

**BSC1.02 Power Wheelchairs and Power Operated Vehicles for Permanent Use**

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Section: 1.0 Durable Medical Equipment

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**Policy Statement**

- I. Power Wheelchairs (PWC) may be considered medically necessary when all of the following are met:
  - A. Documentation of all of the following:
    1. A mobility limitation exists that significantly impairs ability to participate in one or more mobility-related activities of daily living (MRADLs) in customary locations
    2. The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair
    3. The individual does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs
    4. The individual's mental and physical capabilities are sufficient to safely operate a PWC that is provided
    5. If the individual is unable to safely operate a PWC, the individual has a caregiver who is available, willing, and able to safely operate a PWC for the individual, but is otherwise NOT physically able to adequately propel a manual wheelchair
    6. The individual's weight does not exceed the weight capacity of the requested PWC
    7. The use of a PWC is expected to significantly improve or restore the individual's ability to perform or participate in MRADLs. For individuals with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver
  - B. Power Wheelchair Group Related Criteria are met and the request is for one of the following:
    1. PWC frame with a HCPCS code: E1239, K0010, K0011, K0012, or K0014
    2. A Group 1 PWC (HCPCS codes K0813, K0814, K0815 and K0816) or a Group 2 PWC (HCPCS codes K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, and K0829)
    3. A Group 2 PWC with an additional single power option (HCPCS codes K0835, K0836, K0837, K0838, K0839, and K0840) when one of the following criteria are met:
      - a. A drive control interface other than a hand- or chin-operated standard proportional joystick is required (e.g., head or extremity control, sip and puff, non-proportional switch control)
      - b. Criteria for a [power tilt OR power recline](#) (NOT combination power tilt/power recline or in combination with power elevating leg rests) seating system is met
      - c. Criteria for [power elevating leg](#) rests (alone, not in combination with tilt or recline) is met
    4. A Group 2 PWC with a multiple power option (HCPCS codes K0841, K0842, and K0843) when one of the following criteria are met:
      - a. Criteria for a [combination power tilt/ recline](#) seating system is met (with or without power elevating leg rests)
      - b. Criteria is met for power tilt OR recline in addition to power elevating leg rests
      - c. The individual uses a ventilator which is mounted on the wheelchair
    5. A Group 3 PWC (HCPCS codes K0848, K0849, K0850, K0851, K0852, K0853, K0854, and K0855) when mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity
    6. A Group 3 single power option PWC (HCPCS codes K0856, K0857, K0858, K0859, and K0860) when both of the following criteria are met:
      - a. Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity

- b. Meets criteria for Group 2 single power option
  - 7. A Group 3 multiple power option PWC (HCPCS codes K0861, K0862, K0863, and K0864) when **both** of the following criteria are met:
    - a. Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity
    - b. Meets criteria for a Group 2 multiple power option
  - 8. A Group 5 single power option pediatric PWC (HCPCS code K0890) when **both** of the following criteria are met:
    - a. Growth in height is expected
    - b. Meets criteria for a Group 2 single power option
  - 9. A Group 5 multiple power option pediatric PWC (HCPCS code K0891) when **both** of the following criteria are met:
    - a. Growth in height is expected
    - b. Meets criteria for a Group 2 multiple power option
- II. Power tilt and/or recline only, or combination tilt and recline power seating system, with or without power elevating leg rests (HCPCS codes E1002, E1003, E1004, E1005, E1006, E1007, E1008, and associated electronic connection code E2311) may be considered **medically necessary** when the medical necessity criteria for a PWC are met and **one or more** of the following exists:
  - A. Individual is at high risk for pressure ulcer development and is unable to perform a functional weight shift
  - B. Individual uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed
  - C. The power seating system is needed to manage increased tone or spasticity
- III. Power elevating leg rests (HCPCS codes E1009, E1010, and associated electronic connection code E2311) may be considered **medically necessary** for **one or more** of the following:
  - A. A musculoskeletal condition requiring elevation of one or both legs
  - B. A cast or brace prevents 90-degree flexion at the knee
  - C. Significant edema of the lower extremities
  - D. When the medical necessity criteria are met for the power tilt and/or recline power wheelchair option (full tilt and recline features without power elevating leg rests can be uncomfortable or put undue pressure on body areas, and it is unlikely for the individual to be able to use manual leg lifts)
- IV. Power seat elevation (E2298) and power standing (E2301) features are considered **not medically necessary**, alone or in combination with other features.
- V. A Group 1 Power Operated Vehicle (POV) (HCPCS codes E1230, K0800, K0801, and K0802) may be considered **medically necessary** when **all** of the following are met:
  - A. A mobility limitation exists that significantly impairs the ability to participate in one or more MRADLs in customary locations
  - B. The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair
  - C. The individual does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs
  - D. The individual is able to perform **all** of the following:
    - 1. Safely transfer to and from the POV
    - 2. Operate the POVs tiller steering system
    - 3. Maintain postural stability and position while operating the POV
  - E. The individual's mental and physical capabilities are sufficient to safely operate a POV
  - F. The individual's weight does not exceed the weight capacity of the requested POV
  - G. Use of a POV will significantly improve the individual's ability to participate in MRADLs

