



## P R O V I D E R   B U L L E T I N

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**To: All Durable Medical Equipment Providers****Subject: Medicaid Coverage of K Codes for Power Mobility Devices**

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## Overview

The Indiana Health Coverage Programs (IHCP) provides reimbursement for Power Mobility Devices (PMD), including power wheelchairs, when medically necessary for IHCP members with prior authorization (PA) under the following K codes effective January 1, 2007. Prior authorizations are reviewed on a case-by-case basis per *405 IAC 5-19-7*. Certain medical criteria must be met for the approval of each piece of equipment:

- The item must be medically reasonable and necessary as defined by *405 IAC 5-2-17*.
- The item must be adequate for the medical need of the IHCP member; however items with unnecessary convenience or luxury features will not be authorized.
- The anticipated period of need and the cost of the item will be considered in determining whether the item shall be rented or purchased. This decision shall be made by the contractor based on the least expensive option available to meet the recipient's needs.
- The IHCP only reimburses for one PMD per member, per five-year period.

## Power Mobility Device Coverage Criteria

The following is from the Indiana Administrative Code *405 IAC 5-19-9*:

Motorized vehicles are covered only when the recipient is enrolled in a school, sheltered workshop, or work setting, or if the recipient is left alone for significant periods of time. It must be documented that the recipient can safely operate the vehicle and that the recipient does not have the upper extremity function necessary to operate a manual wheelchair.

A member who requires a PMD is usually nonambulatory and has severe weakness of the upper extremities due to a neurological or muscular disease or condition and would otherwise be confined to a bed or chair without the use of the power wheelchair. A PMD is covered if the member's condition is such that the requirement for a PMD is long term (at least six months).

## **Basic Coverage Criteria for All Power Mobility Devices**

The following Centers for Medicare & Medicaid Services (CMS) defined criteria must be met for a recipient to qualify for any PMD:

1. The IHCP member must have significant mobility limitations that restrict his or her ability to complete one or more mobility related activities of daily living (MRADL) such as toileting, feeding, dressing, or bathing.
2. The IHCP member's mobility issues are not resolved safely with the use of a cane or walker.
3. The IHCP member is unable to utilize a properly fitted and functioning manual wheelchair in the home, at work, at school, or in the workshop to complete the MRADL for the following reasons:
  - Lack of upper body strength
  - Lack of coordination
  - Limited range of motion in upper body
  - Presence of pain which limits upper body mobility
  - Upper body physical deformity or amputation(s)

The following must be received by the PA department for an IHCP member to qualify and receive a PMD:

1. Documentation supporting medical necessity.
2. A completed IHCP Medical Clearance for Motorized Wheelchair Purchase form. The form must be submitted with the PA request for rental or purchase of a motorized/power wheelchair and must be reviewed and signed by a physiatrist. The form is available at the following location:  
[http://www.indianamedicaid.com/ihcp/Forms/MedicalClearance\\_motorizedwheelchair.pdf](http://www.indianamedicaid.com/ihcp/Forms/MedicalClearance_motorizedwheelchair.pdf).

## **Power Operated Vehicles**

The following criteria are specific to all Power Operated Vehicles (POVs).

- Ability to safely transfer to and from the POV
- Ability to operate the tiller steering system
- Ability to maintain proper body positioning and stability while operating the POV
- Physical and mental capability to safely operate a POV
- The home environment allows appropriate access with a POV including maneuvering space and appropriate surfaces
- The patient does not exceed the weight limitations for the POV provided
- A POV will significantly improve the IHCP member's ability to independently perform MRADLs

The IHCP does not deem procedure codes K0806, K0807, and K0808 medically necessary; the IHCP provides other alternatives that serve the same function. Therefore, K0806-K0808 is non-covered services.

Table 1 – Coverage Determination for Power Operated Vehicle Codes

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Not applicable for all programs, not applicable for Package C	Not applicable for all programs, not applicable for Package C	Non-reimbursable for all programs, non-reimbursable for Package C
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Not applicable for all programs, not applicable for Package C	Not applicable for all programs, not applicable for Package C	Non-reimbursable for all programs, non-reimbursable for Package C
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Not applicable for all programs, not applicable for Package C	Not applicable for all programs, not applicable for Package C	Non-reimbursable for all programs, non-reimbursable for Package C
K0812	Power operated vehicle, not otherwise classified	Yes for all programs, yes for Package C	Not applicable for all programs, not applicable for Package C	Covered for all programs, covered for Package C

## Power Wheelchairs

### **Basic Criteria for all power wheelchairs**

- The CMS defined basic coverage criteria are met.
- The IHCP member does not qualify for a POV.
- The IHCP member is physically and mentally able to safely operate a power wheelchair or has a caregiver who is unable to adequately propel an optimally configured manual wheelchair but is available and willing to operate the power wheelchair for the IHCP member.
- The home environment allows appropriate access with a power wheelchair including maneuvering space and appropriate surfaces.
- The patient does not exceed the weight limitations for the power wheelchair provided.
- A power wheelchair will significantly improve the IHCP member’s ability to independently perform MRADLs.
- The IHCP member is willing to use a power wheelchair.

