

# Wheelchair Options/Accessories

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan 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. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

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

Suppliers are to follow The Health Plan requirements for precertification, as applicable.

Wheelchair options and accessories require precertification and a physician face-to-face. For purpose of this policy, a physician’s order refers to the detailed written order.

<b>National Coverage Determination Policy</b>	CMS Publication 100-03 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1, 280.3
<b>Local Coverage Determination Policy</b>	J-B/C
<b>Effective Date</b>	For services performed on or after 10/31/13
<b>Revision/Review Date</b>	01/01/19, 11/18, 06/08/18, 04/21/17, 02/15/17, 10/04/16, 01/01/2016, 10/01/14
<b>The Health Plan</b>	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

**DESCRIPTION**

Items provided, in addition to the basic wheelchair base.

**COVERAGE GUIDELINES**

Options and accessories for wheelchairs are covered if the member has a wheelchair that meets Medicare coverage criteria and the option/accessory itself is medically necessary. Coverage criteria for specific items are described below.

**ARM OF CHAIR**

Adjustable arm height option (E0973, K0017, K0018, and K0020) is covered if the member requires an arm height that is different than that available using nonadjustable arms and the patient spends at least two hours per day in the wheelchair. K0017 and K0018 are replacements and are not separately billable at initial issue of the wheelchair.

An arm trough (E2209) is covered for members with the diagnoses of quadriplegia, hemiplegia, or uncontrolled arm movements.

**FOOT REST/LEG REST**

Elevating leg rests (E0990, K0046, K0047, K0053, and K0195) are covered if:

1. The member has a musculoskeletal condition or the presence of a cast or brace which prevents 90° flexion at the knee; or
2. The member has significant edema of the lower extremities that requires an elevating leg rest; or
3. The member meets the criteria for and has a reclining back on the wheelchair.

**NONSTANDARD SEAT FRAME DIMENSIONS**

A nonstandard seat width and/or depth for a manual wheelchair (E2201 - E2204) is covered only if the member's physical dimensions justify the need.

**WHEELS/TIRES FOR MANUAL WHEELCHAIRS**

A gear reduction drive wheel (E2227) or a lever activated wheel drive (E0988) is covered if all of the following criteria are met:

1. The member has been self-propelling in a manual wheelchair for at least one year; and
2. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the member's home. The PT, OT, or physician may have no financial relationship with the supplier; and
3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP), who specializes in wheelchairs and who has, direct in-person involvement in the wheelchair selection for the member.

**BATTERIES/CHARGERS**

Up to two sealed batteries (E2359, E2361, E2363, E2365, E2371, and K0733) at any one time are allowed if required for a power wheelchair.

A single mode battery charger (E2366) is appropriate for charging sealed lead acid battery.

The usual maximum frequency of replacement for a lithium-based battery (**E2397**) is **one every three years**. Only one battery is allowed at any one time.

**POWER TILT AND/OR RECLINE SEATING SYSTEMS (E1002 - E1010)**

A power seating system – tilt only, recline only, or combination tilt and recline – with or without power elevating leg rests will be covered if criteria 1, 2, and 3 are met and if criterion 4, 5, or 6 is met:

1. The member meets all the coverage criteria for a power wheelchair described in the power mobility devices policy; and
2. A specialty evaluation by a licensed/certified medical professional, such as a PT or OT or physician who has specific training and experience in rehabilitation wheelchair evaluations of the member's seating and positioning needs. The PT, OT, or physician may have no financial relationship with the supplier; and
3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in rehabilitation wheelchairs and who has direct, in-person involvement in the selection of the seating system for the member; and
4. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
5. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
6. The power seating system is needed to manage increased tone or spasticity.

**POWER WHEELCHAIR DRIVE CONTROL SYSTEMS**

An attendant control is covered in place of a patient-operated drive control system if the member meets coverage criteria for a wheelchair, is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.

**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 member has a covered speech generating device. (See speech generating devices.)

**MISCELLANEOUS ACCESSORIES**

Anti-rollback device (E0974) is covered if the member self-propels and needs the device because of ramps.

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

One example (not all-inclusive) of a covered indication for swingaway, retractable, or removable hardware (E1028) would be to move the component out of the way so that a member can perform a slide transfer to a chair or bed.

A manual fully reclining back option (E1226) is covered if the member has one or more of the following conditions:

1. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
2. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

For information concerning a push-rim activated power assist device for a manual wheelchair, refer to the power mobility devices medical policy.

**NONCOVERAGE STATEMENT**

A non-sealed battery (E2358, E2360, E2362, E2364, and E2372) will be denied as not medically necessary.

If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary.

The following features of a power wheelchair will be denied as noncovered: stair climbing (A9270), electronic balance (A9270), ability to elevate the seat by balancing on two wheels (A9270), and remote operation (A9270).

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

A **power seat elevation feature (E2300)** and **power standing feature (E2301)** 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.

An electronic interface used to control lights or other electrical devices is noncovered because it is not primarily medical in nature.