- VI. A one month's rental of a PWC or POV (HCPCS code K0462) may be considered **medically necessary** if the individual owned PWC or POV is being repaired.
- VII. All of the following are considered **not medically necessary**:
- A. Any Group 2 POV (HCPCS codes K0806, K0807, and K0808)
  - B. A Group 2 PWC (HCPCS codes K0830 and K0831)
  - C. Any Group 4 PWC (HCPCS codes K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, and K0886)
  - D. **Any** of the following PWC or POV Accessories/Options:
    1. Attendant control in addition to a individual-operated drive control system (HCPCS code E2331)
    2. Back-up PWC, POV, or manual wheelchair
    3. Back packs
    4. Baskets
    5. Dual-mode battery charger (HCPCS code E2367)
    6. Dust covers
    7. Canopies
    8. Electronic balance
    9. Electronic interfaces to control lights or other electrical devices
    10. Electronic interfaces to operate speech generating devices (HCPCS code E2351)
    11. Elevating footrests, articulating, telescoping (HCPCS code K0053)
    12. Flags
    13. Horns
    14. Incontinence covers
    15. Non-sealed batteries (HCPCS codes E2358, E2360, E2362, E2364 and E2372)
    16. Miscellaneous items that are beneficial primarily in allowing the individual to perform leisure or recreational activities
    17. Power add-ons used to convert a manual wheelchair to a PWC or POV
    18. Powered seat elevation feature (HCPCS code E2298) and associated electronic connection (HCPCS code E2311) if not required to operate other features listed in the medically necessary criteria
    19. Powered standing feature (HCPCS code E2301 and associated electronic connection (HCPCS code E2311) if not required to operate other features listed in the medically necessary criteria
    20. Powered wheelchair seat cushion (HCPCS code E2610)
    21. PWCs ability to elevate the seat by balancing on two wheels
    22. Remote operation
    23. Stair climbing ability
    24. Special paint or color
    25. Utility bag

NOTE: Refer to [Appendix A](#) to see the policy statement changes (if any) from the previous version.

## Policy Guidelines

Each PWC is required to include all of the following items (also called the PWC basic equipment package) on initial issue (not separately reimbursable, unless otherwise noted):

- Battery charger, single mode (HCPCS E2366 and E2367)
- Lap belt or safety belts. Shoulder harness/straps or chest straps/vest may be separately reimbursed
- Complete set of tires and casters, any type

- Leg rests. Not separately reimbursable if fixed, swing away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be separately reimbursed.
- Footrests/foot platform. Not separately reimbursable if fixed, swing away, or detachable footrests or a foot platform without angle adjustment are provided. Angle adjustable footplates may be separately reimbursed with Group 3 and 5 PWCs.
- Armrests. Not separately reimbursable if fixed, swing away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be separately reimbursed.
- Any weight-specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by individual weight capacity
- Any seat width and depth
- Any back width
- Controller and Input Device. Not separately reimbursable if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a non-standard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device including mounting hardware, may be separately reimbursed.
- Labor charges for assembly

Each POV is required to include all of the following items on initial issue (not separately reimbursable):

- Battery or batteries required for operation
- Battery charger, single mode
- 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
- Labor charges for assembly

#### HCPCS code K0108

Miscellaneous options, accessories, or replacement parts for PWC or POV that do not have specific HCPCS codes and are not included in another code should be coded as K0108. When more than one line item is billed with K0108, the additional information submitted must be matched to the appropriate line of the claim.

#### Batteries

- Two batteries are reimbursable, one for use and one for recharging
- One lithium-based battery (HCPCS E2397) is reimbursable once every three years

A replacement PWC, POV, or accessory/option is indicated if the PWC, POV, or accessory/option is not repairable or the PWC, POV, or accessory/option is five years old or older, or anatomical changes occur.

To qualify for a customized wheelchair there must be customization of the frame. The assembly of a wheelchair from modular components does not meet the definition of a customized wheelchair frame/base. The use of customized accessories/options does not result in the wheelchair frame/base being considered customized.

A Column II code is included with 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.<sup>1</sup>

Column I	Column II
<b>Power Operated Vehicles (K0800-K0812)</b>	<b>All options and accessories</b>
Power Wheelchair Base Groups 1 and 2 (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
Power Wheelchair Base Groups 3, 4, and 5 (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1255, 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
Detachable armrest (E0973)	K0017, K0018, K0019
Elevating legrest (E0990)	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
Dynamic seating component <sup>a</sup>	E2398
Leg elevation systems (E1009, E1010, E1012)	E0990, E0995, K0042, K0043, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
Sip and puff interface (E2325)	E1028
Leg strap (K0039)	K0038
Footrest (K0045)	K0043, K0044
Elevating legrest (K0046)	K0043
Elevating legrest (K0047)	K0044
Elevating footrest (K0053)	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
Wheel assembly (K0069)	E2220, E2224
Wheel assembly (K0070)	E2211, E2212, E2224
Caster assembly (K0071)	E2214, E2215, E2225, E2226
Caster assembly (K0072)	E2219, E2225, E2226
Caster assembly (K0077)	E2221, E2222, E2225, E2226
Elevating legrests (K0195)	E0995, K0042, K0043, K0044, K0045, K0046, K0047

<sup>a</sup> Accessories consisting of dynamic components, joints, linkages, and elastomers are designed to be attached to a wheelchair frame. The system is intended to accommodate the wheelchair user's flexion and extension with minimal displacement at the pelvis during movement. The variable spring resistance returns the individual to the initial posture.

