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Manual Wheelchair Coverage Criteria and Coding

The following information describes the items or documentation necessary for reimbursement from the Centers for Medicare and Medicaid Services, also known as CMS or Medicare. Because Medicare typically has the most stringent insurance requirements, fulfilling these requirements could also strengthen reimbursement claims from other third-party payors. Otto Bock has relied upon the CMS guidance and recommendations set forth in this document's reference section below.

Medicare Basic Coverage Criteria for any Manual Wheelchair

[Needs to meet criteria A, B, C, D, E, + F or G]

- A. Cannot participate in 1 or more mobility related activities of daily live (MRADL) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home
- B. Cannot be resolved with a cane or walker
- C. Patient's home has adequate access and maneuverability
- D. Use of chair will improve MRADLs and patient will use on a regular basis
- E. Patient has not expressed unwillingness to use chair
- F. Patient has sufficient capabilities to self-propel the chair during a typical day
- G. Patient has caregiver who is willing to assist with chair

What does the Basic Package include?

Included in the Base Allowable for **Adult** Manual Wheelchair Bases:

- Seat Width of 15" – 19"
- Seat Depth of 15" – 19"
- Armrests
 - Fixed Height
 - Fixed, swing away, or detachable
- Footrests: fixed, swing away, or detachable

Included in the Base Allowable for **Pediatric** Manual Wheelchair Bases:

- Seat Width less than or equal to 14"
- Seat Depth less than or equal to 14"
- Armrests
 - Fixed Height
 - Fixed, swing away, or detachable
- Footrests: fixed, swing away, or detachable

Medicare Codes Included in the Basic Package:

- Seat/Back: E0981, E0982
- Positioning Accessories (Including Armrests): E0995, K0015, K0017-K0019
- Footrests: K0042-K0047, K0050, K0052
- Wheels/Tires: E0967, E2205-E2206, E2210, E2220-E2222, E2224-E2226, K0069-K0072



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Additional Coverage Criteria for Specific Manual Wheelchair Bases

- Standard Hemi-Chair (K0002):
 - Patient requires a lower seat height (17"-18") because:
 - Short stature, OR
 - Need to place feet on ground for propulsion.
- Lightweight Chair (K0003):
 - Patient cannot self-propel in a standard wheelchair using arms and/or legs; AND
 - Patient can and does self-propel in a lightweight wheelchair (min 2 hr/day).
- High Strength Lightweight Chair (K0004):
 - Patient's ability to self-propel the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; AND/OR
 - Requires seat width, depth, height that cannot be accommodated in a standard, lightweight, or hemi-wheelchair and spends at least two hours per day in the wheelchair.
- Ultralight Wheelchair (K0005) *payment determined on an individual consideration basis*
 - Description of the K0005 features that are needed compared to the K0004 base.
- Heavy Duty (K0006)
 - Patient weighs more than 250 pounds AND has severe spasticity.
- Extra Heavy Duty Chair (K0007)
 - Patient weighs more than 300 pounds.

What are the Coding Criteria for Bases?

Code	Name	Weight (seat & back but no front riggings)	Seat Height	Weight Capacity	Other
K0001	Standard	> 36 lbs	≥ 19"	≤ 250 lbs	
K0002	Standard Hemi	> 36 lbs	≤ 19"	≤ 250 lbs	
K0003	Lightweight	34 - 36 lbs		≤ 250 lbs	
K0004	High strength/ Lightweight	< 34 lbs			Lifetime Warranty on side frames and cross braces
K0005	Ultra Lightweight	< 30 lbs			Adjustable rear axle, Lifetime Warranty on side frames and cross braces
K0006	Heavy Duty			> 250 lbs	
K0007	Extra Heavy Duty			> 300 lbs	
K0008	Custom				
K0009	Other				

*Manual Wheelchair wheels must be large enough & positioned such that the wheelchair could be propelled by the user.



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Possible HCPCS Codes for Accessories

[See Medicare Bundling Chart for Codes that cannot be billed together]

Choosing the appropriate code can be confusing. Some codes may only be allowed in certain situations and may not be able to be included with other codes. Check the payer's bundling rules. The following are possible codes for each category group. Selection might not be all inclusive.

