



MASSACHUSETTS

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Medical Policy Manual and Power Operated Wheelchairs

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Related Policies

Durable Medical Equipment Payment Policy

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Policy¹

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Manual and Power Operated Wheelchairs

Manual and power operated wheelchairs **may be eligible for coverage on an individual basis** when they are determined to be medically necessary, and the medical criteria below are met.

Repair, Adjustment or Replacement of Components, Accessories or Equipment

Repair, adjustment or replacement of components, accessories or equipment **for covered wheelchairs may be eligible for coverage on an individual basis**. Reasonable care of the equipment must be documented.

WHEN WHEELCHAIRS ARE MEDICALLY NECESSARY (COVERED)

Wheelchairs are considered **MEDICALLY NECESSARY** when used by the member for mobility in the performance of activities of daily living in his/her residence and when the criteria outlined below are met. The determination of rental or purchase will be made based on the review of the patient's diagnosis, severity of illness, and prognosis.

- The wheelchair must provide therapeutic benefit to a patient in need because of certain medical conditions and/or illnesses, **AND**
- The wheelchair is appropriate for the member's weight; **AND**
- The wheelchair must be prescribed by a physician within the scope of his/her license.
- Medical necessity of repair, adjustment or replacement of components, accessories or equipment will be based upon review of documented reasonable care of the equipment.

Manual Operated Wheelchairs

Manually operated wheelchairs are considered **MEDICALLY NECESSARY** for the following conditions:

- Member has a disease process, injury or disability that would contraindicate weight bearing or ambulation **OR**,
- Member has a disease process, injury or disability in which there is a decrease in neuromuscular function in the lower extremities, **AND**
- The member has the ability to self-propel his/her wheelchair.
- Examples of covered conditions include, but are not limited to the following:
 - Multiple Sclerosis
 - Paraplegia or low-level quadriplegia (C6 - T1)
 - Cerebral Palsy
 - Cerebral vascular accident
 - Severe congestive heart failure
 - Fracture femur, hip, pelvic and complex fracture of single /or bilateral lower extremity
 - Amputee.

Power Operated Wheelchairs

Power operated wheelchairs are considered **MEDICALLY NECESSARY** for the following conditions:

- a. A manually operated wheelchair is determined to be inadequate to address the member's need for mobility in his/her home, in that the member does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home to perform Mobility-related Activities of Daily Living (MRADLs) during a typical day, **AND**
- b. The member is capable of safely operating the controls of a power operated wheelchair, **AND**
- c. The member has a condition in which there is a disease process, injury, or disability:
 - which contraindicates weight bearing or ambulation **OR**
 - which results in decreased neuromuscular function in all four extremities **AND** the member requires support of the trunk **OR**
 - other neurological conditions that seriously compromise functional status, such as, but not limited to, CHF Class 3 and 4, COPD, spinal cord injury, stroke with dense hemiplegia, severe Parkinson's disease, and ALS.
- d. The request is for Group 1, 2, 3, or 5 power wheelchair, and member meets criteria for specific type of power wheelchair being requested (see below).

CRITERIA FOR SPECIFIC TYPES OF POWER WHEELCHAIRS (PWC)

1. **Group 1 PWC (K0813-K0816) or a Group 2 PWC (no power option specified – K0820-K0831)** is considered **MEDICALLY NECESSARY** when **ALL** the following conditions are met:
 - a. Member has a condition in which there is a disease process, injury, or disability which contraindicates weight bearing or ambulation, such as: a cerebral vascular accident; severe congestive heart failure; fracture of femur, hip, pelvic and complex fracture of single/or bilateral lower extremity; is an amputee; **AND**
 - b. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. Note: The PT, OT, or physician may have no financial relationship with the supplier; **AND**
 - c. 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.
2. **Group 2 Single Power Option PWC (K0835-K0840)** is considered **MEDICALLY NECESSARY** if:
 - a. Member has a condition in which there is a disease process, injury, or disability which contraindicates weight bearing or ambulation, such as a cerebral vascular accident; severe congestive heart failure; fracture of femur, hip, pelvic and complex fracture of single /or bilateral lower extremity; is an amputee; **AND**
 - b. The member requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); **OR** the member meets criteria for a power tilt system **OR** a power recline seating system (single power option) and the system is being used on the wheelchair; **AND**
 - c. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. Note: The PT, OT, or physician may have no financial relationship with the supplier; **AND**
 - d. 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.
3. **Group 2 Multiple Power Option PWC (K0841-K0843)** is considered **MEDICALLY NECESSARY** if:
 - a. Member has a condition in which there is a disease process, injury, or disability which contraindicates weight bearing or ambulation, such as: a cerebral vascular accident; severe congestive heart failure; fracture of femur, hip, pelvic and complex fracture of single /or bilateral lower extremity; is an amputee; **AND**

