

Mobility Devices, Options, and Accessories

Policy Number: MP.030.10
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[➔ Instructions for Use](#)

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| Related Commercial/Individual Exchange Policy |
|--|
| <ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements |

Application

UnitedHealthcare Commercial

This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

Power Mobility Devices

This Medical Policy applies to Individual Exchange benefit plans in all states except for Alabama, Arizona, Colorado, Florida, Georgia, Illinois, Kansas, Louisiana, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Mexico, New York, Oklahoma, South Carolina, Texas, Washington, and Wisconsin for power mobility devices.

All Other Mobility Devices

This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado, Nevada, New Mexico, New York, South Carolina, and Wisconsin for all other mobility devices.

Coverage Rationale

[➔ See Benefit Considerations](#)

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

- **Manual Wheelchairs**
 - CP: Durable Medical Equipment:
 - Wheelchairs Manual
 - Wheelchairs or Strollers, Pediatric
- **Power Mobility Devices** (refer to the [Application](#) section for coverage applicability)
 - CP: Durable Medical Equipment:
 - Power Operated Vehicles (POV)
 - Wheelchairs or Strollers, Pediatric
 - Wheelchairs, Power
 - Wheels or Wheelchairs, Power-Assist
- **Wheelchair Options and Accessories**
 - CP: Durable Medical Equipment:
 - Wheelchair Cushions or Seating System
 - Wheelchair Options and Accessories
- **Wheelchair Seating**

- CP: Durable Medical Equipment, Wheelchair Cushions or Seating System

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

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

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

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

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| HCPCS Code | Description |
|---------------------------|---|
| Manual Wheelchairs | |
| E1050 | Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests |
| E1060 | Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests |
| E1070 | Fully-reclining wheelchair, detachable arms (desk or full-length) swing-away detachable footrest |
| E1083 | Hemi-wheelchair, fixed full-length arms, swing-away detachable elevating legrest |
| E1084 | Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests |
| E1085 | Hemi-wheelchair, fixed full-length arms, swing-away detachable footrests |
| E1086 | Hemi-wheelchair, detachable arms, desk or full-length, swing-away detachable footrests |
| E1087 | High strength lightweight wheelchair, fixed full-length arms, swing-away detachable elevating legrests |
| E1088 | High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests |
| E1089 | High-strength lightweight wheelchair, fixed-length arms, swing-away detachable footrest |
| E1090 | High-strength lightweight wheelchair, detachable arms, desk or full-length, swing-away detachable footrests |
| E1092 | Wide heavy-duty wheelchair, detachable arms (desk or full-length), swing-away detachable elevating legrests |
| E1093 | Wide heavy-duty wheelchair, detachable arms, desk or full-length arms, swing-away detachable footrests |
| E1100 | Semi-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests |
| E1110 | Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest |
| E1130 | Standard wheelchair, fixed full-length arms, fixed or swing-away detachable footrests |
| E1140 | Wheelchair, detachable arms, desk or full-length, swing-away detachable footrests |
| E1150 | Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests |
| E1160 | Wheelchair, fixed full-length arms, swing-away detachable elevating legrests |
| E1161 | Manual adult size wheelchair, includes tilt in space |
| E1170 | Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests |
| E1171 | Amputee wheelchair, fixed full-length arms, without footrests or legrest |
| E1172 | Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest |
| E1180 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests |
| E1190 | Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests |
| E1195 | Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests |
| E1200 | Amputee wheelchair, fixed full-length arms, swing-away detachable footrest |
| E1220 | Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification |
| E1221 | Wheelchair with fixed arm, footrests |
| E1222 | Wheelchair with fixed arm, elevating legrests |
| E1223 | Wheelchair with detachable arms, footrests |

| HCPCS Code | Description |
|-------------------------------|---|
| Manual Wheelchairs | |
| 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 |
| 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 |
| Power Mobility Devices | |
| E0983 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control |
| E0984 | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control |
| E0986 | Manual wheelchair accessory, push-rim activated power assist system |
| K0013 | Custom motorized/power wheelchair base |
| K0800 | Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds |
| K0801 | Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds |
| K0802 | Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds |
| K0806 | Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds |
| K0807 | Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds |
| K0808 | Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds |
| K0812 | Power operated vehicle, not otherwise classified |
| K0813 | Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds |

| HCPCS Code | Description |
|-------------------------------|--|
| Power Mobility Devices | |
| 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 |
| 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 |

| HCPCS Code | Description |
|-------------------------------|--|
| Power Mobility Devices | |
| 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 |
| K0856 | Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0857 | Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds |
| K0858 | Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds |
| K0859 | Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds |
| K0860 | Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds |
| K0861 | Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0862 | Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds |
| K0863 | Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds |
| K0864 | Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more |
| K0868 | Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0869 | Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds |
| K0870 | Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds |
| K0871 | Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds |
| K0877 | Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0878 | Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds |
| K0879 | Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds |
| K0880 | Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds |
| K0884 | Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds |
| K0885 | Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds |

