheelchair bases should be coded K0195. This code is per pair of legrests.

Seating and Positioning:

Codes E0192 and E0962-E0965 are only used for wheelchair seat cushions, not for back cushions.

A headrest extension (E0966) is a sling support for the head. Code E0955 describes any type of cushioned headrest.

A solid seat insert (E0992) is a rigid piece of wood or plastic which is added to a seat cushion to provide a firm base for the seat cushion.

Code E1226 is for a fully reclining back which is manually operated.

A prefabricated back seating module which is incorporated into a wheelchair base is billed using the wheelchair back accessory codes - K0023, K0024, or K0108.

Code K0114 describes a device with the following characteristics:

- 1) Plastic frame which is padded and covered with cloth, or other material
- 2) Designed to be attached to a wheelchair base; doesn't completely replace the wheelchair back
- 3) Limited degree of custom fitting/molding possible

Codes K0115 and K0116 describe custom fabricated seating components which are incorporated into a wheelchair base. Custom fabricated means the item is individually made for a patient using (a) a plaster model of the patient, (b) a computer generated model of the patient (CAD-CAM technology), or (c) detailed measurements of the patient used to create a carved foam custom fabricated component. These codes are not used for seating components that are ready made but subsequently modified to fit an individual patient. Code K0116 is used for either a one piece system or when there are separate back and seat components.

Nonstandard Seat Frame Dimensions:

For all adult wheelchairs (E1161, K0001-K0009, K0010-K0014), payment for seat widths and/or seat depths of 15-19 inches are included in the payment for the base code. These seat dimensions should not be separately billed. Codes E2201-E2204 and E2340-E2343 describe seat widths and/or depths of 20 inches or more for manual or power wheelchairs.

Rear Wheels for Manual Wheelchairs:

A push-rim activated power assist (E0986) is an option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the patient on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. Batteries are included.

A zero pressure tube (flat free insert) (K0064) is a ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. It is distinct from the tire itself. This code must not be used for a solid (e.g., rubber or foam filled) tire, even though that tire is "flat free".

Power Seating Systems:

A power tilt seating system (E1002) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 45 degrees from horizontal; back height of at least 20 inches; ability for the supplier to adjust the seat to back angle; ability to support patient weight of at least 250 pounds.

A power recline seating system (E1003-E1005) includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height arm rests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest or legrests. It must have the following features: ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support patient weight of at least 250 pounds.

A power tilt and recline seating system (E1006-E1008) includes: a solid seat platform and a solid

back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; two motors and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 45 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support patient weight of at least 250 pounds.

A mechanical shear reduction feature (E1004 and E1007) consists of a two separate back panels. As the posterior back panel reclines or raises there is a mechanical linkage between the two panels which allows the patient's back to stay in contact with the anterior panel without sliding along that panel.

A power shear reduction feature (E1005 and E1008) consists of a two separate back panels. As the posterior back panel reclines or raises there is a separate motor which controls the linkage between the two panels and allows the patient's back to stay in contact with the anterior panel without sliding along that panel.

A mechanically linked leg elevation feature (E1009) involves a pushrod which connects the legrest to a power recline seating system. With this feature, when the back reclines, the legrest elevates; when the back raises, the legrest lowers.

A power leg elevation feature (E1010) involves a dedicated motor and related electronics with or without variable speed programmability which allows the legrest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s).

A power seat elevation system (E2300) includes: a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It must provide a seat elevation of at least 6 inches.

A power standing system (E2301) includes: a solid seat platform and a solid back; detachable or flip-up fixed height armrests; hinged legrests; anterior knee supports; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a basic switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to move the patient to a standing position; ability to support patient weight of at least 250 pounds.

Codes E2310 and E2311 describe the electronic components that allow the patient to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or nonproportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing. It includes a function selection switch which allows the patient to select the motor that is being controlled and an indicator feature to visually show which function has been selected. When the wheelchair drive function has been selected, the indicator feature may also show the direction that has been selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface. Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box (if present).

Power Wheelchair Drive Control Systems:

The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc.

A proportional interface is one in which the direction and amount of movement by the patient controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick.

A nonproportional interface is one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a nonproportional interface is a sip-and-puff mechanism.

The term controller describes the electronics that connect the interface to the motor and gears in the power wheelchair base.

A switch is an electronic device which turns power to a particular function either “on” or “off”. The external component of a switch may be either mechanical or nonmechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle, button, ribbon, etc. Examples of the external components of nonmechanical switches include, but are not limited to, proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into a single external switch component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

A stop switch allows for an emergency stop when a wheelchair with a nonproportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the patient having to continually activate the interface.) This switch is sometimes referred to as a kill switch.

A direction change switch allows the patient to change the direction that is controlled by another separate switch or by a mechanical proportional head control interface. For example, it allows a switch to initiate forward movement one time and backward movement another time.

A function selection switch allows the patient to determine what operation is being controlled by the interface at any particular time. Operations may include, but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc.