- b. The member meets criteria for a power tilt AND recline seating system (multi-power system) and the system is being used on the wheelchair; OR the member uses a ventilator which is mounted on the wheelchair; **AND**
 - c. 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 medical necessity for the wheelchair and its special features. Note: The PT, OT, or physician may have no financial relationship with the supplier; **AND**
 - d. 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.
4. **Group 3 with No Power Options PWC (K0848-K0855)** is considered **MEDICALLY NECESSARY** if:
- a. The member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **AND**
 - b. 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 medical necessity for the wheelchair and its special features. Note: The PT, OT, or physician may have no financial relationship with the supplier; **AND**
 - c. 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.
5. **Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864)** is considered **MEDICALLY NECESSARY** if:
- a. The member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; **AND**
 - b. The respective criteria found under Group 2 Single Power Option PWC (criteria 2.b. to 2.d.) or Group 2 Multiple Power Option PWC (criteria 3.b to 3.d.) are met; **AND**
 - c. 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 medical necessity for the wheelchair and its special features. Note: The PT, OT, or physician may have no financial relationship with the supplier; **AND**
 - d. 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.
6. **Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891)** is considered **MEDICALLY NECESSARY** if:
- a. The member is expected to grow in height; **AND**
 - b. The respective criteria found under Group 2 Single Power Option PWC (criteria 2.b. through 2.d.) OR Group 2 Multiple Power Option PWC (criteria 3.b. through 3.d) are met, **AND**
 - c. 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 medical necessity for the wheelchair and its special features. Note: The PT, OT, or physician may have no financial relationship with the supplier; **AND**
 - d. 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.

Covered Supplies for Manual and Power Operated Wheelchairs

Appropriate covered supplies for both the manually and power operated wheelchairs require proper documentation of medical necessity and may include, but are not limited to the following:

- Custom cushions such as Roho cushions
- Pads and supports for the trunk and head
- Abduction and adduction pads
- Head rests, head extensions, and other straps that may be required to secure the patient
- Anti-tippers
- Shelf or rack for Ventilator
- Altered controls, such as hand, mouth/head controls.

[Click here for details under Policy Guidelines including special features and usual indications.](#) This is not an all-inclusive list.

Wheelchairs that are Specially Adapted for Children

Wheelchairs that are specially adapted for children are considered **MEDICALLY NECESSARY** when the child is non-ambulatory and either requires more support than a regular wheelchair provides, or is too small for a standard pediatric wheelchair.

Repairs and Maintenance

Repair and maintenance of purchased equipment [may be a covered if](#):

- Manufacturer's warranty has expired; **AND**
- Maintenance is not more frequent than every six months; **AND**
- Repair or maintenance is not the result of misuse or abuse; **AND**
- Repair cost is less than replacement cost.

Refer to Durable Medical Equipment Payment Policy

Replacement of a Wheelchair

Replacement of a wheelchair is considered **MEDICALLY NECESSARY ONLY** when the replacement is needed due to a change in the member's physical condition or when the wheelchair is inoperative and cannot be repaired at a cost less than rental or replacement; replacement is generally not required more frequently than every five years, with requests taken into individual consideration.

Replacement of a wheelchair is considered **MEDICALLY NECESSARY** when the wheelchair is discontinued by the manufacturer and replacement parts are no longer available.

