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| Document ID: | Title: <u>Aetna Medicaid Administrators (AMA)- 7200.80 Wheelchair Louisiana policy</u> | |
| Parent Documents: <u>N/A</u> | | |
| Effective Date: 02 01 2024 | Last Review Date: 02 09 2024 | Business Process Owner (BPO): Mgr,Clinical Health Services, CS AMA UM Leadership |
| Exhibit(s): | | |
| Document Type: Policy and Procedure | | |

PURPOSE

The purpose of this policy is to describe the health plan's process for the prior authorization decision-making conditions in which the durable medical equipment (DME) of wheelchairs may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for the DME of wheelchairs.

POLICY

Louisiana Medicaid covers wheelchairs. It is the policy of the Plan that specific state directives, in addition to MCG® criteria are used when processing the DME requests for wheelchair authorization request Louisiana state qualifications, authorization and documentation requirements must be met.

STANDARD

Member Criteria¹

- Must be confined to a bed, chair, or room²
- Must have medical documentation from a physician and/or physical/occupational therapist to support necessity.
- Must meet medical necessity criteria for requested equipment.

Prior Authorization Requirements³

- Prior authorization (PA) is required upon the initial request for a wheelchair. ⁴
- All wheelchairs and modifications required to meet the needs of a particular member are subject to PA.
- Prior authorization will be made for only one wheelchair at a time.
- Backup chairs, either motorized or manual, will be denied as not medically necessary.⁵
- The request should indicate the member's ability to walk unassisted without the use

¹ 2024 Louisiana Department of Health Medicaid Services Manual, Chapter 18 DME 18.2.19.3 p. [7876](#)

² 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. [7776](#)

³ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p.78-79

⁴ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. [1076](#)

⁵ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 77

Commented [IG1]: Suggestion: This policy reads a little jumpy. It may be better if you list all information about standard wheelchairs and then all information about custom wheelchairs. As written it is quite confusing.

Commented [LK2R1]: Appreciate the suggestion. Revised. KL

Commented [LA3R1]: Approved per I. Gauthier

Commented [IG4]: MCO must check the references to the DME provider manual throughout this document. Updates were made that may have changed the page numbers referenced.

Commented [LK5R4]: Thank you. Adjusted reference pages.

Commented [LA6R4]: Approved per I. Gauthier

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of an appropriate fitted cane or walker and whether the request is for a first chair or replacement chair.

- **Standard wheelchairs require documentation of medical necessity.⁶**
- **Wheelchairs are approved only when the member is confined to a bed, chair, or room.**
- **All requests for a custom manual or power wheelchair require submission of a ~~completed Custom Wheelchair form~~ comprehensive list of wheelchair parts and itemized justification.⁷**
- **All requests must have an attending physician's order or a physician's authorized representative⁸.**
- **All wheelchair providers must be enrolled with Louisiana Medicaid as a provider.**
- **DME for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program refers to DME needs for children under twenty-one (21). All items regardless of their inclusion in the LDH Service Manual for Durable Medical Equipment (DME) or the Louisiana Medicaid Fee Schedule will be considered for members based on medical necessity.⁹**
- **All medical equipment including wheelchairs should be able to withstand repeated use, primarily be used to serve a medical purpose, generally not required in healthy members, and can be used in the home.¹⁰**

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Commented [LK8R7]: No we do not, but we do recommend a list of the individual pieces of the WC to be added and a justification for each piece. KL

Commented [LA9R7]: Approved per I. Gauthier

Standard Wheelchairs¹¹

The request should indicate the member's ability to walk unassisted without the use of an appropriate fitted cane or walker and whether the request is for a first chair or replacement chair. Standard wheelchairs require documentation of medical necessity. Standard wheelchair attachments include footrests, brakes, and arm rests.

Motorized Wheelchairs¹²

In addition to the required documentation needed for all PA requests, PA requests for motorized wheelchair must include:

- **Completed PA-01 form or the electronic PA demographics on ePA;**
- **Physician's prescription for a motorized wheelchair should include documentation that the member is unable to propel a standard wheelchair, the member has a diagnosis and limitations that justify the need for a custom wheelchair;**
- **Medical documentation from a physician and/or physical/occupational therapist is required to support the provisions set forth regarding member criteria as noted**

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Commented [LK12]: Completed. Thank you.

Commented [LA13R12]: Approved per I. Gauthier

⁸ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p.10

⁹ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18 DME p. 11

¹⁰ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18 DME p. 12

¹¹ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18 DME p. 76-77

¹² 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18 DME p. 76-77

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above.

- **Custom Wheelchair form, seating evaluation performed, signed, and dated by the physical therapist or occupational therapist that performed the seating evaluation.**
- **The seating evaluation shall:**
 - **Indicate the appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the member's long term medical needs. Options that are primarily beneficial in allowing the member to perform leisure or recreational activities are not covered.**
 - **Member's diagnosis or condition is such that a motorized wheelchair is medically necessary; and**
 - **He or she has seen the seating evaluation and motorized wheelchair recommendation.**
- **Documentation indicating that the member is capable of safely and independently operating the controls for a motorized wheelchair and can adapt to or be trained to use the motorized wheelchair effectively. It is not sufficient for a Medicaid provider of motorized wheelchairs to indicate that a member is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use it effectively. Such documentation shall include:**
 - **Signed and dated statement from the member's physician and/or, physical/occupational therapist that he/she has determined that the member has the cognitive, motor, and perceptual abilities needed to safely operate the controls of a motorized wheelchair. This statement -must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement; and**
 - **Signed and dated statement from the member's physician or physical/occupational therapist that he or she has determined that the member can adapt to or be trained to use the motorized wheelchair effectively. This statement must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement**¹³

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Commented [LK15R14]: Yes, it should be removed. Thank you.