| HCPCS Code | Description |
|---|---|
| Power Mobility Devices | |
| K0886 | Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds |
| K0890 | Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds |
| K0891 | Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds |
| K0898 | Power wheelchair, not otherwise classified |
| K0899 | Power mobility device, not coded by DME PDAC or does not meet criteria |
| Wheelchair Options and Accessories | |
| E0954 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot |
| E0958 | Manual wheelchair accessory, one-arm drive attachment, each |
| E0967 | Manual wheelchair accessory, hand rim with projections, any type, replacement only, each |
| E0971 | Manual wheelchair accessory, antitipping device, each |
| E0973 | Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each |
| E0974 | Manual wheelchair accessory, antirollback device, each |
| E0978 | Wheelchair accessory, positioning belt/safety belt/pelvic strap, each |
| E0981 | Wheelchair accessory, seat upholstery, replacement only, each |
| E0982 | Wheelchair accessory, back upholstery, replacement only, each |
| E0988 | Manual wheelchair accessory, lever-activated, wheel drive, pair |
| E0990 | Wheelchair accessory, elevating legrest, complete assembly, each |
| E0995 | Wheelchair accessory, calf rest/pad, replacement only, each |
| E1002 | Wheelchair accessory, power seating system, tilt only |
| E1003 | Wheelchair accessory, power seating system, recline only, without shear reduction |
| E1004 | Wheelchair accessory, power seating system, recline only, with mechanical shear reduction |
| E1005 | Wheelchair accessory, power seating system, recline only, with power shear reduction |
| E1006 | Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction |
| E1007 | Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction |
| E1008 | Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction |
| E1009 | Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair |
| E1011 | Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair) |
| E1012 | Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each |
| E1014 | Reclining back, addition to pediatric size wheelchair |
| E1015 | Shock absorber for manual wheelchair, each |
| E1016 | Shock absorber for power wheelchair, each |
| E1017 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each |
| E1018 | Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each |
| E1020 | Residual limb support system for wheelchair, any type |
| E1028 | Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory |
| E1029 | Wheelchair accessory, ventilator tray, fixed |

| HCPCS Code | Description |
|---|--|
| Wheelchair Options and Accessories | |
| E1030 | Wheelchair accessory, ventilator tray, gimbaled |
| E1225 | Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each |
| E1226 | Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each |
| E2201 | Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in |
| E2202 | Manual wheelchair accessory, nonstandard seat frame width, 24-27 in |
| E2203 | Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in |
| E2204 | Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in |
| E2205 | Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each |
| E2206 | Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each |
| E2207 | Wheelchair accessory, crutch and cane holder, each |
| E2210 | Wheelchair accessory, bearings, any type, replacement only, each |
| E2211 | Manual wheelchair accessory, pneumatic propulsion tire, any size, each |
| E2213 | Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each |
| E2214 | Manual wheelchair accessory, pneumatic caster tire, any size, each |
| E2216 | Manual wheelchair accessory, foam filled propulsion tire, any size, each |
| E2217 | Manual wheelchair accessory, foam filled caster tire, any size, each |
| E2218 | Manual wheelchair accessory, foam propulsion tire, any size, each |
| E2219 | Manual wheelchair accessory, foam caster tire, any size, each |
| E2220 | Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each |
| E2221 | Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| E2222 | Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each |
| E2224 | Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each |
| E2225 | Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each |
| E2226 | Manual wheelchair accessory, caster fork, any size, replacement only, each |
| E2227 | Manual wheelchair accessory, gear reduction drive wheel, each |
| E2228 | Manual wheelchair accessory, wheel braking system and lock, complete, each |
| E2230 | Manual wheelchair accessory, manual standing system |
| E2295 | Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features |
| E2310 | Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| E2311 | Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware |
| 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 |

| HCPCS Code | Description |
|---|---|
| Wheelchair Options and Accessories | |
| E2322 | Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware |
| E2323 | Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated |
| E2325 | Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware |
| E2326 | Power wheelchair accessory, breath tube kit for sip and puff interface |
| E2327 | Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware |
| E2328 | Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware |
| E2329 | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware |
| E2330 | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware |
| E2331 | Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware |
| E2351 | Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface |
| E2358 | Power wheelchair accessory, group 34 nonsealed lead acid battery, each |
| E2359 | Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) |
| E2360 | Power wheelchair accessory, 22 NF nonsealed lead acid battery, each |
| E2361 | Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| E2362 | Power wheelchair accessory, group 24 nonsealed lead acid battery, each |
| E2363 | Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| E2364 | Power wheelchair accessory, U-1 nonsealed lead acid battery, each |
| E2365 | Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| E2366 | Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each |
| E2367 | Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each |
| E2368 | Power wheelchair component, drive wheel motor, replacement only |
| E2369 | Power wheelchair component, drive wheel gear box, replacement only |
| E2370 | Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only |
| E2371 | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each |
| E2372 | Power wheelchair accessory, group 27 nonsealed lead acid battery, each |
| 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 |