Swingaway, retractable, or removable hardware (E1028) is noncovered if the primary indication for its use is to allow the member to move close to desks or other surfaces. If ordered for this indication, a GY modifier must be added to the code.

A manual standing system for a manual wheelchair (E2230) is noncovered (no benefit category) because it is not primarily medical in nature.

Codes E0968, E0969, E0970, E0980, E0994, E1227, E1228, E1296 - E1298, and E2340 - E2343 are not valid for claim submission.

An electronic interface (E2352) 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).

### **REPLACEMENT, REPAIR, AND REASONABLE USEFUL LIFETIME**

See specific item. Some items RUL may be found on The Health Plan DME POS Authorization and Compensation Guide.

May also refer to repair and replacement policy.

Requests for replacement (modifier RP) option/accessories should include the medical necessity for the item as indicated in documentation requirements below. Include make and model name of the wheelchair base it is being added to, and the date of initial issue of the wheelchair.

Codes E2368 - E2370 are for a replacement motor and/or gearbox. These codes are not used at the time of initial issue. If the item is a rebuilt component, the UE (used DME) modifier must be added to the code.

To bill a repair of a cantilever armrest use code K0108- Wheelchair component or accessory, not otherwise specified. This code includes all parts necessary to repair or replace the armrest.

Repairs required due to normal wear require review and may not be covered based on reasonable useful lifetime guidelines. Additional information may be requested to determine if repairs and modifications are cost effective.

Replacements are not covered due to neglect or misuse.

## CODING INFORMATION

**CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.**

**HCPCS MODIFIERS**

<b>EY</b>	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
<b>GA</b>	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE
<b>GY</b>	ITEM OR SERVICE STATUTORILY EXCLUDED OR DOES NOT MEET THE DEFINITION OF ANY MEDICARE BENEFIT
<b>GZ</b>	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
<b>KC</b>	REPLACEMENT OF SPECIAL POWER WHEELCHAIR INTERFACE
<b>KX</b>	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET
<b>RB</b>	REPLACEMENT OF A PART OF DME FURNISHED AS PART OF A REPAIR

**HCPCS CODES  
ARM OF CHAIR**

<b>E0973</b>	WHEELCHAIR ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH
<b>E2209</b>	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH
<b>E2626</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE
<b>E2627</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE
<b>E2628</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING
<b>E2629</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARMS SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT(FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS
<b>E2630</b>	WHEELCHAIR ACCESSORY, SHOULDER ELBOW, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT
<b>E2631</b>	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM

<b>E2632</b>	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELEASTIC BALANCE CONTROL
<b>E2633</b>	WHEELCHAIR ACCESSORY, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR
<b>K0015</b>	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, REPLACEMENT ONLY, EACH
<b>K0017</b>	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, REPLACEMENT ONLY, EACH
<b>K0018</b>	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, REPLACEMENT ONLY, EACH
<b>K0019</b>	ARM PAD, REPLACEMENT ONLY, EACH
<b>K0020</b>	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR

**HCPCS CODES  
FOOT REST/LEG REST**

<b>E0951</b>	HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH
<b>E0952</b>	TOE LOOP/HOLDER, ANY TYPE, EACH
<b>E0953</b>	WHEELCHAIR ACCESSORY,LATERAL THIGH OR KNEE SUPPORT,ANY TYPE INCLUDING FIXED MOUNTING HARDWARE,EACH
<b>E0954</b>	WHEELCHAIR ACESORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE,EACH FOOT.
<b>E0990</b>	WHEELCHAIR ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
<b>E0995</b>	WHEELCHAIR ACCESSORY, CALF REST/PAD, REPLACEMENT ONLY,EACH
<b>E1020</b>	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR, ANY TYPE
<b>K0037</b>	HIGH MOUNT FLIP-UP FOOTREST, EACH
<b>K0038</b>	LEG STRAP, EACH
<b>K0039</b>	LEG STRAP, H STYLE, EACH
<b>K0040</b>	ADJUSTABLE ANGLE FOOTPLATE, EACH
<b>K0041</b>	LARGE SIZE FOOTPLATE, EACH
<b>K0042</b>	STANDARD SIZE FOOTPLATE, REPLACEMENT ONLY, EACH
<b>K0043</b>	FOOTREST, LOWER EXTENSION TUBE, REPLACEMENT ONLY, EACH
<b>K0044</b>	FOOTREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH
<b>K0045</b>	FOOTREST, COMPLETE ASSEMBLY, REPLACEMENT ONLY, EACH
<b>K0046</b>	ELEVATING LEGREST, LOWER EXTENSION TUBE, REPLACEMENT, EACH
<b>K0047</b>	ELEVATING LEGREST, UPPER HANGER BRACKET, REPLACEMENT ONLY, EACH

<b>K0050</b>	RATCHET ASSEMBLY, REPLACEMENT ONLY
<b>K0051</b>	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, REPLACEMENT ONLY, EACH
<b>K0052</b>	SWINGAWAY, DETACHABLE FOOTRESTS, REPLACEMENT ONLY, EACH
<b>K0053</b>	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH
<b>K0195</b>	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