Refer to Durable Medical Equipment Payment Policy

Replacement Mobility Assistive Device (Manual or Electric)

A replacement mobility assistive device (manual or electric) for appearance, convenience, or comfort is **NOT CONSIDERED MEDICALLY NECESSARY**.

WHEN WHEELCHAIRS ARE NOT COVERED

Wheelchairs

1. Wheelchairs that fail to meet the medical criteria above are considered **NOT MEDICALLY NECESSARY**.
2. Wheelchairs with stair climbing ability (e.g., iBOT 3000) are considered **NOT MEDICALLY NECESSARY**.
3. Seat elevators for manually and power operated wheelchairs are considered **NOT MEDICALLY NECESSARY** when used solely for the convenience of the individual or the individual's family/caretaker.

Personal Convenience Items

The following examples of personal convenience items **are considered non-covered supplies** for both the manually and power operated wheelchair. This list includes, but is not limited to:

- a. Trays (attached to the front of the wheelchair) used solely for appearance, convenience, or comfort purposes
- b. Tie-downs

- c. Personal back packs
- d. Any option or accessory that is primarily for the purpose of allowing the member to perform leisure, recreation or sports activities
- e. Electrical or mechanical upgrades that do not serve a medical purpose.
- f. A replacement mobility assistive device (manual or electric).

Power Wheelchairs (PWC)

1. **A Group 2 Single Power Option PWC (K0835-K0840)** is considered **NOT MEDICALLY NECESSARY** when it is only provided to accommodate a power seat elevation feature, a power standing feature, or power elevating leg rests.
2. **Group 4 PWCs (K0868-K0886)** are considered **NOT MEDICALLY NECESSARY** because they have added capabilities that are not needed for use in the home.

Power Operated Vehicles (Scooters)

Power Operated Vehicles (Scooters) are considered a convenience item and are considered **NOT MEDICALLY NECESSARY**.

No accessory items will be covered, including but not limited to car lifts, or other lifts and access ramps.

Policy Guidelines

Special Features or Customizations

The table below contains a list of special features or customizations, including the usual indications considered when determining the wheelchair needs of a member.

Non-standard features of a wheelchair are considered **MEDICALLY NECESSARY ONLY** when the member’s condition meets the criteria for the item. This is not an all-inclusive list.

Feature	Usual Indications
Lightweight	Member cannot propel self in a standard wheelchair but can and does propel self in a lightweight wheelchair.
Ultra-lightweight	Member cannot propel self in a standard or lightweight wheelchair but can and does propel self in an ultra-lightweight wheelchair.
Hemi wheelchair	Member has paralysis in one arm and/or leg and propels self in the wheelchair; OR is of short stature and requires lower seat height (17"-18") that enables member to place his/her feet on the ground for propulsion.
Full Reclining, Semi-Reclining, or Tilt in Space Wheelchair	<ul style="list-style-type: none"> ▪ Member is a quadriplegic OR ▪ Has trunk or lower extremity casts/braces that require special positioning OR ▪ Has a fixed hip angle OR ▪ Has excess extensor tone of the trunk muscles. <p>A full or semi-reclining back option for prophylaxis of sacral decubiti without a prior history of skin breakdown is considered not medically necessary.</p>
Heavy Duty	Manual wheelchairs: Member weighs more than 250 pounds. Power wheelchairs: Member weighs more than 300 pounds OR has severe spasticity.
Extra Heavy Duty	Manual wheelchairs: Member weighs more than 300 pounds. Power wheelchairs: Member weighs more than 450 pounds
Wide Heavy Duty	Member’s hip width is greater than 20 inches.