| HCPCS Code | Description |
|---|--|
| Wheelchair Options and Accessories | |
| E2376 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only |
| E2377 | Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue |
| E2378 | Power wheelchair component, actuator, replacement only |
| E2381 | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each |
| E2382 | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each |
| E2383 | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each |
| E2384 | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each |
| E2385 | Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each |
| E2386 | Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each |
| E2387 | Power wheelchair accessory, foam filled caster tire, any size, replacement only, each |
| E2388 | Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each |
| E2389 | Power wheelchair accessory, foam caster tire, any size, replacement only, each |
| E2390 | Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each |
| E2391 | Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each |
| E2392 | Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each |
| E2394 | Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each |
| E2395 | Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each |
| E2396 | Power wheelchair accessory, caster fork, any size, replacement only, each |
| E2397 | Power wheelchair accessory, lithium-based battery, each |
| E2398 | Wheelchair accessory, dynamic positioning hardware for back |
| E2626 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable |
| E2627 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type |
| E2628 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining |
| E2629 | Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints) |
| E2630 | Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support |
| E2631 | Wheelchair accessory, addition to mobile arm support, elevating proximal arm |
| E2633 | Wheelchair accessory, addition to mobile arm support, supinator |
| K0009 | Other manual wheelchair/base |
| K0015 | Detachable, nonadjustable height armrest, each |
| 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 |

| HCPCS Code | Description |
|---|--|
| Wheelchair Options and Accessories | |
| K0040 | Adjustable angle footplate, each |
| K0041 | Large size footplate, each |
| K0042 | Standard size footplate, replacement only, each |
| K0043 | Footrest, lower extension tube, replacement only, each |
| K0044 | Footrest, upper hanger bracket, replacement only, each |
| K0045 | Footrest, complete assembly, replacement only, each |
| K0046 | Elevating legrest, lower extension tube, replacement only, each |
| K0047 | Elevating legrest, upper hanger bracket, replacement only, each |
| K0050 | Ratchet assembly, replacement only |
| K0051 | Cam release assembly, footrest or legrest, replacement only, each |
| K0052 | Swingaway, detachable footrests, replacement only, each |
| K0053 | Elevating footrests, articulating (telescoping), each |
| K0069 | Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each |
| K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each |
| K0071 | Front caster assembly, complete, with pneumatic tire, replacement only, each |
| K0072 | Front caster assembly, complete, with semipneumatic tire, replacement only, each |
| K0077 | Front caster assembly, complete, with solid tire, replacement only, each |
| K0098 | Drive belt for power wheelchair, replacement only |
| K0108 | Wheelchair component or accessory, not otherwise specified |
| K0195 | Elevating legrests, pair (for use with capped rental wheelchair base) |
| K0733 | Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat) |
| K0900 | Customized durable medical equipment, other than wheelchair |
| Wheelchair Seating | |
| E0953 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each |
| E0955 | Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each |
| E0956 | Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each |
| E0957 | Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each |
| E0960 | Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware |
| E0966 | Manual wheelchair accessory, headrest extension, each |
| E0992 | Manual wheelchair accessory, solid seat insert |
| E2231 | Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware |
| E2291 | Back, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2292 | Seat, planar, for pediatric size wheelchair including fixed attaching hardware |
| E2293 | Back, contoured, for pediatric size wheelchair including fixed attaching hardware |
| E2294 | Seat, contoured, for pediatric size wheelchair including fixed attaching hardware |
| 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 |

| HCPCS Code | Description |
|---------------------------|--|
| Wheelchair Seating | |
| 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 |
| K0669 | Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC |

Benefit Considerations

The following benefit considerations may not apply to all plans. Refer to the member specific benefit plan document for applicable benefit considerations.

Mobility Devices

Mobility Devices including manual wheelchairs, electric wheelchairs, transfer chairs, scooters/power-operated vehicles (POV), canes, and walkers are a covered health care service when medically necessary. Check the member specific benefit plan document for coverage.

Repair, Replacement, and Upgrade

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

Policy History/Revision Information

| Date | Summary of Changes |
|------------|---|
| 07/01/2024 | <p>Coverage Rationale</p> <ul style="list-style-type: none"> Revised language pertaining to medical necessity clinical coverage criteria for Wheelchair Options and Accessories: |

| Date | Summary of Changes |
|------|--|
| | <ul style="list-style-type: none"> ○ Added reference to the InterQual® CP: Durable Medical Equipment, Wheelchair Options and Accessories ○ Removed reference to the InterQual® CP: Durable Medical Equipment: <ul style="list-style-type: none"> ▪ Wheelchairs Manual ▪ Wheelchairs or Strollers, Pediatric ▪ Wheelchairs, Power <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy version MP.030.09 |

Instructions for Use

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

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.