## Documentation

All PWC or POV requests require a:

- Written prescription from the provider indicating that the anticipated need for the PWC or POV is 6 months or greater
- Face-to-face mobility examination and report by the provider and the report should provide the following information:
  - What is the individual's mobility limitation and how does it interfere with the performance of MRADLs?
  - Why can't a cane, walker, or manual wheelchair meet this individual's mobility needs?
  - Does this individual have the physical and mental abilities to operate a PWC or POV safely in the home?
- Detailed product description including manufacturer, make, and model

In addition, all Group 3 PWC requests require the following documentation:

- Diagnosis of a neurological condition, myopathy, or congenital skeletal deformity
- A specialty evaluation performed by a licensed/certified medical professional, such as a Physical Therapist (PT) or Occupational Therapist (OT), or provider who has specific training and experience in rehabilitation wheelchair evaluations and a report that documents the medical necessity for the PWC and its special features. The PT, OT, or provider may NOT have any financial relationship with the DME supplier.
- The wheelchair is being provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who had direct, in-person involvement in the wheelchair selection for the individual

The durable medical equipment (DME) supplier of the PWC or POV must submit a written documented (termed a detailed product description) that lists the wheelchair base and all options and accessories that will be separately billed. For the wheelchair base and each option/accessory, the supplies must enter all of the following:

- HCPCS code
- Narrative description of the HCPCS code
- Manufacturer name and model name/number
- Supplier's charge

#### Coding

See the [Codes table](#) for details.

### Description

Power wheelchairs (PWCs), also known as electric or motorized wheelchairs, are chair-like battery powered mobility devices with integrated or modular seating systems, electronic steering, and four or more wheels. They are utilized by individuals with neurological, orthopedic, or cardiovascular conditions who cannot achieve independence or assistance with movement from manual mobility devices such as canes, walkers, and manual wheelchairs.

Power wheelchairs can be portable, standard, lightweight, and customized, and may be fitted with a variety of accessories. There are five PWC groups (see Rationale section) based on performance factors including minimum top end speed, minimum range, minimum obstacle climb, and dynamic stability incline.

Power operated vehicles (POVs), also called scooters, are battery powered, utilize a tiller steering system, and have three or four wheels designed for indoor or outdoor use. Power operated vehicles are intended for individuals who have sufficient trunk and upper extremity functional use to safely and effectively operate the tiller steering while maintaining upright functional sitting balance and postural support. There are two POV groups also based on performance factors, similar to the PWC groups.

Note: Blue Shield of California defines activities of daily living (ADLs) as mobility skills required for independence in normal everyday living. Recreational, leisure, or sports activities are not included.

### Related Policies

- N/A

## Benefit Application

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Some state or federal mandates (e.g., Federal Employee Program [FEP]) prohibits plans from denying Food and Drug Administration (FDA)-approved technologies as investigational. In these instances, plans may have to consider the coverage eligibility of FDA-approved technologies on the basis of medical necessity alone.

## Regulatory Status

- N/A

## Rationale

### Literature Review

The Centers for Medicare & Medicaid<sup>2</sup> define a mobility limitation as one that:

- Prevents the patient from accomplishing a mobility-related activity of daily living (MRADL) entirely, or
- Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempt to perform the MRADL; or
- Prevents the patient from completing an MRADL within a reasonable time frame

Power wheelchairs (PWC) are categorized according to their performance groups, weight capacity, seat types, and power options<sup>3</sup>:

PWC Group/HCPCS codes	Group 1 K0813-K0816	Group 2 K0820-K0843	Group 3 K0848-K0864	Group 4 K0868-K0886	Group 5 K0890-K0891
Length	≤40 inches	≤48 inches	≤48 inches	≤48 inches	≤48 inches
Width	≤24 inches	≤34 inches	≤34 inches	≤34 inches	≤34 inches
Minimum top end speed <sup>a</sup>	3 mph	3 mph	4.5 mph	6 mph	4 mph
Minimum range <sup>b</sup>	5 miles	7 miles	12 miles	16 miles	12 miles
Minimum obstacle climb <sup>c</sup>	20 mm	40 mm	60 mm	75 mm	60 mm
Dynamic stability incline <sup>d</sup>	6 degrees	6 degrees	7.5 degrees	9 degrees	9 degrees

<sup>a</sup>Top end speed is the minimum speed acceptable for a given category of devices on a flat, hard surface.

<sup>b</sup>Range is the minimum distance acceptable for a given category of devices on a single charge of batteries.

<sup>c</sup>Obstacle climb is the vertical height of a solid obstruction that can be climbed.

<sup>d</sup>Dynamic stability incline is the minimum degree of slope at which the power mobility device in the most common seating and positioning configuration(s) remains stable at the required patient weight capacity. If the power mobility device is stable at only one configuration, the power mobility device may have protective mechanisms that prevent climbing inclines in configurations that may be unstable.

