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NOTE: This policy is not effective until February 1, 2025. To view the current policy, [click here](#).

Medicare Advantage Policy Manual

Policy ID: M-DME37

Power Wheelchairs - Group 2 and Group 3

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

“A powered wheelchair is a battery-operated device with wheels that is intended for medical purposes to provide mobility to persons restricted to a sitting position.”^[1]

“A complex rehabilitative power-driven wheelchair means a power-driven wheelchair that is classified as:

1. Group 2 power wheelchair with power options that can accommodate rehabilitative features (for example, tilt in space); or
2. Group 3 power wheelchair”^[2]

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy only addresses Group 2 and 3 power wheelchairs (HCPCS codes K0820-K0864), seat elevation equipment, and power tilt and/or recline seating systems. While manual wheelchairs and other POVs and PWCs are not subject to routine review under this policy at this time, providers are expected to follow Medicare’s medical necessity requirements when supplying equipment to beneficiaries, whether or not there is an applicable published policy.

CMS Coverage Manuals*

Medicare Benefit Policy Manual
Chapter 15 – Covered Medical and Other Health Services
[110.1 Definition of Durable Medical Equipment](#)

For **replacement or repair requests:**

See Section 110.2 in the following link:

[110.2 Repairs, Maintenance, Replacement, and Delivery](#)

National Coverage Determinations (NCDs)*

<i>Mobility Assistive Equipment (MAE)</i>	NCD - (280.3)
<i>Seat Elevation Equipment (Power Operated) on Power Wheelchairs</i>	NCD – (280.16)

Medicare requires requested DME items be medically necessary **and** reasonable. Requests must include item of a “less costly alternative” will not provide the needed and appropriate therapeutic benefit for the individual (e.g., if an individual’s functional mobility deficit can be sufficiently resolved with a cane, a PMD would not be considered reasonable and necessary, even if applicable criteria appears to be met). **See “Required Documentation” below.**

NCD 280.3 provides clinical coverage criteria for MAE, specifically sequential criteria to determine the equipment that is of the appropriate type and complexity to restore the beneficiary’s ability to participate in MRADLs. [Durable Medical Equipment Reference List](#) may be a useful tool.

NCD 280.16 provides clinical coverage criteria for power seat elevation equipment for individuals using complex rehabilitative power-driven wheelchairs.

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles*

<i>Power Mobility Devices</i>	LCD (L33789)
<i>Wheelchair Seating</i>	LCD (L33312)
<i>Wheelchair Options/Accessories</i>	LCD (L33792)**

Documentation checklist for Group 2 [Noridian Website](#)
and 3 single and multiple power
option WC

Wheelchair Options/Accessories – Article [A52504](#)
Policy Article

Standard Documentation Article [A55426](#)
Requirements for All Claims
Submitted to DME MACs

For **members with diabetes with peripheral neuropathy**: See Noridian web page [Group 3 Power Wheelchair Requirements](#)

Important Notes:

1. Coverage of wheelchairs of any kind requires a home assessment to ensure the member's home environment has adequate access, maneuvering space, a physical layout (including doorway thresholds), and appropriate surfaces that support the proper operation of the device requested.
2. Heavy duty, very heavy duty, and extra heavy duty PWCs have specific weight requirements. The guidelines regarding these requirements can be found within the LCD.
3. While members who qualify for coverage of a PWC may use the device *outside* the home, Medicare's coverage of a PWC is determined solely by the beneficiary's mobility needs **within** the home. Therefore, the examination must clearly distinguish the abilities and needs within the home from any additional needs for use outside the home.
4. Multiple sections of the LCD will need reviewed to ensure all required criteria have been met. Please review the criteria carefully.
5. **Reminder:** Certain components and accessories of a PWC are included in the reimbursement of the base chair and are not eligible for separate reimbursement at initial issue. See the "PWC Basic Equipment Package" documented in the Article for *Power Mobility Devices - Policy Article* ([A52498](#)) and Article for *Wheelchair Options/Accessories - Policy Article* ([A52504](#)) According to Article A52498, "All accessories needed for safe operation" are included on initial issue and thus are not allowed separate payment, nor should they be separately reported at the time of initial issue, even if the HCPCS code used is **not** included in the Column I/Column II table in Article A52504. In addition, not all accessories will be considered medically necessary

because they may not meet the definition of DME, as defined by Medicare Article [\(A52505\)](#) *Wheelchair Seating - Policy Article*

6. Coverage for seat elevation equipment requires a specialty evaluation by a licensed/certified medical professional that confirms the individual's ability to safely operate the seat elevation equipment at home, in addition to other requirements specified in NCD [280.16](#).