Back

Limitations to Coverage

A manual fully **reclining back option** (E1226) is covered if the patient has one or more of the following conditions:

1. The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
2. The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.

Codes

E1014	RECLINING BACK, ADDITION TO PEDIATRIC SIZE WHEELCHAIR
E1225	WHEELCHAIR ACCESSORY, MANUAL SEMI-RECLINING BACK, (RECLINE GREATER THAN 15 DEGREES, BUT LESS THAN 80 DEGREES), EACH
E1226	WHEELCHAIR ACCESSORY, MANUAL FULLY RECLINING BACK, (RECLINE GREATER THAN 80 DEGREES), EACH
E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE
E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARD

Seat

Limitations to Criteria

A **solid insert** (E0992) is a separate rigid piece of wood or plastic which is inserted in the cover of a cushion to provide additional support.

A **nonstandard seat width** and/or **depth** for a manual wheelchair (E2201-E2204) is covered only if the patient's physical dimensions justify the need.

A **solid support base** (E2231) for a seat cushion is a rigid piece of plastic or other material which is attached with hardware to the seat frame of a wheelchair in place of a sling seat. A cushion is placed on top of the support base.

Codes

E0985	ACCESSORY, SEAT LIFT MECHANISM
E0992	ACCESSORY, SOLID SEAT INSERT
E1011	MODIFICATION TO PEDIATRIC SIZE WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR)
E2201	ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24 INCHES
E2202	ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24 TO 27 INCHES



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- E2203 ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES
- E2204 ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES
- E2231 ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT), INCLUDES ANY TYPE MOUNTING HARDWARE
- E2292 SEAT, PLANAR, FOR PED SIZE WHEELCHAIR INCL FIXED ATTACH HARDWARE
- E2294 SEAT, CONTOURED, PED SIZE WHEELCHAIR INCL FIXED ATTACH HARDWARE
- K0056 SEAT HEIGHT LESS THAN 17" OR EQUAL TO OR GREATER THAN 21" FOR A HIGH STRENGTH, LIGHTWEIGHT, OR ULTRA-LIGHTWEIGHT WHEELCHAIR

Cushions

Coverage Criteria for Skin Protection and Positioning Cushions

A. Prefabricated Skin Protection Seat Cushion	B. Prefabricated Positioning Seat/Back Cushion
<p>I. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back; AND</p>	<p>I. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back; AND</p>
<p>II. Pressure Ulcer: Current pressure ulcer (707.03, 707.04, 707.05) or Past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface; OR</p>	<p>II. Postural Asymmetries (significant) due to diagnosis listed under III., OR has one of the following diagnoses:</p> <ul style="list-style-type: none"> • Monoplegia of the lower limb (344.30-344.32, 438.40-438.42) due to stroke, traumatic brain injury, or other etiology, • Spinocerebellar disease (334.0- 334.9), • AK leg amputation (897.2-897.7), • Osteogenesis Imperfecta (756.51), • Transverse Myelitis (323.82).
<p>III. Absent or impaired sensation in the area of contact with the seating surface or Inability to carry out a functional weight shift due to one of the following diagnoses:</p> <ul style="list-style-type: none"> • SCI with quadriplegia or paraplegia (344.00-344.1), • Other spinal cord disease (336.0-336.3), • MS (340), other demyelinating disease (341.0-341.9), • Cerebral Palsy (343.0-343.9), • Anterior Horn Cell diseases including ALS (335.0-335.21, 335.23-335.9), • Post Polio Paralysis (138), • TBI with quadriplegia (344.09), • Spina Bifida (741.00-741.93), • Childhood Cerebral Degeneration (330.0-330.9), • Alzheimer's disease (331.0), • Parkinson's disease (332.0), • Muscular Dystrophy (359.0, 359.1), • Hemiplegia (342.00 – 342.92, 438.20-438.22), • Huntington's Chorea (333.4), Idiopathic Torsion Dystonia (333.6), • Athetoid Cerebral Palsy (333.71). 	



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Coverage Criteria for **Custom** Seat and Back Cushions

A custom fabricated seat cushion (E2609) is covered if criteria (1) and (3) are met.

