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Mobility Devices, Options and Accessories (for Louisiana Only)

Policy Number: CS184LA.A

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[Instructions for Use](#)

Certain content mandated by Louisiana Department of Health

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Application

This Medical Policy only applies to the state of Louisiana. Portions of this coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

Coverage Rationale

Wheelchairs are approved only when the beneficiary is confined to a bed, chair or room.

Standard Wheelchairs

The request should indicate the beneficiary'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.

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.

Standard Wheelchair Attachments

- Foot rests;
- Brakes; and
- Arm rests

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Custom Manual Wheelchair

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A custom manual wheelchair is constructed to the specific body measurements and medical needs of the beneficiary. General criteria for a custom manual wheelchair includes 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:

- Physician prescription for a custom manual wheelchair that includes documentation that beneficiary is unable to propel a standard wheelchair and the diagnosis or limitations to justify the need for a custom manual wheelchair; and

~~Wheelchairs, Motorized and/or Custom Motorized Wheelchairs~~

The term motorized shall have the same meaning as power, electric or any means of propulsion other than manual. A motorized wheelchair must be medically necessary. A motorized wheelchair is covered if the beneficiary's condition is such that the requirement for a motorized wheelchair is long term (at least six months). The beneficiary must meet all of the following criteria in order to be considered for a motorized wheelchair:

- The beneficiary is not functionally ambulatory. Not functionally ambulatory means the beneficiary's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally bed or chair confined;
- The beneficiary is 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
- The beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.

Note: Batteries are covered for electric wheelchairs.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Additional Wheelchair Criteria

All wheelchairs and modifications required to meet the needs of a particular beneficiary 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.

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

- Physician's prescription for a motorized wheelchair;
- Medical documentation from a physician and/or physical/occupational therapist is required to support the provisions set forth regarding beneficiary criteria as noted above;
- Documentation indicating that the beneficiary 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 beneficiary 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:

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- Signed and dated statement from the beneficiary's physician and/or physical/occupational therapist that he/she has determined that the beneficiary 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 beneficiary's physician or physical therapist that he or she has determined that the beneficiary 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.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

Repairs and Modifications

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 beneficiary's current ~~motorized~~ wheelchair.

Requests for modifications or reconstruction of the beneficiary's current wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the beneficiary's current ~~motorized~~ wheelchair must be submitted in accordance with PA criteria.

Modifications, repairs, or reconstruction will be denied if it is more cost effective to provide a new wheelchair.

All repairs and modifications of ~~motorized~~ 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 beneficiary's ~~motorized~~ wheelchair is being repaired or modified.

(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)

~~(Louisiana Durable Medical Equipment Provider Manual, Chapter 18: Durable Medical Equipment, Section 18.2: Specific Coverage Criteria)~~

Wheelchair Seating

For medical necessity clinical coverage criteria, reference InterQual®, CP: Durable Medical Equipment, Wheelchair Cushions or Seating System

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

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service.

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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.

<u>HCPSC Code</u>	<u>Description</u>
Manual Wheelchairs	
<u>E1050</u>	<u>Fully-reclining wheelchair, fixed full-length arms, swing-away detachable elevating legrests</u>
<u>E1060</u>	<u>Fully-reclining wheelchair, detachable arms, desk or full-length, swing-away detachable elevating legrests</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 legrest</u>
<u>E1084</u>	<u>Hemi-wheelchair, detachable arms desk or full-length arms, swing-away detachable elevating legrests</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 legrests</u>
<u>E1088</u>	<u>High strength lightweight wheelchair, detachable arms desk or full-length, swing-away detachable elevating legrests</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 legrests</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 legrests</u>
<u>E1110</u>	<u>Semi-reclining wheelchair, detachable arms (desk or full-length) elevating legrest</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>

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<u>HCPCS Code</u>	<u>Description</u>
<u>E1150</u>	<u>Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests</u>
<u>E1160</u>	<u>Wheelchair, fixed full-length arms, swing-away detachable elevating legrests</u>
<u>E1161</u>	<u>Manual adult size wheelchair, includes tilt in space</u>
<u>E1170</u>	<u>Amputee wheelchair, fixed full-length arms, swing-away detachable elevating legrests</u>
<u>Manual Wheelchairs</u>	
<u>E1171</u>	<u>Amputee wheelchair, fixed full-length arms, without footrests or legrest</u>
<u>E1172</u>	<u>Amputee wheelchair, detachable arms (desk or full-length) without footrests or legrest</u>
<u>E1180</u>	<u>Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable footrests</u>
<u>E1190</u>	<u>Amputee wheelchair, detachable arms (desk or full-length) swing-away detachable elevating legrests</u>
<u>E1195</u>	<u>Heavy-duty wheelchair, fixed full-length arms, swing-away detachable elevating legrests</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 legrests</u>
<u>E1223</u>	<u>Wheelchair with detachable arms, footrests</u>
<u>E1224</u>	<u>Wheelchair with detachable arms, elevating legrests</u>
<u>*E1229</u>	<u>Wheelchair, pediatric size, not otherwise specified</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>

