

# Clinical UM Guideline

<b>Subject:</b>	Wheeled Mobility Devices: Wheelchair Accessories	<b>Publish Date:</b>	12/16/2020
<b>Guideline #:</b>	CG-DME-34	<b>Last Review Date:</b>	11/05/2020
<b>Status:</b>	Reviewed		

## Description

This document addresses criteria related to accessories and options for manual or powered wheelchairs. Wheeled mobility devices include, but are not limited to manual wheelchairs (for example, standard, heavy duty, lightweight, ultra lightweight), powered wheelchairs, motorized wheelchairs or power operated vehicles (scooters). Wheelchair accessories and options are available for those individuals with specific medical needs related to mobility.

**Note:** Robotic wheelchair accessories are not addressed in this document, please refer to *CG-DME-10 Durable Medical Equipment* for additional consideration.

**Note:** Please see the following related documents for additional information:

- CG-DME-24 Wheeled Mobility Devices: Manual Wheelchairs–Standard, Heavy Duty and Lightweight
- CG-DME-31 Wheeled Mobility Devices: Wheelchairs–Powered, Motorized, With or Without Power Seating Systems and Power Operated Vehicles (POVs)
- CG-DME-33 Wheeled Mobility Devices: Manual Wheelchairs–Ultra Lightweight

## Clinical Indications

### Medically Necessary:

Options or accessories are considered **medically necessary** for the following wheeled mobility devices (Manual Wheelchairs–Standard, Heavy Duty, Lightweight, Ultra Lightweight and Wheelchairs–Powered, Motorized, with or without Power Seating Systems and Power Operated Vehicles [POVs]) when both of the following *general* and *specific* criteria below are met:

A. The following *general* criteria are met:

1. The wheelchair itself is considered medically necessary; **and**
2. The options or accessories are necessary for the member to function in the home and perform the activities of daily living.

**AND**

B. The *specific* criteria for the requested option/accessory are met (**Note:** The following is not an all-inclusive list):

1. Adjustable arm rest option:
  - a. standard arm rest interferes with individual's function (for example, difficulty with transfers); **and**
  - b. the individual spends at least 2 hours per day in the wheelchair;
2. Arm trough:
  - a. individual has quadriplegia, hemiplegia, or uncontrolled arm movements;

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Wheeled Mobility Devices: Wheelchair Accessories

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3. Tilt-in-space (the back and seat tilt back maintain the physical angles at the hips, knees, and ankles):
  - a. individual is wheelchair confined and cannot reposition self, **and**
  - b. cannot operate a manual tilt, **and**
  - c. requires tilt-in-space feature to medically manage pressure relief/ spasticity/tone;
4. Hemi-height (wheelchairs can be converted from standard to hemi-height positions which allows the individual to use one or both feet to self-propel the manual wheelchair):
  - a. individual uses one or both feet to self-propel wheelchair due to weakness or dysfunction of at least one upper extremity;
5. One-arm drive (allows a manual wheelchair user to self-propel in a forward motion with only one upper extremity; those who use this option generally use one or more feet at a hemi-height seat level to self-propel):
  - a. individual has weakness or dysfunction of at least one upper extremity;
6. Swing away hardware (used to move the component out of the way to enable the individual to transfer to a chair or bed):
  - a. individual has difficulty with transfers;
7. Elevating leg rests:
  - a. the individual has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
  - b. there is significant edema of the lower extremities that requires elevation of the legs;
8. Safety belt, pelvic strap or chest strap:
  - a. the individual has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning;
9. Semi or fully reclining back option:
  - a. the individual spends at least two hours per day in the assistive device; **and**
  - b. cannot reposition self; **and**
  - c. has a medical need to rest in a recumbent position two or more times during the day; **and**
  - d. transfer between wheelchair and bed is very difficult because of quadriplegia, fixed hip angle, trunk or lower extremity casts/braces or excess extensor tone of the trunk muscles;
10. Positioning seat cushion, positioning back cushion, or positioning accessory:
  - a. the individual has significant postural asymmetries that are due to quadriplegia, paraplegia, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, monoplegia of the lower limb, hemiplegia due to stroke, traumatic brain injury, or other etiology, muscular dystrophy, idiopathic torsion dystonias, athetoid cerebral palsy, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis;
11. Skin protection seat cushion:
  - a. the individual has current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**
  - b. absent or impaired sensation in the area of contact with the seating surface; **or**
  - c. inability to carry out a functional weight shift that are due to quadriplegia, spinal bifida, childhood cerebral degeneration, Alzheimer's muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy;

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Wheeled Mobility Devices: Wheelchair Accessories

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12. Adjustable or nonadjustable combination skin protection and positioning seat cushion:
  - a. the individual meets all criteria for skin protection seat cushion; **and**
  - b. the individual meets all criteria for positioning seat cushion;
13. Custom fabricated seat cushion or back cushion:
  - a. individual meets all criteria for prefabricated positioning (skin protection) seat cushion or positioning back cushion; **and**
  - b. there is a comprehensive written evaluation by a licensed professional which clearly explains why a prefabricated seating system is not sufficient to meet the individuals seating positioning needs.