Weight capacity:

- Standard: less than or equal to 300 lbs.
- Heavy Duty: 301-450 lbs.
- Very Heavy Duty: 451-600 lbs.
- Extra Heavy Duty: greater than or equal to 601 lbs.







5/16/2023. Accessed on June 26, 2024 from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=33789&ver=35>

4. Centers for Medicare and Medicaid Services. Noridian Healthcare Solutions, LLC. Local Coverage Determination (LCD): Wheelchair Seating (L33312). Revision effective 1/1/2020. Accessed on June 26, 2024 from <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33312&ver=34&Date=&DocID=L33312+&bc=iAAAAAgAAAA&>.
5. Centers for Medicare and Medicaid Services. National Coverage Determination (NCD): Durable Medical Equipment Reference List (280.1). Effective 5/5/2005. Accessed on June 26, 2024 from <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?&NCDId=190&NCD Sect=280.1>
6. Noridian Healthcare Solutions, LLC. Durable Medical Equipment. Group 3 Power Wheelchair Requirements. Last updated June 19, 2019. Accessed on June 26, 2024 from <https://med.noridianmedicare.com/web/jddme/dmepos/pmds/group-3-power-wheelchair-requirements>.

## Documentation for Clinical Review

Please provide the following documentation:

- History and physical and/or consultation notes including:
  - Diagnosis and any applicable comorbidities
  - Specialty evaluation by a PT, OT, or MD
  - Patient's ability to operate PWC or POV
  - Limitations or medical diagnoses supporting the need for addons such as power tilt/recline or both, power elevating leg rests, drive control interface, etc., as applicable
- Written prescription from the provider indicating that the anticipated need for the PWC or POV is 6 months or greater
- The DME supplier must submit all HCPCS codes, narrative description of the HCPCS code (particularly for non-specific codes), rationale for the request, and suppliers charge
- Request for new PWC or PVC or replacement
- Reason device can't be repaired if replacement request
- Caregiver status
- Mobility assessment by a certified therapist or the provider including the patient's mobility limitations
- Detailed product description including manufacturer, make, and model

Post Service (in addition to the above, please include the following):

- Any additional information available to support the need for the request(s) and a complete list of all accessories or attachments

## Coding

*This Policy relates only to the services or supplies described herein. Benefits may vary according to product design; therefore, contract language should be reviewed before applying the terms of the Policy.*

*The following codes are included below for informational purposes. Inclusion or exclusion of a code(s) does not constitute or imply member coverage or provider reimbursement policy. Policy Statements are intended to provide member coverage information and may include the use of some codes for clarity. The Policy Guidelines section may also provide additional information for how to interpret the Policy Statements and to provide coding guidance in some cases.*

Type	Code	Description
CPT <sup>®</sup>	None	
HCPCS	E0971	Manual wheelchair accessory, antitipping device, each
	E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
	E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
	E0981	Wheelchair accessory, seat upholstery, replacement only, each
	E0982	Wheelchair accessory, back upholstery, replacement only, each
	E0990	Wheelchair accessory, elevating legrest, complete assembly, each
	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
	E1002	Wheelchair accessory, power seating system, tilt only
	E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
	E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
	E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
	E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair
	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
	E1016	Shock absorber for power wheelchair, each
	E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
	E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number
	E1239	Power wheelchair, pediatric size, not otherwise specified
	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, 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
	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

Type	Code	Description
	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
	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type <i>(Code effective 4/1/2024)</i>
	E2300	Wheelchair accessory, power seat elevation system, any type <i>(Deleted code effective 4/1/2024)</i>
	E2301	Wheelchair accessory, power standing system, any type
	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
	E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
	E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
	E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
	E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
	E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
	E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
	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
	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
	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
	E2378	Power wheelchair component, actuator, replacement only

Type	Code	Description
	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
	E2609	Custom fabricated wheelchair seat cushion, any size
	E2610	Wheelchair seat cushion, powered
	E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
	K0010	Standard-weight frame motorized/power wheelchair
	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
	K0012	Lightweight portable motorized/power wheelchair
	K0013	Custom motorized/power wheelchair base
	K0014	Other motorized/power wheelchair base
	K0015	Detachable, nonadjustable height armrest, 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

Type	Code	Description
	K0039	Leg strap, H style, each
	K0040	Adjustable angle footplate, each
	K0041	Large size footplate, each
	K0042	Standard size footplate, replacement only, each
	K0043	Footrest, lower extension tube, replacement only, each
	K0044	Footrest, upper hanger bracket, replacement only, each
	K0045	Footrest, complete assembly, replacement only, each
	K0046	Elevating legrest, lower extension tube, replacement only, each
	K0047	Elevating legrest, upper hanger bracket, replacement only, each
	K0050	Ratchet assembly, replacement only
	K0051	Cam release assembly, footrest or legrest, replacement only, each
	K0052	Swingaway, detachable footrests, replacement only, each
	K0053	Elevating footrests, articulating (telescoping), each
	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each
	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
	K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each
	K0077	Front caster assembly, complete, with solid tire, replacement only, each
	K0098	Drive belt for power wheelchair, replacement only
	K0108	Wheelchair component or accessory, not otherwise specified
	K0195	Elevating legrests, pair (for use with capped rental wheelchair base)
	K0462	Temporary replacement for patient-owned equipment being repaired, any type
	K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC
	K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
	K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds
	K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds
	K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
	K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds
	K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds
	K0812	Power operated vehicle, not otherwise classified
	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
	K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
	K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds