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<u>HCPCS Code</u>	<u>Description</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 legrest</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 elevating legrests</u>
<u>E1280</u>	<u>Heavy-duty wheelchair, detachable arms (desk or full-length) elevating legrests</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 legrest</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>*K0008</u>	<u>Custom Manual Wheelchair/base</u>
<u>K0009</u>	<u>Other manual wheelchair/base</u>
<u>Power Mobility Device</u>	
<u>*E0983</u>	<u>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control</u>
<u>Power Mobility Device</u>	
<u>E0984</u>	<u>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control</u>
<u>E0986</u>	<u>Manual wheelchair accessory, push-rim activated power assist system</u>
<u>*K0013</u>	<u>Custom motorized/power wheelchair base</u>
<u>*K0800</u>	<u>Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>*K0801</u>	<u>Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds</u>
<u>*K0802</u>	<u>Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds</u>
<u>*K0806</u>	<u>Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds</u>
<u>*K0807</u>	<u>Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds</u>
<u>*K0808</u>	<u>Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds</u>
<u>*K0812</u>	<u>Power operated vehicle, not otherwise classified</u>
<u>K0813</u>	<u>Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds</u>
<u>K0814</u>	<u>Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0815</u>	<u>Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds</u>
<u>K0816</u>	<u>Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0820</u>	<u>Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0821</u>	<u>Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0822</u>	<u>Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0823</u>	<u>Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0824</u>	<u>Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0825</u>	<u>Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds</u>
<u>K0826</u>	<u>Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds</u>
<u>K0827</u>	<u>Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds</u>
<u>K0828</u>	<u>Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>K0829</u>	<u>Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more</u>
<u>K0830</u>	<u>Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0831</u>	<u>Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0835</u>	<u>Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0836</u>	<u>Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>Power Mobility Device</u>	
<u>K0837</u>	<u>Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0838</u>	<u>Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds</u>
<u>K0839</u>	<u>Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds</u>
<u>K0840</u>	<u>Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more</u>
<u>K0841</u>	<u>Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0842</u>	<u>Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0843</u>	<u>Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0848</u>	<u>Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0849</u>	<u>Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0850</u>	<u>Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0851</u>	<u>Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds</u>
<u>K0852</u>	<u>Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds</u>
<u>K0853</u>	<u>Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>K0854</u>	<u>Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more</u>
<u>K0855</u>	<u>Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more</u>
<u>K0856</u>	<u>Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0857</u>	<u>Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0858</u>	<u>Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds</u>
<u>K0859</u>	<u>Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds</u>
<u>K0860</u>	<u>Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds</u>
<u>K0861</u>	<u>Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0862</u>	<u>Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0863</u>	<u>Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds</u>
<u>K0864</u>	<u>Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more</u>
<u>Power Mobility Device</u>	
<u>K0868</u>	<u>Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0869</u>	<u>Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0870</u>	<u>Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0871</u>	<u>Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds</u>
<u>K0877</u>	<u>Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0878</u>	<u>Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0879</u>	<u>Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>K0880</u>	<u>Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds</u>
<u>K0884</u>	<u>Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds</u>
<u>K0885</u>	<u>Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds</u>
<u>K0886</u>	<u>Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds</u>
<u>K0890</u>	<u>Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds</u>
<u>K0891</u>	<u>Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds</u>
<u>K0898</u>	<u>Power wheelchair, not otherwise classified</u>
<u>K0899</u>	<u>Power mobility device, not coded by DME PDAC or does not meet criteria</u>
<u>Wheelchair Options and Accessories</u>	
<u>E0954</u>	<u>Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot</u>
<u>E0958</u>	<u>Manual wheelchair accessory, one-arm drive attachment, each</u>
<u>E0967</u>	<u>Manual wheelchair accessory, hand rim with projections, any type, replacement only, each</u>
<u>E0971</u>	<u>Manual wheelchair accessory, antitipping device, each</u>
<u>E0973</u>	<u>Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each</u>
<u>E0974</u>	<u>Manual wheelchair accessory, antirollback device, each</u>
<u>E0978</u>	<u>Wheelchair accessory, positioning belt/safety belt/pelvic strap, each</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>E0988</u>	<u>Manual wheelchair accessory, lever-activated, wheel drive, pair</u>
<u>E0990</u>	<u>Wheelchair accessory, elevating legrest, complete assembly, 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 reduction</u>
<u>E1004</u>	<u>Wheelchair accessory, power seating system, recline only, with mechanical shear reduction</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>Wheelchair Options and Accessories</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 legrest, each</u>
<u>*E1010</u>	<u>Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair</u>
<u>E1011</u>	<u>Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)</u>
<u>*E1012</u>	<u>Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each</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 swingaway, 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>*E1030</u>	<u>Wheelchair accessory, ventilator tray, gimbaled</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>E2201</u>	<u>Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in</u>
<u>E2202</u>	<u>Manual wheelchair accessory, nonstandard seat frame width, 24-27 in</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>E2203</u>	<u>Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in</u>
<u>E2204</u>	<u>Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in</u>
<u>E2205</u>	<u>Manual wheelchair accessory, handrim 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>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>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>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>
<u>E2219</u>	<u>Manual wheelchair accessory, foam caster tire, any size, each</u>
<u>Wheelchair Options and Accessories</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>*E2227</u>	<u>Manual wheelchair accessory, gear reduction drive wheel, each</u>
<u>*E2228</u>	<u>Manual wheelchair accessory, wheel braking system and lock, complete, each</u>
<u>E2230</u>	<u>Manual wheelchair accessory, manual standing system</u>
<u>E2295</u>	<u>Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features</u>