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Commented [LK18R17]: Yes, removed. Thank you.

Commented [LA19R17]: Approved per I. Gauthier

Standard Wheelchairs¹⁴

The request should indicate the member's ability to walk unassisted without the use of an appropriate fitted cane or walker and whether the request is for a first chair or replacement chair. Standard wheelchairs require documentation of medical necessity. Standard wheelchair attachments include footrests, brakes, and arm rests.

Custom Manual Wheelchairs¹⁵

¹³ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 77-79

¹⁴ Louisiana Department of Health Provider Manual Chapter 18 DME p. 75-76

¹⁵ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 7677

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A custom manual wheelchair is constructed to the specific body measurements and medical needs of the member. General criteria for a custom manual wheelchair include inability to walk and propel a standard wheelchair. In addition to the required documentation needed for all PA requests, PA requests for a custom manual wheelchair must include:

1. ~~Completed PA-01 form or the electronic PA demographics on ePA;~~
2. **Physician prescription for a custom manual wheelchair that includes:**
 - a. **Documentation the member is unable to propel a standard wheelchair.**
 - b. **Diagnosis or limitations to justify the need for a custom manual wheelchair.**
3. ~~A Custom Wwheelchair request should include a form- list of each requested item/s with medical justification for the requested wheelchair and ALL modifications. All medical justification must be documented on the form. Indicating, "See attached" in a field on the form is not sufficient. Attaching documentation to the form without completing the fields on the form related to that documentation may result in denial of the PA.~~

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Commented [LK21R20]: Yes, removed. Thank you.

Commented [LA22R20]: Approved per I. Gauthier

Commented [LK23]: Completed yes.

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Commented [LK25R24]: Deleted the reference to the form.

Commented [LA26R24]: Approved per I. Gauthier

Commented [LK27]: Yes,, deleted. Thank you.

Commented [IG28]: There is still a reference to the "custom wheelchair form". Please clarify whether the MCO has a custom wheelchair form or if this requires correction.

Commented [LK29R28]: The form reference has been deleted. There is a reference to a "Custom Wheelchair request

Commented [LA30R28]: Approved per I. Gauthier

Commented [LK31]: Thanks Irma. I have made one more revision.

Custom Motorized Wheelchair¹⁶

A motorized wheelchair is covered if the member's condition is such that the requirement for a motorized wheelchair is long term (at least six months). The member must meet all of the following criteria in order to be considered for a motorized wheelchair:

- **Is not functionally ambulatory. 'Not functionally ambulatory' means the member's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally bed or chair confined.**
- **Unable to operate a wheelchair manually due to severe weakness of the upper extremities due to a congenital or acquired neurological or muscular disease/condition, or is unable to propel any type of manual wheelchair because of other documented health problems and**
- **Capable of safely and independently operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.**
- **Therapy Chair evaluation should include:**
 - **A seating evaluation, signed and dated by the physical therapist or occupational therapist that performed the evaluation.**
 - **Should include member's diagnosis and condition requiring a motorized wheelchair.**
 - **Why the requested wheelchair will meet the member's long term medical needs and is not just for recreational activities.**

Wheelchair Repairs and Modifications¹⁷

¹⁶ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 7778

¹⁷ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 7980

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Request for repairs to manual or motorized wheelchairs will be considered for basic repairs only. Basic repairs are those which are requested to repair an existing component of the member's current wheelchair. Requests for modifications or reconstruction of the member's current wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the member's current wheelchair must be submitted in accordance with PA criteria, and submitted on the Repair Form for Custom Wheelchairs. Modifications, repairs, or reconstruction will be denied if it is more cost effective to provide a new wheelchair. All repairs and modifications of wheelchairs must be completed within one month, unless there is a justifiable reason for a delay. Rental of a manual wheelchair may be prior authorized on a monthly basis as a temporary replacement, if necessary, when the member's wheelchair is being repaired or modified.

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Commented [LK33R32]: Yes, deleted. Thank you.

Commented [LA34R32]: Approved per I. Gauthier

Commented [LK35]: Yes, deleted. Thank you.

Provider Responsibilities for Rental Equipment¹⁸

- **Ensure and maintain documentation on file that the equipment is routinely serviced and maintained by qualified provider staff, as recommended by the product manufacturer.**
- **Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment.**
- **Substitute like equipment at no additional cost to Medicaid if the equipment becomes broken because of normal use while the original rental equipment is being repaired.**
- **Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement.**
- **Maintain documentation that is signed and dated by both the provider and the member or member's responsible caregiver at the time of delivery, which attests to the fact that instruction has been provided by trained and qualified provider staff to the member or caregiver regarding the member's or caregiver's responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and**
- **Maintain documentation that is signed and dated by both the provider and the member or b-member's responsible caregiver, which attests that the member or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.**

Commented [IG36]: What is the b here for? Is it a typo?