### HCPCS CODES

#### NONSTANDARD SEAT FRAME DIMENSIONS

<b>E1011</b>	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)
<b>E2201</b>	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES
<b>E2202</b>	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH, 24-27 INCHES
<b>E2203</b>	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES
<b>E2204</b>	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES
<b>K0056</b>	SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRALIGHTWEIGHT WHEELCHAIR

### HCPCS CODES

#### REAR WHEELS FOR MANUAL WHEELCHAIRS

<b>E0961</b>	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH
<b>E0967</b>	MANUAL WHEELCHAIR ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, REPLACEMENT ONLY, EACH
<b>E0988</b>	MANUAL WHEELCHAIR ACCESSORY, LEVER-ACTIVATED, WHEEL DRIVE, PAIR
<b>E2205</b>	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH
<b>E2206</b>	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, REPLACEMENT ONLY, EACH
<b>E2211</b>	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH
<b>E2212</b>	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH

<b>E2213</b>	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH
<b>E2214</b>	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH
<b>E2215</b>	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH
<b>E2216</b>	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH
<b>E2217</b>	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH
<b>E2218</b>	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH
<b>E2219</b>	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH
<b>E2220</b>	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) PROPULSION TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2221</b>	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2222</b>	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2224</b>	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2225</b>	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2226</b>	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2227</b>	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH
<b>E2228</b>	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH
<b>K0065</b>	SPOKE PROTECTORS, EACH
<b>K0069</b>	REAR WHEEL ASSEMBLY, COMPLETE, WITH SOLID TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH
<b>K0070</b>	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, REPLACEMENT ONLY, EACH
<b>K0071</b>	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, REPLACEMENT ONLY, EACH
<b>K0072</b>	FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, REPLACEMENT ONLY, EACH
<b>K0073</b>	CASTER PIN LOCK, EACH
<b>K0077</b>	FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, REPLACEMENT ONLY, EACH

**HCPSC CODES  
BATTERIES/CHARGERS**

<b>E2358</b>	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH
<b>E2359</b>	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
<b>E2360</b>	POWER WHEELCHAIR ACCESSORY, 22 NF NON-SEALED LEAD ACID BATTERY, EACH
<b>E2361</b>	POWER WHEELCHAIR ACCESSORY, 22NF SEALED LEAD ACID BATTERY, EACH, (E.G. GEL CELL, ABSORBED GLASSMAT)
<b>E2362</b>	POWER WHEELCHAIR ACCESSORY, GROUP 24 NON-SEALED LEAD ACID BATTERY, EACH
<b>E2363</b>	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
<b>E2364</b>	POWER WHEELCHAIR ACCESSORY, U-1 NON-SEALED LEAD ACID BATTERY, EACH
<b>E2365</b>	POWER WHEELCHAIR ACCESSORY, U-1 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
<b>E2366</b>	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE, FOR USE WITH ONLY ONE BATTERY TYPE, SEALED OR NON-SEALED, EACH
<b>E2367</b>	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON-SEALED, EACH
<b>E2371</b>	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH
<b>E2372</b>	POWER WHEELCHAIR ACCESSORY, GROUP 27 NON-SEALED LEAD ACID BATTERY, EACH
<b>E2397</b>	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH
<b>K0733</b>	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G., GEL CELL, ABSORBED GLASSMAT)

**HCPCS CODES  
POWER SEATING SYSTEMS**

<b>E1002</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY
<b>E1003</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION
<b>E1004</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION
<b>E1005</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION
<b>E1006</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION
<b>E1007</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION
<b>E1008</b>	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION
<b>E1009</b>	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING PUSHROD AND LEG REST, EACH
<b>E1010</b>	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, PAIR
<b>E1012</b>	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM,CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM,COMPLETE SYSTEM,ANY TYPE ,EACH
<b>E2300</b>	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM, ANY TYPE
<b>E2301</b>	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM, ANY TYPE
<b>E2310</b>	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
<b>E2311</b>	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

**HCPCS CODES**  
**POWER WHEELCHAIR DRIVE CONTROL SYSTEMS**

<b>E2312</b>	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
<b>E2313</b>	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS AND MOUNTING HARDWARE, EACH
<b>E2321</b>	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE
<b>E2322</b>	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND FIXED MOUNTING HARDWARE
<b>E2323</b>	POWER WHEELCHAIR ACCESSORY, SPECIALTY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED
<b>E2324</b>	POWER WHEELCHAIR ACCESSORY, CHIN CUP FOR CHIN CONTROL INTERFACE
<b>E2325</b>	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL STOP SWITCH, AND MANUAL SWINGAWAY MOUNTING HARDWARE
<b>E2326</b>	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE
<b>E2327</b>	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS, MECHANICAL DIRECTION CHANGE SWITCH, AND FIXED MOUNTING HARDWARE
<b>E2328</b>	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXTREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE
<b>E2329</b>	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
<b>E2330</b>	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
<b>E2331</b>	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED MOUNTING HARDWARE