Repairs and replacements for wheelchair options/accessories are considered **medically necessary** when:

- A. Needed for normal wear or accidental damage;
- B. The changes in the individual's condition warrant additional or different options/accessories, based on clinical documentation.

**Not Medically Necessary:**

Wheelchair options/accessories are considered **not medically necessary** for **any** of the following:

- A. When their features are generally intended for use outdoors; **or**
- B. An option/accessory which exceeds that which is medically necessary for the member's condition; **or**
- C. Options/accessories used as backups for current options/accessories or anticipated as future needs; **or**
- D. Options/accessories that allow the member to perform leisure or recreational activities. The following are some examples of comfort, luxury or convenience items:
  1. Mobility assistive device rack for automobiles;
  2. Support frames for cellular phone/CDs/etc.;
  3. Auto carrier - car attachment to carry assistive device;
  4. Lifts providing access to stairways or car trunks;
  5. Transit options, tie-downs;
  6. Baskets/bags/backpacks/pouch - used to transport personal belongings;
  7. Towing package;
  8. Crutch and cane holder;
  9. Prefabricated plastic or foam vest type trunk support designed to be worn over clothing and not attached to an assistive device;
  10. Trunk loader - assists in lifting the assistive device into a van;
  11. Cup holders;
  12. Prefabricated plastic-frame back support that can be attached to an assistive device but doesn't replace the back;
  13. Upgrading for racing or sports;
  14. Firearm/weapon holder/support;
  15. Ramps – used to allow entrance or exit from the home;
  16. Frame/holder for ice chest;
  17. Snow tires for the assistive device;
  18. Manual seat lift mechanisms;

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## Wheeled Mobility Devices: Wheelchair Accessories

19. Van modifications, van lifts, hand controls, etc. that allow transportation or driving while seated in the manual wheeled mobility device.

Modifications to the structure of the home environment to accommodate any options/accessories (for example, widening doors, lowering counters) are considered **not medically necessary**.

### Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. 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.*

### When services may be Medically Necessary when criteria are met:

#### HCPCS

E0950-E0995	Wheelchair accessories/modifications [includes codes E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0986, E0988, E0990, E0992, E0994, E0995]
E1011	Modification to pediatric size wheelchair, width adjustment package
E1014	Reclining back, addition to pediatric size wheelchair
E1015-E1016	Shock absorber for manual wheelchair, each/power wheelchair, each
E1017-E1018	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each/power wheelchair, each
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swing away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029-E1030	Wheelchair accessories, ventilator trays
E1225-E1226	Wheelchair accessories, reclining backs
E1227-E1228	Special height arms/back for wheelchair
E1296-E1298	Special wheelchair seat height/depth/width [includes codes E1296, E1297, E1298]
E2201-E2206	Manual wheelchair accessories [includes codes E2201, E2202, E2203, E2204, E2205, E2206]
E2208-E2210	Wheelchair accessories [includes codes E2208, E2209, E2210]
E2211-E2231	Manual wheelchair accessories [includes codes E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2230, E2231]
E2291-E2295	Backs/seats for pediatric size wheelchairs [includes codes E2291, E2292, E2293, E2294, E2295]
E2310-E2351	Power wheelchair accessories [includes codes E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351]
E2358-E2365	Power wheelchair accessories, batteries [includes codes E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365]

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## Wheeled Mobility Devices: Wheelchair Accessories