A custom fabricated back cushion (E2617) is covered if criteria (2) and (3) are met:

1.	Meets criteria for a prefabricated skin protection seat cushion (A) OR positioning seat cushion (B) (above);
2.	Meets criteria for a prefabricated positioning back cushion (B) (above);
3.	Comprehensive written evaluation by a licensed/certified medical professional (LCMP), such as a PT or OT, which <u>clearly explains why a prefabricated seating system is not sufficient to meet the patient's seating and positioning needs</u> . The PT or OT may have no financial relationship with the supplier (and the supplier must attest to this fact in writing).

A combination **skin protection and positioning seat cushion** (E2607, E2608, E2624, E2625) is covered for a patient who meets the criteria for both a skin protection seat cushion and a positioning seat cushion.

A **powered wheelchair seat cushion** (E2610) is a battery-powered, prefabricated cushion in which an air either provides both sequential inflation and deflation of the air cells or a low interface pressure throughout the cushion. One type of powered seat cushion is an alternating pressure cushion. Medicare claims for a powered seat cushion will be denied as not reasonable and necessary.

Seat Cushion Codes

- E2601 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2602 GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2603 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2604 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2605 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2606 POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2607 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2608 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2609 CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE
- E2610 WHEELCHAIR SEAT CUSHION, POWERED



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- E2622 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2623 SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- E2624 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH
- E2625 SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH
- K0669 WHEELCHAIR ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC

Back Cushion Codes

- E2611 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2612 GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2613 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2614 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2615 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2616 POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2617 CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2620 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH LESS THAN 22 INCHES, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- E2621 POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH 22 INCHES OR GREATER, ANY HEIGHT, INCLUDING ANY TYPE MOUNTING HARDWARE
- K0669 ACCESSORY, WHEELCHAIR SEAT OR BACK CUSHION, DOES NOT MEET SPECIFIC CODE CRITERIA OR NO WRITTEN CODING VERIFICATION FROM DME PDAC



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Positioning Accessories

Limitations to Coverage

A **positioning accessory** (E0955-E0957, E0960) is covered for a patient who meets both of the following criteria:

1. The patient has a manual wheelchair or a power wheelchair with a sling/solid seat/back and the patient meets Medicare coverage criteria for it; and
2. The patient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses: monoplegia of the lower limb (344.30-344.32, 438.40-438.42) due to stroke, traumatic brain injury, or other etiology, spinocerebellar disease (334.0-334.9), above knee leg amputation (897.2-897.7), osteogenesis imperfecta (756.51), transverse myelitis (323.82).

A **headrest** (E0955) is also covered when the patient has a covered manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, a manual fully reclining back on a power wheelchair, or power tilt and/or recline power seating system.

A **headrest extension** (E0966) is a sling support for the head.

Miscellaneous Positioning Codes

E0955	ACCESSORY, HEADREST, CUSHIONED, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0956	ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0957	ACCESSORY, MEDIAL THIGH SUPPORT, ANY TYPE, INCLUDING FIXED MOUNTING HARDWARE, EACH
E0960	ACCESSORY, SHOULDER HARNESS/STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE
E0966	ACCESSORY, HEADREST EXTENSION, EACH
E1028	ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY

Armrest Codes

E0973	ACCESSORY, ADJUSTABLE HEIGHT, DETACHABLE ARMREST, COMPLETE ASSEMBLY, EACH
E2209	ACCESSORY, ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH
K0015	DETACHABLE, NON-ADJUSTABLE HEIGHT ARMREST, EACH
K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, BASE, EACH
K0018	DETACHABLE, ADJUSTABLE HEIGHT ARMREST, UPPER PORTION, EACH
K0019	ARM PAD, EACH
K0020	FIXED, ADJUSTABLE HEIGHT ARMREST, PAIR
L3964	SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT



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- L3965 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, ADJUSTABLE RANCHO TYPE, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L3966 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, RECLINING, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L3968 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED, FRICTION ARM SUPPORT (FRICTION DAMPENING TO PROXIMAL AND DISTAL JOINTS), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L3969 SHOULDER ELBOW ORTHOSIS, MOBILE ARM SUPPORT, MONOSUSPENSION ARM AND HAND SUPPORT, OVERHEAD ELBOW FOREARM HAND SLING SUPPORT, YOKE TYPE SUSPENSION SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT
- L3970 SEO, ADDITION TO MOBILE ARM SUPPORT, ELEVATING PROXIMAL ARM
- L3972 SEO, ADDITION TO MOBILE ARM SUPPORT, OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL
- L3974 SEO, ADDITION TO MOBILE ARM SUPPORT, SUPINATOR

Medicare Bundling Chart: Armrests, Column II codes are included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0973	K0017, K0018, K0019

Footrest/Legrest Codes

Elevating legrests that are used with a wheelchair that is purchased or owned by the patient are coded E0990. This code is per legrest.

- E0951 HEEL LOOP/HOLDER, ANY TYPE, WITH OR WITHOUT ANKLE STRAP, EACH
- E0952 TOE LOOP/HOLDER, ANY TYPE, EACH
- E0990 ACCESSORY, ELEVATING LEG REST, COMPLETE ASSEMBLY, EACH
- E0995 ACCESSORY, CALF REST/PAD, EACH
- E1020 RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR
- K0037 HIGH MOUNT FLIP-UP FOOTREST, EACH
- K0038 LEG STRAP, EACH
- K0039 LEG STRAP, H STYLE, EACH
- K0040 ADJUSTABLE ANGLE FOOTPLATE, EACH
- K0041 LARGE SIZE FOOTPLATE, EACH
- K0042 STANDARD SIZE FOOTPLATE, EACH
- K0043 FOOTREST, LOWER EXTENSION TUBE, EACH
- K0044 FOOTREST, UPPER HANGER BRACKET, EACH
- K0045 FOOTREST, COMPLETE ASSEMBLY



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K0046	ELEVATING LEGREST, LOWER EXTENSION TUBE, EACH
K0047	ELEVATING LEGREST, UPPER HANGER BRACKET, EACH
K0050	RATCHET ASSEMBLY
K0051	CAM RELEASE ASSEMBLY, FOOTREST OR LEGREST, EA
K0052	SWINGAWAY, DETACHABLE FOOTRESTS, EACH
K0053	ELEVATING FOOTRESTS, ARTICULATING (TELESCOPING), EACH
K0195	ELEVATING LEG RESTS, PAIR (FOR USE WITH CAPPED RENTAL WHEELCHAIR BASE)

Medicare Bundling Chart: Foot/Legrests, Column II codes are included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Wheels & Tires

Code Descriptions and Limitations to Coverage

A **caster** is a small wheel that is in contact with the ground during normal operation of the Wheelchair and which cannot be used for arm propulsion. This includes rear tires on tilt-in-space wheelchairs that are not used for arm propulsion.

A **propulsion wheel** is a large wheel which can be used by a beneficiary to propel the wheelchair with his/her arms.

A **pneumatic tire** (E2211, E2214) is a rubber tire which is used in conjunction with a separate tube (E2212, E2215) which is filled with air.

A **flat free insert** (E2213) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A **foam filled tire** (E2216, E2217) is one in which a rubber tire shell has been filled with foam which is non-removable.

A **foam tire** (E2218, E2219) is one which is made entirely of self-skinning urethane.

A **solid tire** (E2220, E2221, E2222) is one which is made of hard plastic or rubber.

A **gear reduction drive wheel** (E2227) is one that has more than one gear ratio option. Pushing on the rim allows the user to manually shift between the gears in order to provide additional leverage to assist propulsion of a manual wheelchair. It is covered if all of the following criteria are met:

1. The patient has been self-propelling in a manual wheelchair for at least one year; AND
2. The patient has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the patient's home. The PT, OT, or physician may have no financial relationship with the supplier; AND



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3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the patient.

A **wheel braking and lock system** (E2228) is a caliper or disc type braking system that permits the controlled slowing of a manual wheelchair or the controlled descent on inclines. It also has full wheel lock capability.

A **rear wheel assembly** (K0069, K0070) includes a wheel rim plus a tire. For pneumatic tires, it also includes the tire tube, but not a flat free insert.

A **caster assembly** (K0071, K0072, K0077) includes a caster fork, wheel rim, and tire.