Commented [LK37R36]: Yes typing error. Removed.

Commented [LA38R36]: Approved per I. Gauthier

Purchase vs Rental¹⁹

If the equipment is temporarily needed, it may be more cost effective for the equipment to be rented. Consideration for the length of need for the equipment, total rental cost for the

¹⁸ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 17 16

¹⁹ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 15.

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needed time frame and the purchase of the item will be given. Equipment will be purchased, not rented, if the total cost for rental exceeds the purchase price.²⁰

Covered Services

- **Batteries**
- **Standard manual wheelchair**
- **Custom manual wheelchair**
- **Custom motorized wheelchair**

Non-Covered Services²¹

- **Comfort or convenience equipment**
- **Safety alarms and alert systems/buttons**
- **Personal comfort, convenience, or general sanitation items**
- **Supplies or equipment covered by Medicaid per diem rates (nursing home residents maybe approved for orthotics and prosthetics, but not for DME and supplies)**
- **Wheelchair Lifts**
- **Wheelchair Ramps**

APPLICABLE CPT CODES

This policy applies the additional definitions, qualifications, criteria, and documentation requirements to the procedure codes listed below. 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 federal, state, or contractual requirements 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 | Description |
|---------------------|---|
| <u>E0950</u> | <u>Wheelchair accessory, tray, each</u> |
| <u>E0951</u> | <u>Heel loop/holder, any type, with or without ankle strap, each</u> |
| <u>E0952</u> | <u>Toe loop/holder, any type, each.</u> |
| <u>E0953</u> | <u>Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each</u> |
| <u>E0954</u> | <u>Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot</u> |
| <u>E0955</u> | <u>Wheelchair accessory, headrest, cushioned, any type, including fixed</u> |

Commented [IG39]: Mandatory: This list does not contain all of the HCPCS codes on the DMEPOS fee schedule for wheelchairs. Why are some codes missing? MCOs are required to provide all the procedure codes on the fee schedule via the state contract.

Commented [LK40R39]: Thank you . This is corrected.

Commented [LA41R39]: Approved

²⁰ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. 15

²¹ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 p.13

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| | <u>mounting hardware, each</u> |
| <u>E0956</u> | <u>Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each</u> |
| <u>E0957</u> | <u>Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each</u> |
| <u>E0958</u> | <u>Manual wheelchair accessory, one-arm drive attachment, each</u> |
| <u>E0959</u> | <u>Manual wheelchair accessory, adapter for amputee, each</u> |
| <u>E0960</u> | <u>Wheelchair accessory, shoulder harness/straps or chest straps, including any type mounting hardware</u> |
| <u>E0961</u> | <u>Manual wheelchair accessory, wheel lock brake extension (handle), each</u> |
| <u>E0966</u> | <u>Manual wheelchair accessory, headrest extension, each</u> |
| <u>E0967</u> | <u>Manual wheelchair accessory, hand rim with projections, any type, replacement only, each</u> |
| <u>E0968</u> | <u>Commode seat, wheelchair</u> |
| <u>E0969</u> | <u>Narrowing device, wheelchair</u> |
| <u>E0970</u> | <u>No. 2 footplates, except for elevating leg rest</u> |
| <u>E0971</u> | <u>Manual wheelchair accessory, anti-tipping device, each</u> |
| <u>E0973</u> | <u>Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each</u> |
| <u>E0974</u> | <u>Manual wheelchair accessory, anti-rollback device, each</u> |
| <u>E0978</u> | <u>Wheelchair accessory, positioning belt/safety belt/pelvic strap, each</u> |
| <u>E0980</u> | <u>Safety vest, wheelchair</u> |
| <u>E0981</u> | <u>Wheelchair accessory, seat upholstery, replacement only, each</u> |
| <u>E0982</u> | <u>Wheelchair accessory, back upholstery, replacement only, each</u> |
| <u>E0984</u> | <u>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control</u> |
| <u>E0985</u> | <u>Wheelchair accessory, seat lift mechanism</u> |
| <u>E0986</u> | <u>Manual wheelchair accessory, push-rim activated power assist system</u> |
| <u>E0988</u> | <u>Manual wheelchair accessory, lever-activated, wheel drive, pair</u> |
| <u>E0990</u> | <u>Wheelchair accessory, elevating leg rest, complete assembly, each</u> |
| <u>E0992</u> | <u>Manual wheelchair accessory, solid seat inserts</u> |
| <u>E0994</u> | <u>Arm rest, each</u> |
| <u>E0995</u> | <u>Wheelchair accessory, calf rest/pad, replacement only, each</u> |
| <u>E1002</u> | <u>Wheelchair accessory, power seating system, tilt only</u> |
| <u>E1003</u> | <u>Wheelchair accessory, power seating system, recline only, without shear</u> |