<b>E2373</b>	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, COMPACT REMOTE JOYSTICK, PROPORTIONAL, INCLUDING FIXED MOUNTING HARDWARE
<b>E2374</b>	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
<b>E2375</b>	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
<b>E2376</b>	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, REPLACEMENT ONLY
<b>E2377</b>	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING HARDWARE, UPGRADE PROVIDED AT INITIAL ISSUE

### HCPCS CODES

#### OTHER POWER WHEELCHAIR ACCESSORIES

<b>E1016</b>	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH
<b>E1018</b>	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH
<b>E2351</b>	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR CONTROL INTERFACE
<b>E2368</b>	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL MOTOR, REPLACEMENT ONLY
<b>E2369</b>	POWER WHEELCHAIR COMPONENT, DRIVE WHEEL GEAR BOX, REPLACEMENT ONLY
<b>E2370</b>	POWER WHEELCHAIR COMPONENT, INTEGRATED DRIVE WHEEL MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY
<b>E2378</b>	POWER WHELLCHAIR COMPONENT, ACTUATOR, REPLACEMENT ONLY
<b>E2381</b>	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2382</b>	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2383</b>	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2384</b>	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2385</b>	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH

<b>E2386</b>	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2387</b>	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2388</b>	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2389</b>	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2390</b>	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2391</b>	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2392</b>	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2394</b>	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2395</b>	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
<b>E2396</b>	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
<b>K0098</b>	DRIVE BELT FOR POWER WHEELCHAIR, REPLACEMENT ONLY

### HCPCS CODES MISCELLANEOUS ACCESSORIES

<b>A9270</b>	NON-COVERED ITEM OR SERVICE
<b>A9900</b>	MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE
<b>E0705</b>	TRANSFER DEVICE, ANY TYPE, EACH
<b>E0950</b>	WHEELCHAIR ACCESSORY, TRAY, EACH
<b>E0958</b>	MANUAL WHEELCHAIR ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH
<b>E0959</b>	MANUAL WHEELCHAIR ACCESSORY, ADAPTER FOR AMPUTEE, EACH
<b>E0971</b>	MANUAL WHEELCHAIR ACCESSORY, ANTI-TIPPING DEVICE, EACH
<b>E0974</b>	MANUAL WHEELCHAIR ACCESSORY, ANTI-ROLLBACK DEVICE, EACH
<b>E0978</b>	WHEELCHAIR ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH

<b>E0981</b>	WHEELCHAIR ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH
<b>E0982</b>	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH
<b>E0985</b>	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM
<b>E1014</b>	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR
<b>E1015</b>	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH
<b>E1017</b>	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH
<b>E1028</b>	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
<b>E1029</b>	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED
<b>E1030</b>	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED
<b>E1225</b>	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH
<b>E1226</b>	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH
<b>E2207</b>	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH
<b>E2208</b>	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH
<b>E2210</b>	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH
<b>E2230</b>	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM
<b>E2295</b>	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES
<b>K0105</b>	IV HANGER, EACH
<b>K0108</b>	WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

**There are no specific diagnoses or ICD-10 codes that indicate medical necessity.**

#### **DOCUMENTATION REQUIREMENTS**

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

The following information must be submitted at the time of precertification.

1. Physician 7 – element order.
  - a. Physician signature - with date. Date stamps are not appropriate

2. Detailed product description and detailed written order. Order must include any specific feature of the base code and every addition requested. The medical record must contain the information that supports the request for each item, and must be submitted with the precertification, if the items requires precertification, or with the claim, if no precertification was required.
3. Clinical from physician face-to-face should include the following information: the member's diagnosis, the member's abilities and limitations as they relate to the equipment (e.g., degree of independence/dependence, frequency and nature of the activities the member performs, etc.), the duration of the condition, the expected prognosis, and past experience using similar equipment, and any cognitive impairment.
4. Home evaluation by the DME provider
5. Proof of delivery to be kept on file by the provider of the item.

**Note:** If templates or forms are submitted, (e.g., A Medicare Certificate of Medical Necessity, and /or a provider created form), The Health Plan reserves the right to request the medical record that may include, but not limited to, the physician office notes, hospital and nursing facility records, home health records.

**Note:** Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Providers are reminded to meet the requirements specified in CMS Program Integrity Manual (Internet-Only Manual, Pub. 100-8), Chapter 5. There must be sufficient detail to identify the item(s) in order to determine that the item was properly coded.

For The Health Plan member's, items provided for a power mobility device other than at the time of initial issue require precertification. Please include physician's order detailing each item requested. Also include reason being provided, i.e., replacement d/t damage from wear and tear, accident, natural disaster, reasonable useful lifetime exceeded, etc.

For manual wheelchair accessories, the detailed written order which lists each item which will be billed separately and which is signed and dated by the physician and must be received by the supplier and submitted with precertification.

#### **FOR OPTIONS OR ACCESSORIES PROVIDED WHILE MEMBER IN A PART A COVERED STAY**

Reimbursement of any wheelchair options or accessories while member is in a part a facility stay will be based on individual facility contracts and whether or not the item will be necessary for home going. See manual wheelchair or power operated vehicles.