The interfaces described by codes E2320-E2322, E2325, and E2327-E2330 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

A remote joystick (E2320, E2321) is one in which the joystick itself is separate from the controller box (i.e., the box containing the electronics that connects the interface to the motor and gears). These codes include remote joysticks that are used for hand control as well as joysticks that are used for chin control. Code E2320 includes either a standard proportional remote joystick stick or a proportional remote joystick in which small movements of the joystick are sufficient to control the wheelchair. The latter type of joysticks are sometimes referred to as mini-proportional, compact, or short throw joysticks.

When code E2320 or E2321 is used for a chin control interface, the chin cup is billed separately with code E2324.

Code E2320 also describes a touchpad which is an interface similar to the pad-type mouse found on portable computers.

Code E2322 describes a system of 3-5 mechanical switches which are activated by the patient touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch, if provided, are included in the allowance for the code.

Code E2323 includes prefabricated joystick handles that have shapes other than a straight stick – e.g., U shape or T shape – or that have some other nonstandard feature – e.g., flexible shaft.

A sip and puff interface (E2325) is a nonproportional interface in which the patient holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit which is described by code E2326.

A proportional, mechanical head control interface (E2327) is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the patient's head pressing on the headrest control the direction and speed of the wheelchair. A mechanical direction control switch is included in the code.

A proportional, electronic head control interface (E2328) is one in which a patient's head movements are sensed by a box placed behind the patient's head. The direction and amount of movement of the patient's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface (E2328) is one in which the direction and amount of movement of the patient's arm or leg control the direction and speed of the wheelchair.

A nonproportional, contact switch head control interface (E2329) is one in which a patient activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

A nonproportional, proximity switch head control interface (E2330) is one in which a patient activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

An attendant control (E2331) is one which allows a caregiver to drive the wheelchair instead of the patient. The attendant control is usually mounted on one of the rear canes of the wheelchair. This code is limited to proportional control devices, usually a joystick.

Other Power Wheelchair Accessories:

A zero pressure tube (flat free insert) (K0093, K0097) is a ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. It is distinct from the tire itself. This code must not be used for a solid (e.g., rubber or foam filled) tire, even though that tire is “flat free”.

Code E2351 describes an electronic interface used with a speech generating device. An electronic interface that is used to allow lights or other electrical devices to be operated using the power wheelchair control interface must be billed with code A9270 (non-covered item).

Miscellaneous:

Code E1028 is used for hardware that allows a cushioned headrest (E0955), lateral trunk or hip supports (E0956, E1025-E1027), or a medial thigh support (E0957) to swing away manually or to be removed. Code E1028 is also used for swingaway hardware used with interfaces described by codes E2320 and E2321, swingaway or flip-down hardware for head control interfaces E2327-E2330, and swingaway hardware for an indicator display box that is related to the multi-motor electronic connection codes E2310 or E2311. Code E1028 is not to be used for swing away hardware used with a sip and puff interface (E2325) because swingaway hardware is included in the allowance for that code.

Code E1029 describes a ventilator tray which is attached in a fixed position to the wheelchair base or back. Code E1030 describes a ventilator tray which is attached to the seat back and is articulated so that the tray will remain horizontal when the seat back is raised or lowered.

GENERAL INFORMATION

Documentation Requirements:

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless “there has been furnished such information as may be necessary in order to determine the amounts due such provider” (42 U.S.C. Section 13951[e]). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Wheelchair options/accessories which require a Certificate of Medical Necessity (CMN) are: K0016 – K0018, K0020, K0028, K0046 – K0048, K0053, and K0195. For these items, a CMN which has been completed, signed and dated by the treating physician must be kept on file by the supplier and made available to the DMERC on request. For these items, the CMN may act as a substitute for a written order if it contains all of the required elements of an order. Depending on the type of wheelchair, the CMN for these options/accessories is either HCFA Form 843 (power wheelchairs) or HCFA Form 844 (manual wheelchairs). For these items, the initial claim must include a copy of the CMN.

Accessories to the wheelchair base must be billed on the same claim as the wheelchair base itself. If multiple pages are needed when a hard copy claim is filed, subtotals must not be entered on each page; the total must be entered only on the last page.

When billing option/accessory codes as a replacement (modifier RP), documentation of the medical necessity for the item, make and model name of the wheelchair base it is being added to, and the date of purchase of the wheelchair must be submitted with the claim.

Claims for codes K0115 and K0116 must include the following documentation:

- 1) The patient's diagnosis and description of the spinal problem including a detailed evaluation of the patient,
- 2) A description of the features of the device and medical necessity of each,

- 3) An explanation of why a prefabricated seating system is not adequate for the patient,
- 4) A statement of the number of hours per day that the patient is expected to be in the wheelchair,
- 5) The manufacturer's name and model name/number, if applicable, otherwise, a photograph of the device, a brief description of materials used, and an estimate of the fitting/fabrication time. (The requirement for a photograph can be eliminated or modified with DMERC approval for an individual supplier if they send information to the Medical Director describing their fabrication process and the way they report the items provided.)