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| | <u>reduction</u> |
| <u>E1004</u> | <u>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction</u> |
| <u>E1005</u> | <u>Wheelchair accessory, power seating system, recline only, with power shear reduction</u> |
| <u>E1006</u> | <u>Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction</u> |
| <u>E1007</u> | <u>Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction</u> |
| <u>E1008</u> | <u>Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction</u> |
| <u>E1009</u> | <u>Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each</u> |
| <u>E1011</u> | <u>Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)</u> |
| <u>E1014</u> | <u>Reclining back, addition to pediatric size wheelchair</u> |
| <u>E1015</u> | <u>Shock absorber for manual wheelchair, each</u> |
| <u>E1016</u> | <u>Shock absorber for power wheelchair, each</u> |
| <u>E1017</u> | <u>Heavy duty shock absorber for heavy duty or extra heavy-duty manual wheelchair, each</u> |
| <u>E1018</u> | <u>Heavy duty shock absorber for heavy duty or extra heavy-duty power wheelchair, each</u> |
| <u>E1020</u> | <u>Residual limb support system for wheelchair, any type</u> |
| <u>E1028</u> | <u>Wheelchair accessory, manual swing away, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory</u> |
| <u>E1029</u> | <u>Wheelchair accessory, ventilator tray, fixed</u> |
| <u>E1035</u> | <u>Geriatric Chair</u> |
| <u>E1036</u> | <u>Multi-Positional Pt. Transfer System</u> |
| <u>E1038</u> | <u>Transport Chair</u> |
| <u>E1050</u> | <u>Fully reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1060</u> | <u>Fully reclining wheelchair, detachable arms, desk, or full length, swing away detachable elevating leg rests</u> |
| <u>E1070</u> | <u>Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest</u> |
| <u>E1083</u> | <u>Hemi-wheelchair, fixed full-length arms, swing away detachable elevating</u> |

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| | <u>leg rest</u> |
| <u>E1084</u> | <u>Hemi-wheelchair, detachable arms desk, or full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1085</u> | <u>Hemi-wheelchair, fixed full-length arms, swing away detachable footrests</u> |
| <u>E1086</u> | <u>Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests</u> |
| <u>E1087</u> | <u>High strength lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1088</u> | <u>High strength lightweight wheelchair, detachable arms desk, or full length, swing away detachable elevating leg rests</u> |
| <u>E1089</u> | <u>High strength lightweight wheelchair, fixed length arms, swing away detachable footrest</u> |
| <u>E1090</u> | <u>High strength lightweight wheelchair, detachable arms desk, or full length, swing away detachable footrests</u> |
| <u>E1092</u> | <u>Wide heavy-duty wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests</u> |
| <u>E1093</u> | <u>Wide heavy-duty wheelchair, detachable arms desk, or full-length arms, swing away detachable footrests</u> |
| <u>E1100</u> | <u>Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1110</u> | <u>Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest</u> |
| <u>E1130</u> | <u>Standard wheelchair, fixed full-length arms, fixed or swing away detachable footrests</u> |
| <u>E1140</u> | <u>Wheelchair, detachable arms, desk, or full length, swing away detachable footrests</u> |
| <u>E1150</u> | <u>Wheelchair, detachable arms, desk, or full length, swing away detachable elevating leg rests</u> |
| <u>E1160</u> | <u>Wheelchair, fixed full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1161</u> | <u>Manual adult size wheelchair, including tilt in space</u> |
| <u>E1170</u> | <u>Amputee wheelchair, fixed full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1171</u> | <u>Amputee wheelchair, fixed full-length arms, without footrests or largest</u> |
| <u>E1172</u> | <u>Amputee wheelchair, detachable arms (desk or full length) without footrests or largest</u> |
| <u>E1180</u> | <u>Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests</u> |

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| <u>E1190</u> | <u>Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating leg rests</u> |
| <u>E1195</u> | <u>Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests</u> |
| <u>E1200</u> | <u>Amputee wheelchair, fixed full-length arms, swing away detachable footrest</u> |
| <u>E1220</u> | <u>Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification</u> |
| <u>E1221</u> | <u>Wheelchair with fixed arm, footrests</u> |
| <u>E1222</u> | <u>Wheelchair with fixed arm, elevating leg rests</u> |
| <u>E1223</u> | <u>Wheelchair with detachable arms, footrests</u> |
| <u>E1224</u> | <u>Wheelchair with detachable arms, elevating leg rests</u> |
| <u>E1225</u> | <u>Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each</u> |
| <u>E1226</u> | <u>Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each</u> |
| <u>E1227</u> | <u>Special Height Arms for Wheelchair</u> |
| <u>E1228</u> | <u>Special back height for wheelchair</u> |
| <u>E1231</u> | <u>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system</u> |
| <u>E1232</u> | <u>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system</u> |
| <u>E1233</u> | <u>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system</u> |
| <u>E1234</u> | <u>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system</u> |
| <u>E1235</u> | <u>Wheelchair, pediatric size, rigid, adjustable, with seating system</u> |
| <u>E1236</u> | <u>Wheelchair, pediatric size, folding, adjustable, with seating system</u> |
| <u>E1237</u> | <u>Wheelchair, pediatric size, rigid, adjustable, without seating system</u> |
| <u>E1238</u> | <u>Wheelchair, pediatric size, folding, adjustable, without seating system</u> |
| <u>E1240</u> | <u>Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating largest</u> |
| <u>E1250</u> | <u>Lightweight wheelchair, fixed full-length arms, swing away detachable footrest</u> |
| <u>E1260</u> | <u>Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest</u> |
| <u>E1270</u> | <u>Lightweight wheelchair, fixed full-length arms, swing away detachable</u> |