Type	Code	Description
	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
	K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
	K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
	K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more
	K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
	K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
	K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
	K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
	K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	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



Type	Code	Description
	K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
	K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more
	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
	K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
	K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
	K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
	K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
	K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
	K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
	K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
	K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
	K0898	Power wheelchair, not otherwise classified



## Policy History

This section provides a chronological history of the activities, updates and changes that have occurred with this Medical Policy.

Effective Date	Action
02/05/2010	BCBSA Medical Policy adoption
02/17/2010	Policy Revision with clarification of documentation required
04/28/2010	Coding Update
03/13/2012	Coding Update
02/22/2013	Coding Update
06/28/2013	Coding Update
07/03/2014	Coding Update
07/31/2015	Coding Update Policy revision without position change
01/01/2016	Coding update
08/01/2016	Policy revision without position change
12/01/2016	Coding update
10/01/2017	Policy revision without position change
10/01/2018	Policy revision without position change
02/01/2019	Coding update
08/01/2019	Administrative Update (Policy Statement clarification)
12/01/2019	Policy revision without position change
03/01/2020	Coding update
06/01/2020	Annual update. Policy statement updated.
09/01/2020	Administrative update. Policy statement updated.
06/01/2021	Annual review. No change to policy statement.
07/01/2022	Annual review. No change to policy statement.
07/01/2023	Annual review. Policy statement and guidelines updated.
05/01/2024	Coding update
07/01/2024	Annual review. No change to policy statement.

## Definitions of Decision Determinations

**Medically Necessary:** Services that are Medically Necessary include only those which have been established as safe and effective, are furnished under generally accepted professional standards to treat illness, injury or medical condition, and which, as determined by Blue Shield, are: (a) consistent with Blue Shield medical policy; (b) consistent with the symptoms or diagnosis; (c) not furnished primarily for the convenience of the patient, the attending Physician or other provider; (d) furnished at the most appropriate level which can be provided safely and effectively to the patient; and (e) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the Member's illness, injury, or disease.

**Investigational/Experimental:** A treatment, procedure, or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

**Split Evaluation:** Blue Shield of California/Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a split evaluation, where a treatment, procedure, or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and

effective for other indications or conditions, and therefore potentially medically necessary in those instances.

### Prior Authorization Requirements and Feedback (as applicable to your plan)

Within five days before the actual date of service, the provider must confirm with Blue Shield that the member's health plan coverage is still in effect. Blue Shield reserves the right to revoke an authorization prior to services being rendered based on cancellation of the member's eligibility. Final determination of benefits will be made after review of the claim for limitations or exclusions.

Questions regarding the applicability of this policy should be directed to the Prior Authorization Department at (800) 541-6652, or the Transplant Case Management Department at (800) 637-2066 ext. 3507708 or visit the provider portal at [www.blueshieldca.com/provider](http://www.blueshieldca.com/provider).

We are interested in receiving feedback relative to developing, adopting, and reviewing criteria for medical policy. Any licensed practitioner who is contracted with Blue Shield of California or Blue Shield of California Promise Health Plan is welcome to provide comments, suggestions, or concerns. Our internal policy committees will receive and take your comments into consideration.

For utilization and medical policy feedback, please send comments to: [MedPolicy@blueshieldca.com](mailto:MedPolicy@blueshieldca.com)

*Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. Blue Shield of California may consider published peer-reviewed scientific literature, national guidelines, and local standards of practice in developing its medical policy. Federal and state law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over medical policy and must be considered first in determining covered services. Member contracts may differ in their benefits. Blue Shield reserves the right to review and update policies as appropriate.*