#### **EQUIPMENT RETAINED FROM A PRIOR PAYOR**

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

## BILLING GUIDELINES

Accessories to the wheelchair base must be billed on the same claim as the wheelchair base itself.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable.

A **sealed battery** (E2359, E2361, E2363, E2365, E2371, E2397, K0733) is separately payable from a power wheelchair base.

There is no additional/separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair.

A battery charger (E2366, E2367) is included in the allowance for a power wheelchair base

If an attendant control (E2331) is provided in addition to a patient-operated drive control system, it will be denied as noncovered. See coverage guidelines when it is provided in place of a member-operated system.

Elevating leg rests that are used with a wheelchair that is purchased or owned by the patient are coded E0990. This code is per leg rest. Elevating leg rests that are used with a capped rental wheelchair base are coded K0195. This code is per pair of leg rests.

The RB modifier is used when an option or accessory is provided as a replacement for the same part which has been worn or damaged (e.g., replacing a tire of the same type). The RB modifier must not be used for an upgrade subsequent to providing the wheelchair base (e.g., replacing a standard seat of a power wheelchair with a power seating system). The RB 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. See section on power wheelchair drive control systems for instructions on the use of the KC replacement modifier.

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. If bilateral items (left and right) are provided as a purchase and the unit of service of the code is “each” bill both items on the same claim line using the LTRT modifiers and two units of service. If bilateral items are provided as a rental and the unit of service is “each,” bill the items on two separate claim lines with the RT modifier on one line and the LT modifier on the other. If bilateral items are provided and the unit of service is a “pair,” the LT and RT modifiers do not need to be reported.

The table below 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 Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in Column I, all the codes in Column II relate to each code in Column I.

Column I	Column II
<b>Power Operated Vehicle</b> (K0800-K0812)	All Options & Accessories
<b>Rollabout Chair</b> (E1031)	All Options & Accessories
<b>Transport Chair</b> (E1037, E1038, E1039)	All Options & Accessories Except E0990, K0195
<b>Manual Wheelchair Base</b> (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
<b>Power Wheelchair Base Groups 1 and 2</b> (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
<b>Power Wheelchair Base Groups 3, 4, and 5</b> (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
<b>E0973</b>	K0017, K0018, K0019
<b>E0950</b>	E1028
<b>E0990</b>	E0995, K0042, K0043, K0044, K0045, K0046, K0047
<b>Power Tilt and/or Recline Seating Systems</b> (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052

<b>E1009, E1010</b>	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
<b>E1020</b>	E1028
<b>E2325</b>	E1028
<b>K0039</b>	K0038
<b>K0045</b>	K0043, K0044
<b>K0046</b>	K0043
<b>K0047</b>	K0044
<b>K0053</b>	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
<b>K0069</b>	E2220, E2224
<b>K0070</b>	E2211, E2212, E2224
<b>K0071</b>	E2214, E2215, E2225, E2226
<b>K0072</b>	E2219, E2225, E2226
<b>K0077</b>	E2221, E2222, E2225, E2226
<b>K0195</b>	E0995, K0042, K0043, K0044, K0045, K0046, K0047

### POWER WHEELCHAIR EQUIPMENT PACKAGE

Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted).

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode.
- Complete set of tires and casters, any type.
- Leg rests. There is no separate billing/payment if fixed, swingaway, or detachable nonelevating leg rests with or without calf pad are provided. Elevating leg rests may be billed separately.
- Foot rests/foot platform. There is no separate billing/payment if fixed, swingaway, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWC. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWC.
- Armrests. There is no separate billing/ payment if fixed, swingaway, or detachable non-adjustable height arm rests with arm pad (K0015) are provided. Adjustable height arm rests ( K0020) may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: for Group 3 and 4 PWC with a sling/solid seat/back, the following may be billed separately:

- For standard duty, seat width and/or depth greater than 20 in.
- For heavy-duty, seat width and/or depth greater than 22 in.
- For very heavy-duty, seat width and/or depth greater than 24 in.
- For extra heavy-duty, no separate billing
- Any back width. Exception: for Group 3 and 4 PWC with a sling/solid seat/back, the following may be billed separately:
  - For standard duty, seat width and/or depth greater than 20 in.
  - For heavy-duty, seat width and/or depth greater than 22 in.
  - For very heavy-duty, seat width and/or depth greater than 24 in.
  - For extra heavy-duty, no separate billing
- Controller and input device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

### **POWER OPERATED VEHICLE EQUIPMENT PACKAGE**

All options and accessories, except for shoulder harness or chest straps , provided at the time of initial issue of a POV are not separately billable.

POV Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Lap belt/seat belt.
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation.

A replacement option/accessory for POV is billed using a wheelchair option/accessory code. Medically necessary replacement items are covered

### **ROLLABOUT CHAIR BUNDLING OF ACCESSORIES**

The allowance for a rollabout chair includes all options and accessories that are provided at the time of initial issue. Accessories provided at the time of initial issue of a rollabout chair are not separately billable.