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| | <u>elevating leg rests</u> |
| <u>E1280</u> | <u>Heavy duty wheelchair, detachable arms (desk or full length) elevating leg rests</u> |
| <u>E1285</u> | <u>Heavy duty wheelchair, fixed full-length arms, swing away detachable footrest</u> |
| <u>E1290</u> | <u>Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest</u> |
| <u>E1295</u> | <u>Heavy duty wheelchair, fixed full-length arms, elevating largest</u> |
| <u>E1296</u> | <u>Special wheelchair seat height from floor</u> |
| <u>E1297</u> | <u>Special wheelchair seat depth, by upholstery</u> |
| <u>E1298</u> | <u>Special wheelchair seat depth and/or width, by construction</u> |
| <u>E2201</u> | <u>Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches</u> |
| <u>E2202</u> | <u>Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches</u> |
| <u>E2203</u> | <u>Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches</u> |
| <u>E2204</u> | <u>Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches</u> |
| <u>E2205</u> | <u>Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each</u> |
| <u>E2206</u> | <u>Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each</u> |
| <u>E2207</u> | <u>Wheelchair accessory, crutch, and cane holder, each</u> |
| <u>E2208</u> | <u>Wheelchair accessory, cylinder tank carrier, each</u> |
| <u>E2209</u> | <u>Accessory, arm trough, with or without hand support, each</u> |
| <u>E2210</u> | <u>Wheelchair accessory, bearings, any type, replacement only, each</u> |
| <u>E2211</u> | <u>Manual wheelchair accessory, pneumatic propulsion tire, any size, each</u> |
| <u>E2212</u> | <u>Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each</u> |
| <u>E2213</u> | <u>Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each</u> |
| <u>E2214</u> | <u>Manual wheelchair accessory, pneumatic caster tire, any size, each</u> |
| <u>E2215</u> | <u>Manual wheelchair accessory, tube for pneumatic caster tire, any size, each</u> |
| <u>E2216</u> | <u>Manual wheelchair accessory, foam filled propulsion tire, any size, each</u> |
| <u>E2217</u> | <u>Manual wheelchair accessory, foam filled caster tire, any size, each</u> |
| <u>E2218</u> | <u>Manual wheelchair accessory, foam propulsion tire, any size, each</u> |

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| <u>E2219</u> | <u>Manual wheelchair accessory, foam caster tire, any size, each</u> |
| <u>E2220</u> | <u>Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each</u> |
| <u>E2221</u> | <u>Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each</u> |
| <u>E2222</u> | <u>Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each</u> |
| <u>E2224</u> | <u>Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each</u> |
| <u>E2225</u> | <u>Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each</u> |
| <u>E2226</u> | <u>Manual wheelchair accessory, caster fork, any size, replacement only, each</u> |
| <u>E2230</u> | <u>Manual wheelchair accessory, manual standing system</u> |
| <u>E2231</u> | <u>Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware</u> |
| <u>E2295</u> | <u>Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features</u> |
| <u>E2310</u> | <u>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</u> |
| <u>E2311</u> | <u>Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware</u> |
| <u>E2321</u> | <u>Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware</u> |
| <u>E2322</u> | <u>Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware</u> |
| <u>E2323</u> | <u>Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated</u> |
| <u>E2324</u> | <u>Power wheelchair accessory, chin cup for chin control interface</u> |
| <u>E2325</u> | <u>Power wheelchair accessory, sip, and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware</u> |
| <u>E2326</u> | <u>Power wheelchair accessory, breath tube kit for sip and puff interface</u> |

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| <u>E2327</u> | <u>Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware</u> |
| <u>E2328</u> | <u>Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware</u> |
| <u>E2329</u> | <u>Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction changes switch, head array, and fixed mounting hardware</u> |
| <u>E2330</u> | <u>Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction changes switch, head array, and fixed mounting hardware</u> |
| <u>E2340</u> | <u>Power wheelchair accessory, nonstandard seat frame width, 20-23 inches</u> |
| <u>E2341</u> | <u>Power wheelchair accessory, nonstandard seat frame width, 24-27 inches</u> |
| <u>E2342</u> | <u>Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches</u> |
| <u>E2343</u> | <u>Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches</u> |
| <u>E2351</u> | <u>Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface</u> |
| <u>E2358</u> | <u>Power wheelchair accessory, group 34 non-sealed lead acid battery, each</u> |
| <u>E2359</u> | <u>Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)</u> |
| <u>E2360</u> | <u>Power wheelchair accessory, 22nf non-sealed lead acid battery, each</u> |
| <u>E2361</u> | <u>Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glass mat)</u> |
| <u>E2362</u> | <u>Power wheelchair accessory, group 24 non-sealed lead acid battery, each</u> |
| <u>E2363</u> | <u>Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)</u> |
| <u>E2364</u> | <u>Power wheelchair accessory, u-1 non-sealed lead acid battery, each</u> |
| <u>E2365</u> | <u>Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)</u> |
| <u>E2366</u> | <u>Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each</u> |
| <u>E2367</u> | <u>Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each</u> |
| <u>E2368</u> | <u>Power wheelchair component, drive wheel motor, replacement only</u> |
| <u>E2369</u> | <u>Power wheelchair component, drive wheel gear box, replacement only</u> |