## Appendix A

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p>Power Wheelchairs and Power Operated Vehicles for Permanent Use BSC1.02</p> <p>Policy Statement:</p> <ol style="list-style-type: none"> <li>I. Power Wheelchairs (PWC) may be considered medically necessary when <b>all</b> of the following are met: <ol style="list-style-type: none"> <li>A. Documentation of <b>all</b> of the following: <ol style="list-style-type: none"> <li>1. A mobility limitation exists that significantly impairs ability to participate in one or more mobility-related activities of daily living (MRADLs) in customary locations</li> <li>2. The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair</li> <li>3. The individual does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs</li> <li>4. The individual's mental and physical capabilities are sufficient to safely operate a PWC that is provided</li> <li>5. If the individual is unable to safely operate a PWC, the individual has a caregiver who is available, willing, and able to safely operate a PWC for the individual, but is otherwise NOT physically able to adequately propel a manual wheelchair</li> <li>6. The individual's weight does not exceed the weight capacity of the requested PWC</li> <li>7. The use of a PWC is expected to significantly improve or restore the individual's ability to perform or participate in MRADLs. For individuals with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver</li> </ol> </li> <li>B. Power Wheelchair Group Related Criteria are met and the request is for one of the following: <ol style="list-style-type: none"> <li>1. PWC frame with a HCPCS code: E1239, K0010, K0011, K0012, or K0014</li> </ol> </li> </ol> </li> </ol>	<p>Power Wheelchairs and Power Operated Vehicles for Permanent Use BSC1.02</p> <p>Policy Statement:</p> <ol style="list-style-type: none"> <li>I. Power Wheelchairs (PWC) may be considered medically necessary when <b>all</b> of the following are met: <ol style="list-style-type: none"> <li>A. Documentation of <b>all</b> of the following: <ol style="list-style-type: none"> <li>1. A mobility limitation exists that significantly impairs ability to participate in one or more mobility-related activities of daily living (MRADLs) in customary locations</li> <li>2. The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair</li> <li>3. The individual does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs</li> <li>4. The individual's mental and physical capabilities are sufficient to safely operate a PWC that is provided</li> <li>5. If the individual is unable to safely operate a PWC, the individual has a caregiver who is available, willing, and able to safely operate a PWC for the individual, but is otherwise NOT physically able to adequately propel a manual wheelchair</li> <li>6. The individual's weight does not exceed the weight capacity of the requested PWC</li> <li>7. The use of a PWC is expected to significantly improve or restore the individual's ability to perform or participate in MRADLs. For individuals with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver</li> </ol> </li> <li>B. Power Wheelchair Group Related Criteria are met and the request is for one of the following: <ol style="list-style-type: none"> <li>1. PWC frame with a HCPCS code: E1239, K0010, K0011, K0012, or K0014</li> </ol> </li> </ol> </li> </ol>

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p>2. A Group 1 PWC (HCPCS codes K0813, K0814, K0815 and K0816) or a Group 2 PWC (HCPCS codes K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, and K0829)</p> <p>3. A Group 2 PWC with an additional single power option (HCPCS codes K0835, K0836, K0837, K0838, K0839, and K0840) when one of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. A drive control interface other than a hand- or chin-operated standard proportional joystick is required (e.g., head or extremity control, sip and puff, non-proportional switch control)</li> <li>b. Criteria for a <a href="#">power tilt OR power recline</a> (NOT combination power tilt/power recline or in combination with power elevating leg rests) seating system is met</li> <li>c. Criteria for <a href="#">power elevating leg</a> rests (alone, not in combination with tilt or recline) is met</li> </ul> <p>4. A Group 2 PWC with a multiple power option (HCPCS codes K0841, K0842, and K0843) when one of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Criteria for a <a href="#">combination power tilt/ recline</a> seating system is met (with or without power elevating leg rests)</li> <li>b. Criteria is met for power tilt OR recline in addition to power elevating leg rests</li> <li>c. The individual uses a ventilator which is mounted on the wheelchair</li> </ul> <p>5. A Group 3 PWC (HCPCS codes K0848, K0849, K0850, K0851, K0852, K0853, K0854, and K0855) when mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity</p> <p>6. A Group 3 single power option PWC (HCPCS codes K0856, K0857, K0858, K0859, and K0860) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity</li> <li>b. Meets criteria for Group 2 single power option</li> </ul>	<p>2. A Group 1 PWC (HCPCS codes K0813, K0814, K0815 and K0816) or a Group 2 PWC (HCPCS codes K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, and K0829)</p> <p>3. A Group 2 PWC with an additional single power option (HCPCS codes K0835, K0836, K0837, K0838, K0839, and K0840) when one of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. A drive control interface other than a hand- or chin-operated standard proportional joystick is required (e.g., head or extremity control, sip and puff, non-proportional switch control)</li> <li>b. Criteria for a <a href="#">power tilt OR power recline</a> (NOT combination power tilt/power recline or in combination with power elevating leg rests) seating system is met</li> <li>c. Criteria for <a href="#">power elevating leg</a> rests (alone, not in combination with tilt or recline) is met</li> </ul> <p>4. A Group 2 PWC with a multiple power option (HCPCS codes K0841, K0842, and K0843) when one of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Criteria for a <a href="#">combination power tilt/ recline</a> seating system is met (with or without power elevating leg rests)</li> <li>b. Criteria is met for power tilt OR recline in addition to power elevating leg rests</li> <li>c. The individual uses a ventilator which is mounted on the wheelchair</li> </ul> <p>5. A Group 3 PWC (HCPCS codes K0848, K0849, K0850, K0851, K0852, K0853, K0854, and K0855) when mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity</p> <p>6. A Group 3 single power option PWC (HCPCS codes K0856, K0857, K0858, K0859, and K0860) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity</li> <li>b. Meets criteria for Group 2 single power option</li> </ul>