E2366-E2367	Power wheelchair accessories, battery chargers
E2368-E2370	Power wheelchair components [includes codes E2368, E2369, E2370]
E2371-E2372	Power wheelchair accessories, group 27 batteries
E2373-E2377	Power wheelchair accessories, controllers [includes codes E2373, E2374, E2375, E2376, E2377]
E2378	Power wheelchair component, actuator, replacement only
E2381-E2397	Power wheelchair accessories, tires/wheels [includes codes E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397]
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601-E2602	General use wheelchair seat cushions
E2603-E2604	Skin protection wheelchair seat cushion
E2605-E2606	Positioning wheelchair seat cushion
E2607-E2608	Skin protection and positioning wheelchair seat cushion
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2611-E2612	General use wheelchair back cushion
E2613-E2616	Positioning wheelchair back cushion [includes codes E2613, E2614, E2615, E2616]
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion
E2620-E2621	Positioning wheelchair back cushion, planar back with lateral supports
E2622-E2623	Skin protection wheelchair seat cushion, adjustable
E2624-E2625	Skin protection and positioning wheelchair seat cushion, adjustable
E2626-E2633	Wheelchair accessories, mobile arm supports [includes codes E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633]
K0015-K0077	Wheelchair accessories/replacements [includes codes K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077]
K0098	Drive belt for power wheelchair, replacement only
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair
K0669	Wheelchair accessory, wheelchair seat or back cushion
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)

### ICD-10 Diagnosis

All diagnoses

### When services are Not Medically Necessary:

For the procedure codes listed above when criteria are not met, or when the code describes a procedure or situation designated in the Clinical Indications section as not medically necessary.

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## Wheeled Mobility Devices: Wheelchair Accessories

### When services are also Not Medically Necessary:

For the following procedure code, or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

#### HCPCS

E2207 Wheelchair accessory, crutch and cane holder, each

#### ICD-10 Diagnosis

All diagnoses

### Discussion/General Information

The Centers for Medicare and Medicaid Services (CMS) Mobility Assistive Equipment National Coverage Decision (NCD), which considers the clinical indications for the appropriate types of mobility assistive devices as well as options/accessories for these devices were utilized in the development of this document.

Mobility impairments include a broad range of disabilities that affect a person's independent movement and cause limited mobility. According to the National Center for Medical Rehabilitation Research, an estimated 31 million people have mobility impairments, which may take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints, or balance/coordination deficits. About four million of these individuals use wheelchairs.

Cherubini and colleague (2011) conducted an observational study of 150 wheelchair users (n=80 men, n=70 women) with an average age of  $46.7 \pm 17.3$  years, to analyze the congruence of the prescribed wheelchair and the individual's mobility needs. The subjects had varied disabilities, 24% spinal cord injury, multiple sclerosis 18%, cerebral infantile paralysis 18% and skull trauma 10%. The authors found that 68% of the prescribed wheelchairs were not suitable in reference to the wheelchair and accessories. After finding a correlation between the prescription sources and the suitability of the wheelchair for the individual, it was concluded that wheelchair prescriptions should be based on careful assessment of mobility needs and improved collaboration between physicians and technicians.

Selecting wheelchair options/accessories is individualized and must consider the user's impairment, level of function, surrounding environment, activity level, seating and positioning needs.

### Definitions

**Activities of daily living (ADLs):** Self-care activities such as transfers, toileting, grooming and hygiene, dressing, bathing, and eating.

**Functional mobility:** The ability to consistently move safely and efficiently, with or without the aid of appropriate assistive devices (such as prosthetics, orthotics, canes, walkers, wheelchairs, etc.), at a reasonable rate of speed to complete an individual's typical mobility-related activities of daily living; functional mobility can be altered by

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## Wheeled Mobility Devices: Wheelchair Accessories

deficits in strength, endurance sufficient to complete tasks, coordination, balance, speed of execution, pain, sensation, proprioception, range of motion, safety, shortness of breath, and fatigue.

### References

#### Peer Reviewed Publications:

1. Cherubini M, Melchiorri G. Descriptive study about congruence in wheelchair prescription. Eur J Phys Rehabil Med. 2011; 47:1-6.
2. McLaurin CA, Axelson P. Wheelchair standards: an overview. J Rehabil Res Dev Clin Suppl. 1990; (2):100-103.