The allowance for a transport chair includes all options and accessories that are provided at the time of initial issue except for elevating leg rests (E0990, K0195).

If a rollabout chair or transport chair are covered, medically necessary replacement items are covered.

A replacement accessory for a rollabout or transport chair is billed using code E1399.

### **NONSTANDARD SEAT FRAME DIMENSIONS**

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

For power wheelchairs, there is no separate billing for nonstandard seat frame dimensions (width, depth, or height) with the following exceptions: for Group 3 and 4 power wheelchairs, with a sling/solid seat/back, the following items may be billed separately using code K0108:

- For standard duty, seat width and/or depth greater than 20 in.
- For heavy-duty, seat width and/or depth greater than 22 in.
- For very heavy-duty, seat width and/or depth greater than 24 in.
- For extra heavy-duty, no separate billing

For Group 3 and 4 PWC with a sling/solid seat/back, the following items may be billed separately using code K0108:

- For standard duty, seat width and/or depth greater than 20 in.
- For heavy-duty, seat width and/or depth greater than 22 in.
- For very heavy-duty, seat width and/or depth greater than 24 in.
- For extra heavy-duty, no separate billing

Code K0108 may not be billed for nonstandard dimensions of a power tilt and/or recline seating system (E1002 - E1008). The definition of those codes includes any frame width and depth.

Code K0108 is appropriately used at the time of initial issue only when the drive control interface that is provided is not included in the base code and there is no specific E code which describes it.

Code K0108 is appropriately used at the time of replacement in the following situations:

1. An integrated proportional joystick and controller box are being replaced due to damage; or
2. An interface other than a remote joystick (e.g., sip and puff, head control) is being replaced but the controller is not being replaced; or
3. There is no specific E code which describes the type of drive control interface system which is provided.

The KC modifier (replacement of special power wheelchair interface) is used in the following situations:

1. Due to a change in the member's condition an integrated joystick and controller is being replaced by another drive control interface - e.g., remote joystick, head control, sip and puff, etc.; or
2. The member had a drive control interface described by codes E2321 - E2322, E2325, E2327 - E2330, or E2373 and both the interface (e.g., joystick, head control, sip, and puff) and the controller electronics are being replaced due to irreparable damage.

The KC modifier would never be used at the time of initial issue of a wheelchair. The KC modifier specifically states replacement, therefore, the RB modifier is not required.

### SWINGAWAY ITEMS

Code E1028 is used for

1. Swingaway hardware used with remote joysticks or touchpads
2. Swingaway or flip-down hardware for head control interfaces E2327 - E2330
3. 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 swingaway hardware used with a sip and puff interface (E2325) because swingaway hardware is included in the allowance for that code. See wheelchair seating policy for information concerning uses of E1028 for positioning accessories. E1028 is not to be used for hardware on a wheelchair tray (E0950).

This hardware can be used with many components on a power wheelchair. Multiple items may be billed on the same claim using this code.

When submitting a claim with multiple items that must be coded with HCPCS code E1028, the following instructions must be applied.

- Each different item (i.e., swingaway hardware for a medial thigh support, swingaway hardware for lateral trunk supports, retractable joystick mount, etc.) billed as an E1028 must be submitted on a separate claim line.

Each E1028 claim line must include a narrative description of the item, including the brand name, make/model, and the part number.

HCPCS code E1028 is included in the reimbursement with HCPCS code E1020 (residual limb support) and not separately payable.

### KX, GA, and GZ MODIFIERS

1. Use the GY modifier for the accessories for a power mobility device, if the requirements related to a 7-element order and face-to-face examination in the power mobility devices policy article has not been met.
2. For accessories provided with a manual wheelchair or power mobility device, if it is only needed for mobility outside the home, the GY modifier must be added to the codes for all accessories.
3. The KX modifier must be added to the code for the accessory only if:
  - a. The coverage criteria indicated in the manual wheelchair bases or power mobility devices policies have been met and
  - b. Any specific coverage criteria for the accessory in this policy have been met

### ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

**NOTE:** Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or Advanced Beneficiary Notification (ABN) to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

**PRICING, DATA ANALYSIS, AND CODING (PDAC)**

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. [dmepdac.com/](http://dmepdac.com/)

**MEDICARE DEFINITIONS AND DESCRIPTION****WHEELS/TIRES FOR MANUAL WHEELCHAIRS**

A **propulsion wheel** is a large wheel which can be used by a beneficiary to propel the wheelchair with his/her arms.

A **caster** is a small wheel that is in contact with the ground during normal operation of the wheelchair and which cannot be used for arm propulsion. This includes rear tires on tilt-in-space wheelchairs that are not used for arm propulsion.

A **lever activated drive** (E0988) is an alternative drive mechanism for propulsion of a manual wheelchair. It includes a user-powered lever arm mechanism attached to one or both wheel hub(s). The lever activates adjustable ratio gears and has the capability to shift between forward, reverse and braking.

A **pneumatic tire** (E2211, E2214) is a rubber tire which is used in conjunction with a separate tube (E2212, E2215) which is filled with air.