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p>7. A Group 3 multiple power option PWC (HCPCS codes K0861, K0862, K0863, and K0864) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity</li> <li>b. Meets criteria for a Group 2 multiple power option</li> </ul> <p>8. A Group 5 single power option pediatric PWC (HCPCS code K0890) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Growth in height is expected</li> <li>b. Meets criteria for a Group 2 single power option</li> </ul> <p>9. A Group 5 multiple power option pediatric PWC (HCPCS code K0891) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Growth in height is expected</li> <li>b. Meets criteria for a Group 2 multiple power option</li> </ul> <p>II. Power tilt and/or recline only, or combination tilt and recline power seating system, with or without power elevating leg rests (HCPCS codes E1002, E1003, E1004, E1005, E1006, E1007, E1008, and associated electronic connection code E2311) may be considered <b>medically necessary</b> when the medical necessity criteria for a PWC are met and one or more of the following exists:</p> <ul style="list-style-type: none"> <li>A. Individual is at high risk for pressure ulcer development and is unable to perform a functional weight shift</li> <li>B. Individual uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed</li> <li>C. The power seating system is needed to manage increased tone or spasticity</li> </ul> <p>III. Power elevating leg rests (HCPCS codes E1009, E1010, and associated electronic connection code E2311) may be considered <b>medically necessary</b> for one or more of the following:</p> <ul style="list-style-type: none"> <li>A. A musculoskeletal condition requiring elevation of one or both legs</li> <li>B. A cast or brace prevents 90-degree flexion at the knee</li> <li>C. Significant edema of the lower extremities</li> </ul>	<p>7. A Group 3 multiple power option PWC (HCPCS codes K0861, K0862, K0863, and K0864) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity</li> <li>b. Meets criteria for a Group 2 multiple power option</li> </ul> <p>8. A Group 5 single power option pediatric PWC (HCPCS code K0890) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Growth in height is expected</li> <li>b. Meets criteria for a Group 2 single power option</li> </ul> <p>9. A Group 5 multiple power option pediatric PWC (HCPCS code K0891) when both of the following criteria are met:</p> <ul style="list-style-type: none"> <li>a. Growth in height is expected</li> <li>b. Meets criteria for a Group 2 multiple power option</li> </ul> <p>II. Power tilt and/or recline only, or combination tilt and recline power seating system, with or without power elevating leg rests (HCPCS codes E1002, E1003, E1004, E1005, E1006, E1007, E1008, and associated electronic connection code E2311) may be considered <b>medically necessary</b> when the medical necessity criteria for a PWC are met and one or more of the following exists:</p> <ul style="list-style-type: none"> <li>A. Individual is at high risk for pressure ulcer development and is unable to perform a functional weight shift</li> <li>B. Individual uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed</li> <li>C. The power seating system is needed to manage increased tone or spasticity</li> </ul> <p>III. Power elevating leg rests (HCPCS codes E1009, E1010, and associated electronic connection code E2311) may be considered <b>medically necessary</b> for one or more of the following:</p> <ul style="list-style-type: none"> <li>A. A musculoskeletal condition requiring elevation of one or both legs</li> <li>B. A cast or brace prevents 90-degree flexion at the knee</li> <li>C. Significant edema of the lower extremities</li> </ul>

POLICY STATEMENT (No changes)	
BEFORE	AFTER
<p>D. When the medical necessity criteria are met for the power tilt and/or recline power wheelchair option (full tilt and recline features without power elevating leg rests can be uncomfortable or put undue pressure on body areas, and it is unlikely for the individual to be able to use manual leg lifts)</p> <p>IV. Power seat elevation (E2298) and power standing (E2301) features are considered <b>not medically necessary</b>, alone or in combination with other features.</p> <p>V. A Group 1 Power Operated Vehicle (POV) (HCPCS codes E1230, K0800, K0801, and K0802) may be considered <b>medically necessary</b> when <b>all</b> of the following are met:</p> <ul style="list-style-type: none"> <li>A. A mobility limitation exists that significantly impairs the ability to participate in one or more MRADLs in customary locations</li> <li>B. The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair</li> <li>C. The individual does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs</li> <li>D. The individual is able to perform <b>all</b> of the following: <ul style="list-style-type: none"> <li>4. Safely transfer to and from the POV</li> <li>5. Operate the POVs tiller steering system</li> <li>6. Maintain postural stability and position while operating the POV</li> </ul> </li> <li>E. The individual's mental and physical capabilities are sufficient to safely operate a POV</li> <li>F. The individual's weight does not exceed the weight capacity of the requested POV</li> <li>G. Use of a POV will significantly improve the individual's ability to participate in MRADLs</li> </ul> <p>VI. A one month's rental of a PWC or POV (HCPCS code K0462) may be considered <b>medically necessary</b> if the individual owned PWC or POV is being repaired.</p> <p>VII. All of the following are considered <b>not medically necessary</b>:</p>	<p>D. When the medical necessity criteria are met for the power tilt and/or recline power wheelchair option (full tilt and recline features without power elevating leg rests can be uncomfortable or put undue pressure on body areas, and it is unlikely for the individual to be able to use manual leg lifts)</p> <p>IV. Power seat elevation (E2298) and power standing (E2301) features are considered <b>not medically necessary</b>, alone or in combination with other features.</p> <p>V. A Group 1 Power Operated Vehicle (POV) (HCPCS codes E1230, K0800, K0801, and K0802) may be considered <b>medically necessary</b> when <b>all</b> of the following are met:</p> <ul style="list-style-type: none"> <li>A. A mobility limitation exists that significantly impairs the ability to participate in one or more MRADLs in customary locations</li> <li>B. The mobility limitation cannot be resolved by the use of an appropriately fitted cane, crutch, or optimally configured manual wheelchair</li> <li>C. The individual does not have sufficient upper extremity function to self-propel a manual wheelchair to perform MRADLs</li> <li>D. The individual is able to perform <b>all</b> of the following: <ul style="list-style-type: none"> <li>1. Safely transfer to and from the POV</li> <li>2. Operate the POVs tiller steering system</li> <li>3. Maintain postural stability and position while operating the POV</li> </ul> </li> <li>E. The individual's mental and physical capabilities are sufficient to safely operate a POV</li> <li>F. The individual's weight does not exceed the weight capacity of the requested POV</li> <li>G. Use of a POV will significantly improve the individual's ability to participate in MRADLs</li> </ul> <p>VI. A one month's rental of a PWC or POV (HCPCS code K0462) may be considered <b>medically necessary</b> if the individual owned PWC or POV is being repaired.</p> <p>VII. All of the following are considered <b>not medically necessary</b>:</p>