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| <u>E2370</u> | <u>Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only</u> |
| <u>E2373</u> | <u>Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware</u> |
| <u>E2374</u> | <u>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</u> |
| <u>E2375</u> | <u>Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only</u> |
| <u>E2376</u> | <u>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only</u> |
| <u>E2377</u> | <u>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue</u> |
| <u>E2381</u> | <u>Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each</u> |
| <u>E2382</u> | <u>Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each</u> |
| <u>E2383</u> | <u>Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each</u> |
| <u>E2384</u> | <u>Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each</u> |
| <u>E2385</u> | <u>Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each</u> |
| <u>E2386</u> | <u>Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each</u> |
| <u>E2387</u> | <u>Power wheelchair accessory, foam filled caster tire, any size, replacement only, each</u> |
| <u>E2388</u> | <u>Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each</u> |
| <u>E2389</u> | <u>Power wheelchair accessory, foam caster tire, any size, replacement only, each</u> |
| <u>E2390</u> | <u>Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each</u> |
| <u>E2391</u> | <u>Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each</u> |
| <u>E2392</u> | <u>Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each</u> |
| <u>E2394</u> | <u>Power wheelchair accessory, drive wheel excludes tire, any size,</u> |

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| | <u>replacement only, each</u> |
| <u>E2395</u> | <u>Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each</u> |
| <u>E2396</u> | <u>Power wheelchair accessory, caster fork, any size, replacement only, each</u> |
| <u>E2601</u> | <u>General use wheelchair seat cushion, width less than 22 inches, any depth</u> |
| <u>E2602</u> | <u>General use wheelchair seat cushion, width 22 inches or greater, any depth</u> |
| <u>E2603</u> | <u>Skin protection wheelchair seat cushion, width less than 22 inches, any depth</u> |
| <u>E2604</u> | <u>Skin protection wheelchair seat cushion, width 22 inches or greater, any depth</u> |
| <u>E2605</u> | <u>Positioning wheelchair seat cushion, width less than 22 inches, any depth</u> |
| <u>E2606</u> | <u>Positioning wheelchair seat cushion, width 22 inches or greater, any depth</u> |
| <u>E2607</u> | <u>Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth</u> |
| <u>E2608</u> | <u>Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth</u> |
| <u>E2609</u> | <u>Custom fabricated wheelchair seat cushion, any size</u> |
| <u>E2611</u> | <u>General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware</u> |
| <u>E2612</u> | <u>General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware</u> |
| <u>E2613</u> | <u>Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware</u> |
| <u>E2614</u> | <u>Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware</u> |
| <u>E2615</u> | <u>Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware</u> |
| <u>E2616</u> | <u>Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware</u> |
| <u>E2617</u> | <u>Custom fabricated wheelchair back cushion, any size, including any type mounting hardware</u> |
| <u>E2619</u> | <u>Replacement cover for wheelchair seat cushion or back cushion, each</u> |
| <u>E2620</u> | <u>Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware</u> |
| <u>E2621</u> | <u>Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware</u> |

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| <u>E2622</u> | <u>Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth</u> |
| <u>E2623</u> | <u>Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth</u> |
| <u>E2624</u> | <u>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth</u> |
| <u>E2625</u> | <u>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth</u> |
| <u>E2626</u> | <u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable</u> |
| <u>E2627</u> | <u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type</u> |
| <u>E2628</u> | <u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining</u> |
| <u>E2629</u> | <u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)</u> |
| <u>E2630</u> | <u>Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support</u> |
| <u>E2631</u> | <u>Wheelchair accessory, addition to mobile arm support, elevating proximal arm</u> |
| <u>E2632</u> | <u>Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control</u> |
| <u>E2633</u> | <u>Wheelchair accessory, addition to mobile arm support, supinator</u> |
| <u>K0001</u> | <u>Standard wheelchair</u> |
| <u>K0002</u> | <u>Standard hemi/low seat wheelchair</u> |
| <u>K0003</u> | <u>Lightweight wheelchair</u> |
| <u>K0004</u> | <u>High strength, lightweight wheelchair</u> |
| <u>K0005</u> | <u>Ultralightweight wheelchair</u> |
| <u>K0006</u> | <u>Heavy duty wheelchair</u> |
| <u>K0007</u> | <u>Extra heavy-duty wheelchair</u> |
| <u>K0009</u> | <u>Other manual wheelchair base</u> |
| <u>K0010</u> | <u>Standard weight frame motorized/power wheelchair</u> |
| <u>K0011</u> | <u>Standard weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking</u> |