Arm trough	Member has quadriplegia, hemiplegia, or uncontrolled arm movement.
Back Support	<ul style="list-style-type: none"> ▪ Member requires trunk and upper body support. ▪ Considerations when determining appropriate back support include neurological impairments, flexible asymmetrical/symmetrical deformities or fixed asymmetrical/symmetrical deformities.
Adjustable arm height option	Member requires an arm height that is different than that available using non-adjustable arms AND the member spends at least 2 hours per day in a wheelchair.
Crutch and can holder	Not medically necessary.
Detachable arms	Member transfers from wheelchair to bed/chair by “sliding over” and cannot walk or stand and pivot to transfer.
Detachable, swing-away footrests	Not eligible for separate reimbursement. Should be billed separately only when they are replacement parts.
Hook-on headrest extension	Member has weak neck muscles and needs headrest for support; OR meets the criteria for and has a reclining back on the wheelchair.
Reinforced back or seat upholstery	<ul style="list-style-type: none"> ▪ When used with a power operated wheelchair AND the member weighs more than 300 pounds. ▪ When used in conjunction with heavy duty or extra heavy duty wheelchair bases, is not eligible for separate reimbursement. ▪ Reinforced back and seat upholstery are not medically necessary if used in conjunction with other manually operated wheelchairs.
Elevating Leg Rests	<ul style="list-style-type: none"> ▪ Member has musculoskeletal condition, cast or brace that prevents 90 degrees of knee flexion OR ▪ Below the knee amputation in the early rehabilitation phase OR ▪ Meets the criteria for and has a reclining wheelchair OR ▪ Has significant lower extremity edema that requires having an elevating leg rest.
Safety belt/pelvic strap	Member has weak upper body muscles, upper body instability or muscle spasticity requiring belt/strap to maintain proper positioning.
Seat Cushions	<ul style="list-style-type: none"> ▪ A solid seat insert is covered when the member spends at least 2 hours per day in a wheelchair that meets coverage criteria. ▪ An adjustable or non-adjustable skin protection seat cushion is medically appropriate for a member who has a current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; OR has absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift. ▪ A positioning seat cushion, positioning back cushion and positioning accessory is medically appropriate for a member who has any significant postural asymmetries. ▪ An adjustable or non-adjustable combination skin protection and positioning seat cushion is medically appropriate for a member who meets the criteria for both a skin protection seat cushion and a positioning seat cushion. If the member

	cannot reposition him/herself or be repositioned at least every 2 hours, a seat cushion will not prevent the development of pressure ulcers.
Seat elevators	Not covered.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Manual Wheelchairs: Prior authorization is not required . Power Operated Wheelchairs: Prior authorization is required .
Commercial PPO/EPO	Manual Wheelchairs: Prior authorization is not required . Power Operated Wheelchairs: Prior authorization is required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

Power Operated Wheelchairs

HCPCS Codes

HCPCS codes:	Code Description
Group 1 PWC (K0813-K816) or Group 2 PWC (no power option specified – K0820-K0831)	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds

K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
Group 2 Single Power Option PWC (K0835-K0840)	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
Group 2 Multiple Power Option PWC (K0841-K0843)	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
Group 3 with No Power Options PWC (K0848-K0855)	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds

K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more
Group 3 PWC with Single Power Option (K0856-K0860) or with Multiple Power Options (K0861-K0864)	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891)	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds

HCPCS Codes

HCPCS codes:	Code Description
K0898	Power wheelchair, not otherwise classified

Manual Wheelchairs

The above medical necessity criteria **MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
E1037	Transport chair, pediatric size
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds
E1050	Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1060	Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests

E1070	Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1083	Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest
E1084	Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests
E1085	Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests
E1086	Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1087	High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1088	High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests
E1089	High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest
E1090	High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1092	Wide heavy-duty wheel chair, detachable arms (desk or full-length), swing-away detachable elevating legrests
E1093	Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests
E1100	Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1110	Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest
E1130	Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests
E1140	Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests
E1150	Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests
E1160	Wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1161	Manual adult size wheelchair, includes tilt in space
E1170	Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1171	Amputee wheelchair, fixed full-length arms, without footrests or legrest
E1172	Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest
E1180	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests
E1195	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1200	Amputee wheelchair, fixed full-length arms, swing-away detachable footrest
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating legrests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating legrests
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system