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<p>E. Any Group 2 POV (HCPCS codes K0806, K0807, and K0808)</p> <p>F. A Group 2 PWC (HCPCS codes K0830 and K0831)</p> <p>G. Any Group 4 PWC (HCPCS codes K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, and K0886)</p> <p>H. <b>Any</b> of the following PWC or POV Accessories/Options:</p> <ol style="list-style-type: none"> <li>26. Attendant control in addition to a individual-operated drive control system (HCPCS code E2331)</li> <li>27. Back-up PWC, POV, or manual wheelchair</li> <li>28. Back packs</li> <li>29. Baskets</li> <li>30. Dual-mode battery charger (HCPCS code E2367)</li> <li>31. Dust covers</li> <li>32. Canopies</li> <li>33. Electronic balance</li> <li>34. Electronic interfaces to control lights or other electrical devices</li> <li>35. Electronic interfaces to operate speech generating devices (HCPCS code E2351)</li> <li>36. Elevating footrests, articulating, telescoping (HCPCS code K0053)</li> <li>37. Flags</li> <li>38. Horns</li> <li>39. Incontinence covers</li> <li>40. Non-sealed batteries (HCPCS codes E2358, E2360, E2362, E2364 and E2372)</li> <li>41. Miscellaneous items that are beneficial primarily in allowing the individual to perform leisure or recreational activities</li> <li>42. Power add-ons used to convert a manual wheelchair to a PWC or POV</li> <li>43. Powered seat elevation feature (HCPCS code E2298) and associated electronic connection (HCPCS code E2311) if not required to operate other features listed in the medically necessary criteria</li> <li>44. Powered standing feature (HCPCS code E2301 and associated electronic connection (HCPCS code E2311) if not required to operate other features listed in the medically necessary criteria</li> </ol>	<p>A. Any Group 2 POV (HCPCS codes K0806, K0807, and K0808)</p> <p>B. A Group 2 PWC (HCPCS codes K0830 and K0831)</p> <p>C. Any Group 4 PWC (HCPCS codes K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, and K0886)</p> <p>D. <b>Any</b> of the following PWC or POV Accessories/Options:</p> <ol style="list-style-type: none"> <li>1. Attendant control in addition to a individual-operated drive control system (HCPCS code E2331)</li> <li>2. Back-up PWC, POV, or manual wheelchair</li> <li>3. Back packs</li> <li>4. Baskets</li> <li>5. Dual-mode battery charger (HCPCS code E2367)</li> <li>6. Dust covers</li> <li>7. Canopies</li> <li>8. Electronic balance</li> <li>9. Electronic interfaces to control lights or other electrical devices</li> <li>10. Electronic interfaces to operate speech generating devices (HCPCS code E2351)</li> <li>11. Elevating footrests, articulating, telescoping (HCPCS code K0053)</li> <li>12. Flags</li> <li>13. Horns</li> <li>14. Incontinence covers</li> <li>15. Non-sealed batteries (HCPCS codes E2358, E2360, E2362, E2364 and E2372)</li> <li>16. Miscellaneous items that are beneficial primarily in allowing the individual to perform leisure or recreational activities</li> <li>17. Power add-ons used to convert a manual wheelchair to a PWC or POV</li> <li>18. Powered seat elevation feature (HCPCS code E2298) and associated electronic connection (HCPCS code E2311) if not required to operate other features listed in the medically necessary criteria</li> <li>19. Powered standing feature (HCPCS code E2301 and associated electronic connection (HCPCS code E2311) if not required to operate other features listed in the medically necessary criteria</li> </ol>



POLICY STATEMENT (No changes)	
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45. Powered wheelchair seat cushion (HCPCS code E2610) 46. PWCs ability to elevate the seat by balancing on two wheels 47. Remote operation 48. Stair climbing ability 49. Special paint or color 50. Utility bag	20. Powered wheelchair seat cushion (HCPCS code E2610) 21. PWCs ability to elevate the seat by balancing on two wheels 22. Remote operation 23. Stair climbing ability 24. Special paint or color 25. Utility bag