When code K0108 is billed, the claim must include a narrative description of the item, the manufacturer, the model name or number (if applicable), and information justifying the medical necessity for the item. If a formal wheelchair evaluation has been performed, it would be appropriate to include this information as documentation.

Documentation for individual consideration might include information on the patient's diagnosis, the patient's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the patient performs, etc.), the duration of the condition, the expected prognosis, past experience using similar equipment.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices:

Wheelchair options/accessories: Correct coding guidelines

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time. For Manual and Power Wheelchair Bases, all the bolded codes in column II relate to each of the nonbolded wheelchair base codes in Column I.

Column I	Column II
Power Operated Vehicle (E1230)	All options and accessories
Manual Wheelchair Base (E1161, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0008, K0009)	E0981, E0982, E0995, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0060, K0061, K0066, K0069, K0070, K0071, K0072, K0076, K0077, K0081, K0452
Power Wheelchair Base (K0010, K0011, K0012, K0013, K0014)	E0971, E0981, E0982, E0995, E2366, E2367, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0081, K0090, K0092, K0094, K0096, K0098, K0099, K0452
E0973	K0017, K0018, K0019
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0023, K0024, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052

E1009, E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	K0066
K0070	K0067, K0068
K0071	K0074, K0078
K0072	K0075
K0077	K0076
K0090	K0091
K0092	K0090, K0091
K0096	K0094, K0095
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Footnotes:

Not applicable

Utilization Guidelines:

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Other Comments:

Not applicable

Sources of Information and Basis for Decision:

Reserved for future use.

Advisory Committee Meeting Notes:

Not applicable

Start Date of Comment Period:

04/16/1993

End Date of Comment Period:

05/31/1993

Start Date of Notice Period:

08/01/1993

Revision History Number:

003

Revision History Explanation:

Revision effective date: 01/01/2004

HCPCS Codes and Modifiers:

- Added: A9270, A9900, E0950-E0952, E0955-E0957, E0959-E0961, E0966, E0967, E0972-E0974, E0978, E0981, E0982, E0985, E0986, E0990, E0992, E0995, E1002-E1010, E1028-E1030, E1225, E1226, E2201-E2204, E2300, E2301, E2310, E2311, E2320-E2331, E2340-E2343, E2351, E2360-E2367, E2399, RP
- Discontinued: K0016, K0022, K0025-K0033, K0035, K0036, K0048, K0049, K0054, K0055, K0057, K0058, K0062, K0063, K0079, K0080, K0082-K0089, K0100, K0103, K0107
- Revised: E0958

CMS National Coverage Policy:

Revises manual references.

Indications and Limitations of Coverage:

- Adds coverage guidelines for electrical connection devices for power seating systems (E2310, E2311) and electronic connection device for speech generating device (E2351).
- States that the following items are noncovered: power seat elevation feature (E2300), power standing feature, electronic interface for lights/ other electrical devices.
- States that a solid seat insert (E0992) is not separately payable.
- Revises coverage criteria for nonstandard seat width and depth (E2201-E2204, E2340-E2343).

Coding Guidelines:

Revises guidelines for use of RP modifier.

- Revises list of codes that are invalid for claim submission to the DMERC.
- Adds definitions for many new codes.

Appendices:

- Adds correct coding guidelines for: power tilt and/or recline systems, E1009, E1010, E2325.
- Revises correct coding guidelines for: manual wheelchair bases, power wheelchair bases, E0990, K0053, K0195.

Revision effective date: 04/01/2003

HCPCS Codes and Modifiers:

- Added: E0951, E0958, E0971, E1011 – E1018, E1020, E1025 – E1027, EY
- Discontinued: K0021, K0034, K0101
- Revised: K0082 – K0089

Indications and Limitations of Coverage:

- Adds standard language concerning coverage of items without an order.
- Revises/adds statements concerning coverage of batteries and POV accessories that were previously published in a DMERC bulletin.

Coding Guidelines:

- Moves Definitions section to this section.
- Revises the definition of code K0116.
- Adds previously published statement concerning coding of POV accessories.
- Clarifies the billing of bilateral items.

Documentation Requirements:

- Adds standard language concerning use of EY modifier for items without an order.
- Revises standard language concerning use of CMNs.

Appendices:

- Adds POVs and new adult tilt-in-space and pediatric wheelchair codes to the table.
- Adds anti-tipping device (E0971) and wheel locks (K0081) to the accessories that are included in the allowance for power wheelchairs.

Prior revision history not available.

Disclaimer Specialty Name:

Not specified

LMRP Attachments:

CMN 844 Manual Wheelchairs

CMN 843 Motorized Wheelchairs

CMN 854 Section C Continuation Form

This page has been intentionally left blank.