E1240	Lightweight wheelchair, detachable arms, (desk or full-length) swing-away detachable, elevating legrest
E1250	Lightweight wheelchair, fixed full-length arms, swing-away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1270	Lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests
E1280	Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests
E1285	Heavy-duty wheelchair, fixed full-length arms, swing-away detachable footrest
E1290	Heavy-duty wheelchair, detachable arms (desk or full-length) swing-away detachable footrest
E1295	Heavy-duty wheelchair, fixed full-length arms, elevating legrest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy-duty wheelchair
K0008	Custom manual wheelchair/base
K0009	Other manual wheelchair/base

Accessories

HCPCS Codes

HCPCS codes:	Code Description
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating legrest
E0971	Manual wheelchair accessory, antitipping device, each

E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, antirollback device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0980	Safety vest, wheelchair
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0986	Manual wheelchair accessory, push-rim activated power assist system
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E0990	Wheelchair accessory, elevating legrest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat insert
E0994	Armrest, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
E1020	Residual limb support system for wheelchair, any type
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
E1031	Rollabout chair, any and all types with castors 5 in or greater
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each

E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227	Special height arms for wheelchair
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware

E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
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
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each

E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2397	Power wheelchair accessory, lithium-based battery, each
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601	General use wheelchair seat cushion, width less than 22 in, any depth
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware

E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633	Wheelchair accessory, addition to mobile arm support, supinator
K0015	Detachable, non-adjustable height armrest, replacement only, each
K0017	Detachable, adjustable height armrest, base, replacement only, each
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each
K0019	Arm pad, replacement only, each
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, h style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each
K0042	Standard size footplate, replacement only, each
K0043	Footrest, lower extension tube, replacement only, each
K0044	Footrest, upper hanger bracket, replacement only, each
K0045	Footrest, complete assembly, replacement only, each
K0046	Elevating legrest, lower extension tube, replacement only, each
K0047	Elevating legrest, upper hanger bracket, replacement only, each
K0050	Ratchet assembly, replacement only

K0051	Cam release assembly, footrest or legrest, replacement only, each
K0052	Swingaway, detachable footrests, replacement only, each
K0053	Elevating footrests, articulating (telescoping), each
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, replacement only, each
K0098	Drive belt for power wheelchair, replacement only
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)

The following HCPCS codes are considered not medically necessary for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

HCPCS Codes

HCPCS codes:	Code Description
E0985	Wheelchair accessory, seat lift mechanism
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number
E2207	Wheelchair accessory, crutch and cane holder, each
E2230	Manual wheelchair accessory, manual standing system
E2300	Wheelchair accessory, power seat elevation system, any type
E2301	Wheelchair accessory, power standing system, any type
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

Description

Wheelchair mobility assistance may be required for our members on a short- or long-term basis, depending on their circumstances. Some members with certain health conditions or disabilities may wheelchair mobility assistance on a permanent basis.

This policy addresses 2 different types of wheelchairs:

Manual wheelchairs are used for patients who are unable to walk but have sufficient upper extremity function to propel a wheelchair.

Power wheelchairs are used for patients who are unable to walk, or have upper extremity impairment, chronic conditions such as severe end stage pulmonary function, COPD, or severe congestive heart failure. Power operated vehicle is a three-or four-wheel non-highway motorized transportation system for patients with impaired ambulation. To qualify as durable medical equipment, the vehicle must serve a medical purpose and be able to withstand repeated use.

Policy History

Date	Action
6/2022	Prior authorization information section updated to include PA requirements for Power Operated Wheelchairs. Effective 6/1/2022.
2/2022	Prior authorization clarified.
10/2021	New medical policy describing medically necessary and not medically necessary manual and power operated wheelchairs. Clarified coding information. Effective 10/1/2021.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

N/A

Endnotes

¹ Local Coverage Determination (LCD): Manual Wheelchair Bases [L33788](#)

Local Coverage Determination (LCD): Power Mobility Devices [L33789](#)

Local Coverage Determination (LCD): Wheelchair Options/Accessories [L33792](#)

Local Coverage Determination (LCD): Wheelchair Seating [L33312](#)