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<u>HCPCS Code</u>	<u>Description</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 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware</u>
<u>*E2312</u>	<u>Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware</u>
<u>*E2313</u>	<u>Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each</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>E2325</u>	<u>Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware</u>
<u>E2326</u>	<u>Power wheelchair accessory, breath tube kit for sip and puff interface</u>
<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 change 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 change switch, head array, and fixed mounting hardware</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>*E2331</u>	<u>Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware</u>
<u>E2351</u>	<u>Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface</u>
<u>Wheelchair Options and Accessories</u>	
<u>E2358</u>	<u>Power wheelchair accessory, group 34 nonsealed 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, 22 NF nonsealed lead acid battery, each</u>
<u>E2361</u>	<u>Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)</u>
<u>E2362</u>	<u>Power wheelchair accessory, group 24 nonsealed lead acid battery, each</u>
<u>E2363</u>	<u>Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)</u>
<u>E2364</u>	<u>Power wheelchair accessory, U-1 nonsealed lead acid battery, each</u>
<u>E2365</u>	<u>Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)</u>
<u>E2366</u>	<u>Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each</u>
<u>E2367</u>	<u>Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, 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>
<u>E2370</u>	<u>Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only</u>
<u>*E2371</u>	<u>Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each</u>
<u>*E2372</u>	<u>Power wheelchair accessory, group 27 nonsealed lead acid battery, each</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, nonexpandable 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>

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<u>HCPCS Code</u>	<u>Description</u>
<u>E2377</u>	<u>Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue</u>
<u>*E2378</u>	<u>Power wheelchair component, actuator, replacement only</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>Wheelchair Options and Accessories</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, 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>*E2397</u>	<u>Power wheelchair accessory, lithium-based battery, each</u>
<u>*E2398</u>	<u>Wheelchair accessory, dynamic positioning hardware for back</u>
<u>E2626</u>	<u>Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable</u>