*Scroll to the "Public Version(s)" section at the bottom of the LCD or Article for links to prior versions if necessary.

**For wheelchair accessory codes E1002-E1010, and E1012 that are requested separately from the wheelchair, [L33793](#), POWER TILT AND/OR RECLINE SEATING SYSTEMS, Criterion 3 regarding wheelchair supplier may be waived.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Medical records and chart notes pertinent to the PWC request, including history of the present condition(s) and past medical history relevant to mobility needs. Required information includes:
 - Date of face-to-face examination by the treating practitioner, with signed and dated documentation;
 - Elements of the face-to-face should include:
 - Mobility limitation and how it interferes with the performance of MRADLs (the physical examination should focus on body systems responsible for ambulatory difficulty or impact on ambulatory ability);
 - Explanation of why a cane, walker, manual wheelchair, or POV (scooter) is unable to meet the mobility needs in the home; and,
 - If the member has the physical and mental abilities to operate a power wheelchair safely in the home.
 - The underlying condition, and whether or not it is reversible. Are the physical abilities expected to improve with time or therapy.
 - Ambulation-limiting symptoms and the diagnoses responsible for them;
 - Medications or other treatment for these symptoms;
 - Progression of ambulation difficulty over time; What was done to restore or improve the physical decline in function.
 - Other diagnoses that may relate to ambulatory problems;
 - How far the beneficiary can walk without stopping and the pace of ambulation;

- What ambulatory assistance (e.g., cane, walker, wheelchair, caregiver) currently used. If the prior mobility device is not a POV, provide details regarding the physical and functional changes that now require the use of a power mobility device;
- Ability to stand up from a seated position without assistance; and,
- Description of the home setting and the ability to perform activities of daily living in the home.
- Length of need
- Physical examination relevant to mobility needs:
 - Weight and height;
 - Cardiopulmonary examination;
 - Musculoskeletal examination (i.e., arm and leg strength and range of motion);
 - Neurological examination (i.e., gait, balance and coordination); and,
 - Clearly distinguish the beneficiary's abilities and needs within the home from any additional needs for use outside the home.
- Documentation that trial of lower-level device did not meet the medical needs of the beneficiary, including all of the following:
 - Items/equipment used in the trial;
 - How the items/equipment were configured;
 - How the testing was performed (e.g., distance they could ambulate or propel with equipment provided, how often they stopped and why, length of rest period they required, etc.);
 - If shortness of breath was exhibited, documentation of the heart rate, respirations and O2 saturation levels before and after testing.
- For power seat elevation equipment, documentation of the wheelchair the member is currently using is required, including:
 - Wheelchair classification; Group 2 or Group 3;
 - For Group 2 wheelchairs, documentation if wheelchair is a:
 - Group 2 standard power wheelchair OR
 - Group 2 wheelchair with power options that can accommodate rehabilitative features
- For power tilt and/or recline seating systems, documentation of the power option on the wheelchair is required, including:
 - Single power option, or
 - Multiple power option

CROSS REFERENCES

[Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment](#), Durable Medical Equipment, Policy No. M-75

REFERENCES

1. Code of Federal Regulations. Title 21, Chapter I, Subchapter H, Part [890.3860](#) [Last Cited 7/17/2024]
2. Code of Federal Regulations. Title 42, Chapter IV, Subchapter B, Part [414.202](#) [Last Cited 07/17/2024]
3. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, [§110.1 - Definition of Durable Medical Equipment, C. Necessary and Reasonable, 2. Reasonableness of the Equipment](#)
4. Noridian web page for [Power Mobility Devices \(PMDs\)](#)
5. [Mobility Assistive Equipment \(MAE\)](#) – NCD 280.3

CODING

Codes	Number	Description
CPT	None	
HCPCS	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
	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
	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, captains 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, captains 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, captains 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, captains 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, captains 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, captains 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

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.