A **flat free insert** (E2213) is a removable 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. This code may not be used for a foam filled tire. **Not covered if main purpose is for outdoor use.**

A **foam filled tire** (E2216, E2217) is one in which a rubber tire shell has been filled with foam which is non-removable.

A **foam tire** (E2218, E2219) is one which is made entirely of self-skinning urethane.

A **solid tire** (E2220, E2221, E2222) is one which is made of hard plastic or rubber.

A **gear reduction drive wheel** (E2227) is one that has more than one gear ratio option. Pushing on the rim allows the user to manually shift between the gears in order to provide additional leverage to assist propulsion of a manual wheelchair.

A **wheel braking and lock system** (E2228) is a caliper or disc type braking system that permits the controlled slowing of a manual wheelchair or the controlled descent on inclines. It also has full wheel lock capability.

A **rear wheel assembly** (K0069 and K0070) includes a wheel rim plus a tire. For pneumatic tires, it also includes the tire tube, but not a flat free insert.

A **caster assembly** (K0071, K0072, and K0077) includes a caster fork, wheel rim, and tire.

For information concerning a **push-rim activated power assist device** for a manual wheelchair, refer to the power mobility devices medical policy.

**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 arm rests; fixed or swingaway detachable leg rests; 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° from horizontal; back height of at least 20 in.; ability for the supplier to adjust the seat to back angle; ability to support patient weight of at least 250 lbs.

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 leg rests; 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 recline to greater than or equal to 150° from horizontal; back height of at least 20 in.; ability to support patient weight of at least 250 lbs.

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 arm rests; fixed or swingaway detachable leg rests; 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° from horizontal; ability to recline to greater than or equal to 150° from horizontal; back height of at least 20 in.; ability to support patient weight of at least 250 lbs.

Codes E1002 for power tilt, E1003, E1004, E1005 for power recline, and E1006, E1007, & E1008 for tilt/recline systems are all inclusive. No separate billing for heavy duty or bariatric features is allowed.

A **mechanical shear reduction feature** (E1004 and E1007) consists of 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 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 leg rest to a power recline seating system. With this feature, when the back reclines, the leg rest elevates; when the back raises, the leg rest lowers.

A **power leg elevation feature** (E1010) involves a dedicated motor and related electronics with or without variable speed programmability which allows the leg rest 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). It includes either articulating or non-articulating leg rests. The unit of service of code E1010 is a pair.

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 in.

A **power standing system** (E2301) includes: a solid seat platform and a solid back; detachable or flip-up fixed height arm rests; hinged leg rests; 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 lbs.

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 non-proportional 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.

**Note:** In the power mobility devices policy, the term "control input device" is used instead of "interface."

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 **non-proportional interface** is one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed. One example of a non-proportional interface is a sip-and-puff mechanism.

The term **controller** describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output, which controls speed and direction. A high power wire harness connects the controller to the motor and gears.

A **non-expandable controller** has the following features:

- May have the ability to control up to two power seating actuators through the drive control (for example, seat elevator and single actuator power elevating leg rests).

**Note:** Control of the power seating actuators through the control input device would require the use of an additional component, E2310 or E2311.

- Can accommodate only an integral joystick or a standard proportional remote joystick.
- May allow for the incorporation of an attendant control.

An expandable controller is capable of accommodating one or more of the following additional functions:

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touchpads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate three or more powered seating actuators through the drive control.

**Note:** Control of the power seating actuators through the control input device would require the use of an additional component, E2310 or E2311.

An expandable controller may also be able to operate one or more of the following:

- A separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- An attendant control

For power wheelchairs which are capable of being upgraded to an expandable controller (K0835 - K0891), E2377 is used if an expandable controller is provided at the time of initial issue. Code E2376 is used with complete replacement of an expandable controller.

A **harness** (E2313) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware. Code E2313 is separately billable in addition to an expandable controller both at initial issue and with complete replacement of the expandable controller. Reimbursement is included in HCPCS codes E2377/E2376 plus E2312. Therefore, code K0108 should not be used. However, if individual components of the harness are replaced, code K0108 should be used.

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 non-mechanical. 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 non-mechanical 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 non-proportional 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.

An **integrated proportional joystick and controller** is an electronics package in which a joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.

The interfaces described by codes E2312, E2321, E2322, E2325, E2327 - E2330, and E2373 - E2377 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

A **remote joystick** is one in which the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.

A **standard proportional remote joystick** is one which requires approximately 340 gr. of force to activate and which has an excursion (length of throw) of approximately 25 mm from neutral position. It can be used with a non-expandable or an expandable controller. There is no separate billing for a standard proportional remote joystick when it is provided at the time of initial issue of a power wheelchair whether it is used for hand or chin control by the patient or whether it is used as an attendant control in place of a patient-operated drive control interface.

A **mini-proportional (short throw) remote joystick** (E2312) is one which can be activated by a very low force (approximately 25 gr.) and which has a very short displacement (a maximum excursion of approximately 5 mm from neutral). It can only be used with an expandable controller. It can be used for hand or chin control or control by other body part (e.g., tongue, lip, fingertip, etc.). There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A **compact proportional remote joystick** (E2373) is one which has a maximum excursion of about 15 mm from neutral position but requires approximately 340 gr. of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other body part (e.g., foot, amputee stump, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A **touchpad** is an interface similar to the pad-type mouse found on portable computers. It is coded K0108.