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<u>HCPCS Code</u>	<u>Description</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>E2633</u>	<u>Wheelchair accessory, addition to mobile arm support, supinator</u>
<u>K0009</u>	<u>Other manual wheelchair/base</u>
<u>K0015</u>	<u>Detachable, nonadjustable height armrest, each</u>
<u>K0017</u>	<u>Detachable, adjustable height armrest, base, replacement only, each</u>
<u>K0018</u>	<u>Detachable, adjustable height armrest, upper portion, replacement only, each</u>
<u>K0019</u>	<u>Arm pad, replacement only, each</u>
<u>K0020</u>	<u>Fixed, adjustable height armrest, pair</u>
<u>K0037</u>	<u>High mount flip-up footrest, each</u>
<u>K0038</u>	<u>Leg strap, each</u>
<u>K0039</u>	<u>Leg strap, H style, each</u>
<u>K0040</u>	<u>Adjustable angle footplate, each</u>
<u>K0041</u>	<u>Large size footplate, each</u>
<u>K0042</u>	<u>Standard size footplate, replacement only, each</u>
<u>K0043</u>	<u>Footrest, lower extension tube, replacement only, each</u>
<u>K0044</u>	<u>Footrest, upper hanger bracket, replacement only, each</u>
<u>K0045</u>	<u>Footrest, complete assembly, replacement only, each</u>
<u>K0046</u>	<u>Elevating legrest, lower extension tube, replacement only, each</u>
<u>K0047</u>	<u>Elevating legrest, upper hanger bracket, replacement only, each</u>
<u>K0050</u>	<u>Ratchet assembly, replacement only</u>
<u>K0051</u>	<u>Cam release assembly, footrest or legrest, replacement only, each</u>
<u>K0052</u>	<u>Swingaway, detachable footrests, replacement only, each</u>
<u>K0053</u>	<u>Elevating footrests, articulating (telescoping), each</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>K0069</u>	<u>Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each</u>
<u>K0070</u>	<u>Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each</u>
<u>K0071</u>	<u>Front caster assembly, complete, with pneumatic tire, replacement only, each</u>
<u>Wheelchair Options and Accessories</u>	
<u>K0072</u>	<u>Front caster assembly, complete, with semipneumatic tire, replacement only, each</u>
<u>K0077</u>	<u>Front caster assembly, complete, with solid tire, replacement only, each</u>
<u>K0098</u>	<u>Drive belt for power wheelchair, replacement only</u>
<u>K0108</u>	<u>Wheelchair component or accessory, not otherwise specified</u>
<u>K0195</u>	<u>Elevating legrests, pair (for use with capped rental wheelchair base)</u>
<u>K0733</u>	<u>Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)</u>
<u>*K0900</u>	<u>Customized durable medical equipment, other than wheelchair</u>
<u>Wheelchair Seating</u>	
<u>E2601</u>	<u>General use wheelchair seat cushion, width less than 22 in, any depth</u>
<u>E2602</u>	<u>General use wheelchair seat cushion, width 22 in or greater, any depth</u>
<u>E2603</u>	<u>Skin protection wheelchair seat cushion, width less than 22 in, any depth</u>
<u>E2604</u>	<u>Skin protection wheelchair seat cushion, width 22 in or greater, any depth</u>
<u>E2605</u>	<u>Positioning wheelchair seat cushion, width less than 22 in, any depth</u>
<u>E2606</u>	<u>Positioning wheelchair seat cushion, width 22 in or greater, any depth</u>
<u>E2607</u>	<u>Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth</u>
<u>E2608</u>	<u>Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth</u>
<u>E2609</u>	<u>Custom fabricated wheelchair seat cushion, any size</u>
<u>*E2610</u>	<u>Wheelchair seat cushion, powered</u>
<u>E2622</u>	<u>Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth</u>
<u>E2623</u>	<u>Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth</u>
<u>E2624</u>	<u>Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>E2625</u>	<u>Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth</u>
<u>E2611</u>	<u>General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware</u>
<u>E2612</u>	<u>General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware</u>
<u>E2613</u>	<u>Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware</u>
<u>E2614</u>	<u>Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware</u>
<u>E2615</u>	<u>Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware</u>
<u>E2616</u>	<u>Positioning wheelchair back cushion, posterior-lateral, width 22 in 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>E2620</u>	<u>Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware</u>
<u>E2621</u>	<u>Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware</u>
<u>E0953</u>	<u>Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each</u>
<u>E0955</u>	<u>Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each</u>
<u>E0956</u>	<u>Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each</u>
<u>Wheelchair Seating</u>	
<u>E0957</u>	<u>Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each</u>
<u>E0960</u>	<u>Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware</u>
<u>E0966</u>	<u>Manual wheelchair accessory, headrest extension, each</u>
<u>E0992</u>	<u>Manual wheelchair accessory, solid seat insert</u>
<u>E2231</u>	<u>Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware</u>
<u>*E2291</u>	<u>Back, planar, for pediatric size wheelchair including fixed attaching hardware</u>

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<u>HCPCS Code</u>	<u>Description</u>
<u>*E2292</u>	<u>Seat, planar, for pediatric size wheelchair including fixed attaching hardware</u>
<u>*E2293</u>	<u>Back, contoured, for pediatric size wheelchair including fixed attaching hardware</u>
<u>*E2294</u>	<u>Seat, contoured, for pediatric size wheelchair including fixed attaching hardware</u>
<u>E2619</u>	<u>Replacement cover for wheelchair seat cushion or back cushion, each</u>
<u>K0108</u>	<u>Wheelchair component or accessory, not otherwise specified</u>
<u>*K0669</u>	<u>Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC</u>

Codes labeled with an asterisk (*) are not on the Louisiana Medicaid Fee Schedule and therefore may not be covered by the state of Louisiana Medicaid Program.

References

Louisiana Department of Health Durable Medical Equipment Provider Manual. Chapter Eighteen of the Medicaid Services Manual. Issued February 28, 2023.
<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>. Accessed April 25, 2023.

Policy History/Revision Information

<u>Date</u>	<u>Summary of Changes</u>
<u>TBD</u>	<ul style="list-style-type: none"> <u>New Medical Policy</u>

Instructions for Use

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

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