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| K0014 | <u>Other motorized/power wheelchair base</u> |
| K0015 | <u>Detachable, non-adjustable height armrest, replacement only, ea.</u> |
| K0017 | <u>Detachable, adjustable height armrest, base, replacement only, ea.</u> |
| K0018 | <u>Detachable, adjustable height armrest, upper portion, replacement only, ea.</u> |
| K0019 | <u>Arm pad, replacement only, ea.</u> |
| K0020 | <u>Fixed, adjustable height armrest, pair</u> |
| K0037 | <u>High mount flip-up footrest, ea.</u> |
| K0038 | <u>Leg strap, ea.</u> |
| K0039 | <u>Leg strap, h style, ea.</u> |
| K0040 | <u>Adjustable angle footplate, ea.</u> |
| K0041 | <u>Large size footplate, ea.</u> |
| K0042 | <u>Standard size footplate, replacement only, ea.</u> |
| K0043 | <u>Footrest, lower extension tube, replacement only, ea.</u> |
| K0044 | <u>Footrest, upper hanger bracket, replacement only, ea.</u> |
| K0045 | <u>Footrest, complete assembly, replacement only, ea.</u> |
| K0046 | <u>Elevating leg rest, lower extension tube, replacement only, ea.</u> |
| K0047 | <u>Elevating leg rest, upper hanger bracket, replacement only, ea.</u> |
| K0050 | <u>Ratchet assembly, replacement only</u> |
| K0051 | <u>Cam release assembly, footrest or leg rest, replacement only, ea.</u> |
| K0052 | <u>Swing away, detachable footrests, replacement only, ea.</u> |
| K0053 | <u>Elevating footrests, articulating (telescoping), ea.</u> |
| K0056 | <u>Seat height less than 17” or equal to or greater than 21” for a high strength, lightweight, or ultralightweight wheelchair</u> |
| K0065 | <u>Spoke protector, ea.</u> |
| K0069 | <u>Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, ea.</u> |
| K0070 | <u>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, ea.</u> |
| K0071 | <u>Front caster assembly, complete, with pneumatic tire, replacement only, ea.</u> |
| K0072 | <u>Front caster assembly, complete, with semi-pneumatic tire, replacement only, ea.</u> |
| K0073 | <u>Caster pin lock, ea.</u> |
| K0077 | <u>Front caster assembly, complete, with solid tire, replacement only, ea.</u> |
| K0098 | <u>Drive belt for power wheelchair, replacement only</u> |

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| K0105 | <u>IV hanger, ea.</u> |
| K0108 | <u>Wheelchair component or accessory, not otherwise specified</u> |
| K0195 | <u>Elevating leg rests, pair (for use with capped rental wheelchair base)</u> |
| K0283 | <u>Power wheelchair, Group 2 Standard</u> |
| K0733 | <u>Power wheelchair accessory, 12–24-amp hour sealed lead acid battery, ea.</u> |
| K0739 | <u>Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes</u> |
| K0813 | <u>Power wheelchair, group 1 standard, portable, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| K0814 | <u>Power wheelchair, group 1 standard, portable, captain’s chair, member weight capacity up to and including 300 lbs.</u> |
| K0815 | <u>Power wheelchair, group 1 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| K0816 | <u>Power wheelchair, group 1 standard, captain’s chair, member weight capacity up to and including 300 lbs.</u> |
| K0820 | <u>Power wheelchair, group 2 standard, portable, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| K0821 | <u>Power wheelchair, group 2 standard, portable, captain’s chair, member weight capacity up to and including 300 lbs.</u> |
| K0822 | <u>Power wheelchair, group 2 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| K0823 | <u>Power wheelchair, group 2 standard, captain’s chair, member weight capacity up to and including 300 lbs.</u> |
| K0824 | <u>Power wheelchair, group 2 heavy duty, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| K0825 | <u>Power wheelchair, group 2 heavy duty, captain’s chair, member weight capacity 301-450 lbs.</u> |
| K0826 | <u>Power wheelchair, group 2 very heavy duty, sling/solid seat and back, member weight capacity 451–600 lbs.</u> |
| K0827 | <u>Power wheelchair, group 2 very heavy duty, captain’s chair, member weight capacity 451–600 lbs.</u> |
| K0828 | <u>Power wheelchair, group 2 extra heavy duty, sling/solid seat and back, member weight capacity 601 lbs. or more</u> |
| K0829 | <u>Power wheelchair, group 2 extra heavy duty, captain’s chair, member weight capacity 601 lbs. or more</u> |
| K0830 | <u>Power wheelchair, group 2 standard, seat elevator, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |

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| <u>K0831</u> | <u>Power wheelchair, group 2 standard, seat elevator, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0835</u> | <u>Power wheelchair, group 2 standard, single power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0836</u> | <u>Power wheelchair, group 2 standard, single power option, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0837</u> | <u>Power wheelchair, group 2 heavy duty, single power option, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0838</u> | <u>Power wheelchair, group 2 heavy duty, single power option, captain's chair, member weight capacity 301-450 lbs.</u> |
| <u>K0839</u> | <u>Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat and back, member weight capacity 451-600 lbs.</u> |
| <u>K0840</u> | <u>Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat and back, member weight capacity 601 lbs. or more</u> |
| <u>K0841</u> | <u>Power wheelchair, group 2 standard, multi power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0842</u> | <u>Power wheelchair, group 2 standard, multi power option, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0843</u> | <u>Power wheelchair, group 2 heavy duty, multi power option, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0848</u> | <u>Power wheelchair, group 3 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0849</u> | <u>Power wheelchair, group 3 standard, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0850</u> | <u>Power wheelchair, group 3 heavy duty, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0851</u> | <u>Power wheelchair, group 3 heavy duty, captain's chair, member weight capacity 301-450 lbs.</u> |
| <u>K0852</u> | <u>Power wheelchair, group 3 very heavy duty, sling/solid seat and back, member weight capacity 451-600 lbs.</u> |
| <u>K0853</u> | <u>Power wheelchair, group 3 very heavy duty, captain's chair, member weight capacity 451-600 lbs.</u> |
| <u>K0854</u> | <u>Power wheelchair, group 3 extra heavy duty, sling/solid seat and back, member weight capacity 601 lbs. or more</u> |
| <u>K0855</u> | <u>Power wheelchair, group 3 extra heavy duty, captain's chair, member weight capacity 601 lbs. or more</u> |
| <u>K0856</u> | <u>Power wheelchair, group 3 standard, single power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |

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| <u>K0857</u> | <u>Power wheelchair, group 3 standard, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0858</u> | <u>Power wheelchair, group 3 heavy duty, single power option, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0859</u> | <u>Power wheelchair, group 3 heavy duty, single power option, captain's chair, member weight capacity 301-450 lbs.</u> |
| <u>K0860</u> | <u>Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat and back, member weight capacity 451-600 lbs.</u> |
| <u>K0861</u> | <u>Power wheelchair, group 3 standard, multiple power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0862</u> | <u>Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0863</u> | <u>Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat and back, member weight capacity 451-600 lbs.</u> |
| <u>K0864</u> | <u>Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat and back, member weight capacity 601 lbs. or more</u> |
| <u>K0868</u> | <u>Power wheelchair, group 4 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0869</u> | <u>Power wheelchair, group 4 standard, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0870</u> | <u>Power wheelchair, group 4 heavy duty, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0871</u> | <u>Power wheelchair, group 4 very heavy duty, sling/solid seat and back, member weight capacity 451-600 lbs.</u> |
| <u>K0877</u> | <u>Power wheelchair, group 4 standard, single power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0878</u> | <u>Power wheelchair, group 4 standard, single power option, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0879</u> | <u>Power wheelchair, group 4 heavy duty, single power option, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |
| <u>K0880</u> | <u>Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat and back, member weight capacity 451-600 lbs.</u> |
| <u>K0884</u> | <u>Power wheelchair, group 4 standard, multiple power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.</u> |
| <u>K0885</u> | <u>Power wheelchair, group 4 standard, multiple power option, captain's chair, member weight capacity up to and including 300 lbs.</u> |
| <u>K0886</u> | <u>Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat and back, member weight capacity 301-450 lbs.</u> |

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| K0890 | <u>Power wheelchair, group 5 pediatric, single power option, sling/solid seat and back, member weight capacity up to and including 125 lbs.</u> |
| K0891 | <u>Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat and back, member weight capacity up to and including 125 lbs.</u> |
| K0898 | <u>Power wheelchair, not otherwise classified</u> |
| K0899 | <u>Power mobility device, not coded by DME pd.a.c. or does not meet criteria</u> |

DEFINITIONS:

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| <u>Custom Wheelchair</u> | <u>A wheelchair constructed to the specific body measurements and medical needs of the member.</u> |
| <u>Durable Medical Equipment (DME)</u> | <u>Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home.²²</u> |
| <u>Form PA-01</u> | <u>A state form found on the Medicaid website under the forms section of Lamedicaid.com. It describes in detail all the information required for precertification of wheelchairs.²³</u> |
| <u>MCG ®</u> | <u>A set of nationally standardized criteria used to make medical necessity determinations for authorization requests.</u> |
| <u>Motorized Wheelchair</u> | <u>Shall have the same meaning as power, electric or any means of propulsion other than manual.²⁴</u> |
| <u>Prior Authorization (PA)</u> | <u>Prior assessment that proposed services (such as hospitalization) are appropriate for a particular patient and will be covered by the health plan. Payment for services depends on whether the patient and the category of service are covered by the member's benefit plan.</u> |
| <u>Wheelchair</u> | <u>A chair fitted with wheels for use as a means of transport by a person who is unable to walk as a result of illness, injury, or disability.²⁵</u> |

Commented [IG42]: This is a LDH form. Should this be removed?

Commented [LK43R42]: Yes, deleted. Thank you. KL

Commented [LA44R42]: Approved per I. Gauthier

Commented [LK45]: Yes, thank you. Deleted.

²² 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. [2912](#)

²³ <https://www.lamedicaid.com/provweb1/forms/pa-01.pdf>

²⁴ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18 DME p. [2978](#)

²⁵ Webster's Dictionary

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Aetna Better Health of Louisiana

Linda Morrison
Exec. Dir. Medicaid Operations

Antoinette Logarbo M.D.
Chief Medical Officer

Resources/References

- **2024 Louisiana Medicaid Managed Care Organization Attachment A Model Contract**
- **2024 Louisiana Medicaid Managed Care Organization (MCO) Manual**
- **2024 Louisiana Medicaid Services Manual Chapter 18: Durable Medical Equipment Provider Manual**
- **Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment**
- **Louisiana Medicaid Fee Schedule:**
https://www.lamedicaid.com/provweb1/fee_schedules/DMEFEE.pdf