Code E2321 is used for a non-proportional remote joystick, regardless of whether it is used for hand or chin control.

When code E2312, E2321, E2373, or E2374 is used for a chin control interface, the chin cup is billed separately with code E2324.

Code E2322 describes a system of three to five 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 non-proportional 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 **non-proportional, 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 **non-proportional, 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** 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. Code E2331 is used when an attendant control is provided in addition to a patient-operated drive control interface.

Codes E2374 - E2376 describes components of drive control systems. They may only be used for replacements other than at the time of initial issue.

## WHEELS AND TIRES FOR POWER WHEELCHAIRS

A **drive wheel** is one, which is directly controlled by the motor of the power wheelchair. It may be either a rear wheel, mid wheel, or front wheel, depending on the model of the power wheelchair.

A **caster** is a smaller wheel that is in contact with the ground during normal operation of the wheelchair and which not directly controlled by the motor. It may be in the front and/or rear, depending on the location of the drive wheel.

A **pneumatic tire** (E2381, E2384) is a rubber tire, which is used in conjunction with a separate tube (E2382, E2385) which is filled with air. A valve (E2393) is part of the tire tube and is only separately payable if just the valve is replaced on an existing tire tube.

A **flat free insert** (E2383) is a removable 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. This code may not be used for a foam filled tire.

A **foam filled tire** (E2386, E2387) is one in which a rubber tire shell has been filled with foam which is not removable.

A **foam tire** (E2388 and E2389) is one, which is made entirely of self-skinning urethane.

A **solid tire** (E2390, E2391, and E2392) is one, which is made of hard plastic or rubber.

All types of tires and wheels are included in the code for a power mobility base. Codes E2381 - E2396 may only be used for replacements other than at the time of initial issue.

Code E2351 describes an electronic interface used with a speech generating device.

The Healthcare Common Procedure Coding System (HCPCS) code E1028 is defined as **manual swingaway, retractable, or removable mounting hardware** for a joystick, other power wheelchair control interface, or positioning accessory. Fixed mounting hardware is included in the allowance for these codes. E1028 represents an incremental up charge when specialty hardware is substituted for fixed hardware.

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.

Code E1225 describes a **manually operated reclining back** that can recline greater than 15° but less than 80°.

Code E1226 describes a **manually operated reclining back** that reclines 80° or greater.

## MISCELLANEOUS

The following is an article released by the DME MAC, it is included to assist our providers with precertification and billing of power wheelchairs. The Health Plan is following this policy unless otherwise indicated in a contractual document or member's benefit plan.

### Power Wheelchair Electronics Clarification

Recently, it has come to the attention of the DME MAC that there is confusion regarding the billing of wheelchair electronics. This article provides instructions on appropriate billing of power wheelchair electronics, such as motors, controllers, harnesses, and interfaces.

When one power seating function/actuator/motor is provided on a power wheelchair, only one unit of E2310 (electronic connection between wheelchair controller and one power seating system motor) is allowed. An expandable controller (E2377) is not allowed in this situation unless a specialty interface is used.

**Example:** E1002 (power seating system, tilt only) is added to a power wheelchair. A power tilt system uses one power seating motor/actuator.

If two power seating functions/actuators/motors are provided, then one unit of E2311 (electronic connection between wheelchair controller and two or more power seating system motors) is allowed. An expandable controller (E2377) is not allowed in this situation unless a specialty interface is used.

**Example:** E1002 and power elevating leg rests, E1010 (which include articulating or non-articulating), are added to a power wheelchair. Each has one actuator or power seating system motor, for a total of two.

Codes E2377 (expandable controller), E2313 (harness for upgrade to expandable controller and E2311 (electronic connection between wheelchair controller and two or more power seating system motors) are allowed when three or more power seating system motors are involved.

**Example:** Power tilt, recline and power elevating leg rests/foot platform involve three power seating system motors.

An expandable controller (E2377) and the wiring harness (E2313) are also billed when a specialty interface is required, i.e., head control interface (E2327, E2328, E2329, E2330), sip-n-puff interface (E2325), joystick other than a standard proportional joystick (E2312, E2321, E2373), or multi-switch hand control interface (E2322).

There is no separate billing/payment for electronics if a non-expandable controller and a standard proportional joystick (integrated or remote) are provided.

Codes E2310 and E2311 describe 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 non-proportional interface:

- Power Tilt
- Power Recline, with or without shear reduction
- Combination Power Tilt and Recline, with or without shear reduction
- Power Leg Elevation with or without articulation, power center mount elevating foot platform with or without articulating properties

The interface includes a function selection switch that 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 interface code includes an allowance for fixed mounting hardware for the control box and the display box, if present.

A harness (E2313) describes all the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller (E2377). It also includes all the necessary fasteners, connectors, and mounting hardware.

There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

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