#### Government Agency, Medical Society and Other Authoritative Publications:

1. Centers for Disease Control and Prevention. Disability overview. August 1, 2017. Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>. Accessed on September 16, 2020.
2. Centers for Medicare & Medicaid Services. National Coverage Decision (NCD) for Mobility Assistive Equipment (MAE) NCD# 280.3. Effective May 5, 2005. Available at: [http://www.cms.hhs.gov/mcd/index\\_chapter\\_list.asp](http://www.cms.hhs.gov/mcd/index_chapter_list.asp). Accessed on September 16, 2020.
3. CGS Administrators, LLC. Jurisdiction J-C. Local Coverage Determination for Wheelchair Seating (L33312). Revised October 1, 2019. Available at: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from=alphalmp&letter=A>. Accessed on September 16, 2020.
4. National Census Bureau. Facts for Features: 22nd Anniversary of Americans with Disabilities Act: July 25, 2012. Available at: [http://www.census.gov/newsroom/releases/archives/facts\\_for\\_features\\_special\\_editions/cb12-ff16.html](http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff16.html). Accessed on September 16, 2020.
5. National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Last updated 10/03/2018. Available at: <https://www.acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research>. Accessed on September 16, 2020.
6. Noridian Healthcare Solutions, LLC. Jurisdiction J-A. Local Coverage Determination for Wheelchair Options/Accessories (L33792). Revised January 1, 2019. Available at: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from=alphalmp&letter=A>. Accessed on September 16, 2020.

### Index

Wheelchair options/accessories

**The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.**

### History

Status	Date	Action
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Reviewed	11/05/2020	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated References and Websites sections. Reformatted Coding section.
Reviewed	11/07/2019	MPTAC review. Updated Discussion and References sections. Updated Coding section with 01/01/2020 HCPCS changes; added E2398.
Reviewed	01/24/2019	MPTAC review. Added <b>Note</b> to description section, Robotic wheelchair accessories are not addressed in this document, refer to CG-DME-10 Durable Medical Equipment for additional consideration. Updated References section.
Reviewed	02/27/2018	MPTAC review. Updated grammatical error in ADLs definition. Updated References sections.
	01/01/2018	The document header wording updated from “Current Effective Date” to “Publish Date.” Updated Coding section with 01/01/2018 HCPCS changes; added codes E0953 and E0954.
Revised	02/02/2017	MPTAC review. Removed “Note” from medically necessary criteria for repair and replacement of wheelchair options/accessories. Updated formatting in clinical indications section. Updated Discussion and Reference sections.
	01/01/2017	Updated Coding section with 01/01/2017 HCPCS descriptor revision for K0098.
Revised	02/04/2016	MPTAC review. Added note to medically necessary criteria for the repair and replacement of wheelchair options/accessories. Updated References. Removed ICD-9 codes from Coding section.
Reviewed	02/05/2015	MPTAC review. Updated Description and References.
Revised	02/13/2014	MPTAC review. Reformatted and clarified medically necessary clinical indications for options or accessories for use with wheeled mobility devices. Updated Websites.
Revised	02/14/2013	MPTAC review. Added criteria to options or accessories used for covered wheeled mobility devices medically necessary statement to include custom fabricated back cushion or seat cushion. Clarified medically necessary criteria for options or accessories for use with wheeled mobility devices. Clarified not medically necessary statement to address manual seat lift mechanisms, powered seat lifts now addressed in CG-DME-31. Updated Description, References and Websites. Updated coding section; removed codes E1009, E1010, E2300 and E2301.
	01/01/2013	Updated Coding section with 01/01/2013 HCPCS changes.
Reviewed	02/16/2012	MPTAC review. Discussion and References updated.
	01/01/2012	Updated Coding section with 01/01/2012 HCPCS changes.
Reviewed	02/17/2011	MPTAC review. References updated.
	01/01/2011	Updated Coding section with 01/01/2011 HCPCS changes; removed codes K0734, K0735, K0736, K0737 deleted 12/31/2010.
New	02/25/2010	MPTAC review. Initial document development. Medically necessary and not medically necessary accessories/coding removed from CG-DME-24 and CG-DME-31 to create this document.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem Virginia	06/28/2002	Memo 1103	Wheelchairs

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## Wheeled Mobility Devices: Wheelchair Accessories

Anthem CO/NV	10/29/2004	DME.205	Motorized/Power Wheelchair Bases
Anthem CO/NV	10/29/2004	DME.206	Wheelchair Options & Accessories
Anthem CO/NV	10/29/2004	DME.207	Wheelchair Seating
Anthem CO/NV	10/29/2004	DME.208	Power Operated Vehicles
Anthem Connecticut	09/2004	Guideline	DME Guidelines
Anthem Connecticut	11/2004	Guideline	DME Guidelines Summary
Anthem Midwest	05/27/2005	DME 006	Wheelchairs: Manual, Motorized Powered, And Accessories
Anthem Midwest	05/27/2005	DME 022	Power Operated Vehicles
WellPoint Health Networks, Inc.	09/23/2004	Guideline	Motorized Assistive Devices

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