Wheels & Tires Codes

E0961	ACCESSORY, WHEEL LOCK BRAKE EXTENSION (HANDLE), EACH
E0967	ACCESSORY, HAND RIM WITH PROJECTIONS, ANY TYPE, EACH
E2205	ACCESSORY, HANDRIM WITHOUT PROJECTIONS (INCLUDES ERGONOMIC OR CONTOURED), ANY TYPE, REPLACEMENT ONLY, EACH
E2206	ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH
E2211	ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH
E2212	ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH
E2213	ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH
E2214	ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, EACH
E2215	ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH
E2216	ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH
E2217	ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH
E2218	ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH
E2219	ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH
E2220	ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH
E2221	ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, EACH
E2222	ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH
E2224	ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH
E2225	ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
E2226	ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
E2227	ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH
E2228	ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH
K0065	SPOKE PROTECTORS, EACH
K0069	REAR WHEEL ASSEMBLY, COMPLETE, W/ SOLID TIRE, SPOKES OR MOLDED, EACH
K0070	REAR WHEEL ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDED, EACH
K0071	FRONT CASTER ASSEMBLY, COMPLETE, WITH PNEUMATIC TIRE, EACH



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- K0072 FRONT CASTER ASSEMBLY, COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH
- K0073 CASTER PIN LOCK, EACH
- K0077 FRONT CASTER ASSEMBLY, COMPLETE, WITH SOLID TIRE, EACH

Medicare Bundling Chart: Wheels and Tires, Column II codes are included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226

Miscellaneous Accessories

Limitations to Coverage

Anti-rollback device (E0974) is covered if the patient self-propels and needs the device because of ramps. **A safety belt/pelvic strap** (E0978) is covered if the patient has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.

Codes for Miscellaneous Accessories

- E0705 TRANSFER DEVICE, ANY TYPE, EACH
- E0950 ACCESSORY, TRAY, EACH
- E0958 ACCESSORY, ONE-ARM DRIVE ATTACHMENT, EACH
- E0959 ACCESSORY, ADAPTER FOR AMPUTEE, EACH
- E0971 ACCESSORY, ANTI-TIPPING DEVICE, EACH
- E0974 ACCESSORY, ANTI-ROLLBACK DEVICE, EACH
- E0978 ACCESSORY, POSITIONING BELT/SAFETY BELT/PELVIC STRAP, EACH
- E0981 ACCESSORY, SEAT UPHOLSTERY, REPLACEMENT ONLY, EACH
- E0982 ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH
- E1015 SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH
- E1017 HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY MANUAL WHEELCHAIR, EACH
- E1028 ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTROL INTERFACE OR POSITIONING ACCESSORY
- E1029 ACCESSORY, VENTILATOR TRAY, FIXED
- E1030 ACCESSORY, VENTILATOR TRAY, GIMBALED
- E2207 ACCESSORY, CRUTCH AND CANE HOLDER, EACH
- E2208 ACCESSORY, CYLINDER TANK CARRIER, EACH
- E2210 ACCESSORY, BEARINGS, ANY TYPE, REPLACEMENT ONLY, EACH
- E2230 ACCESSORY, MANUAL STANDING SYSTEM



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- E2295 ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS COORDINATED MOVEMENT OF MULTIPLE POSITIONING FEATURES
- E2619 REPLACEMENT COVER FOR WHEELCHAIR SEAT OR BACK CUSHION, EACH
- K0105 IV HANGER, EACH
- K0108 WHEELCHAIR COMPONENT OR ACCESSORY, NOT OTHERWISE SPECIFIED

Medicare Bundling Chart: Miscellaneous Accessories, Column II codes are included in the allowance for the corresponding Column I code when provided at the same time.

Column I	Column II
E0950	E1028

References

Local Coverage Determinations and Articles for Manual Wheelchair Bases, Wheelchair Seating, and Wheelchair Options and Accessories can be found at:

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DISCLAIMER:

The supplier assumes full responsibility for accurate coding as necessary when providing patient-specific durable medical equipment and services. The coding recommendations by Otto Bock are based on reasonable judgment and are not recommended to replace the supplier’s judgment. The coding recommendations may be subject to revision as based on additional information or alphanumeric system changes.