*Note: Additional criteria may be required for Groups 2, 3, 4, and 5 power wheelchairs based on the power option requirement for the base code.*

### No Power Option Power Wheelchairs

The following additional criterion applies to **groups 3 and 4**:

- The IHCP member has mobility limitations due to a neurological condition, myopathy or congenital skeletal deformity.

Table 2 – Coverage Determination for Power Wheelchair Codes – No Power Option

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Not applicable for all programs, not applicable for Package C	Not applicable for all programs, not applicable for Package C	Non-reimbursable for all programs, non-reimbursable for Package C
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Not applicable for all programs, not applicable for Package C	Not applicable for all programs, not applicable for Package C	Non-reimbursable for all programs, non-reimbursable for Package C
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity, 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0898	Power wheelchair, not otherwise classified	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

### Single Power Option Power Wheelchairs

The following additional criteria apply to **groups 2 and 5**:

- The IHCP member requires a drive control interface other than a hand or chin operated standard proportional joystick (such as, head control, sip and puff, switch control, and so forth)
- or**
- The IHCP member meets the requirements for a power tilt or power recline seating system and the system is being used on the wheelchair.

The following additional criteria apply to **groups 3 and 4**:

- The IHCP member has mobility limitations due to a neurological condition, myopathy or congenital skeletal deformity.

**And one of the following additional criteria:**

- The IHCP member requires a drive control interface other than a hand or chin operated standard proportional joystick (such as, head control, sip and puff, switch control, and so forth)
- The IHCP member meets the requirements for a power tilt or power recline seating system and the system is being used on the wheelchair.

Table 3 – Coverage Determination for Power Wheelchair Codes – Single Power Option

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to & including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for package c
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0898	Power wheelchair, not otherwise classified	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0899	Power mobility device, not coded by Sadmerc or does not meet criteria	Not applicable for all programs, not applicable for Package C	Not applicable for all programs, not applicable for Package C	Non-covered for all programs, non-covered for Package C

### Multiple Power Option Power Wheelchairs

Groups 2 and 5 require any two of the three criteria listed below:

- The IHCP member uses a ventilator that is mounted to the wheelchair.
- The IHCP member requires a drive control interface other than a hand or chin operated standard proportional joystick (such as, head control, sip and puff, switch control, and so forth)
- The IHCP member meets the requirements for a power tilt or power recline seating system and the system is being used on the wheelchair.



The following criteria apply to **groups 3 and 4**:

- The IHCP member has mobility limitations due to a neurological condition, myopathy or congenital skeletal deformity.

**And any two of the three criteria listed below:**

- The IHCP member uses a ventilator that is mounted to the wheelchair.
- The IHCP member requires a drive control interface other than a hand or chin operated standard proportional joystick (such as, head control, sip and puff, switch control, and so forth)
- The IHCP member meets the requirements for a power tilt or power recline seating system and the system is being used on the wheelchair.

Table 4 – Coverage Determination for Power Wheelchair Codes – Multiple Power Option

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pound or more	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization Requirements	Modifier	Program coverage
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, weight capacity up to and including 300 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0898	Power wheelchair, not otherwise classified	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

## Non-Covered Codes

Effective September 1, 2008, the following PMD codes will no longer be covered by the IHCP. Instead, the IHCP will reimburse providers using the more specific PMD codes listed in Tables 1 through 4 above.

Table 5– Non-Covered Power Wheelchair Codes Effective September 1, 2008

Code	Description	Effective End-date	Program coverage
E1230	Power operated vehicle (3 wheel non-highway) indicate brand name and model number	August 31, 2008	Non-reimbursable for all programs, non-reimbursable for Package C
E1239	Power wheelchair, pediatric size, not otherwise specified	August 31, 2008	Non-reimbursable for all programs, non-reimbursable for Package C
K0010	Standard-weight frame motorized/power wheelchair	August 31, 2008	Non-reimbursable for all programs, non-reimbursable for Package C
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	August 31, 2008	Non-reimbursable for all programs, non-reimbursable for Package C
K0012	Lightweight portable motorized/power wheelchair	August 31, 2008	Non-reimbursable for all programs, non-reimbursable for Package C
K0014	Other motorized/power wheelchair base	August 31, 2008	Non-reimbursable for all programs, non-reimbursable for Package C

## Basic Equipment Package

The codes listed in Table 6 are part of the routine equipment for all power wheelchairs and therefore are included in the initial reimbursement rates. These codes will only be reimbursed as replacement codes when documentation is provided that the requested part is not covered under the standard manufacturer’s warranty and PA has been obtained.

Table 6 – Basic Equipment Table

Code	Description	Prior Authorization	Modifier	Program coverage
E0971	Manual wheelchair accessory, anti-tipping device, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0982	Wheelchair accessory, back upholstery, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0995	Wheelchair accessory, seat lift mechanism	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2368	Power wheelchair component, motor, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2369	Power wheelchair component, gear box, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2370	Power wheelchair component, gear box, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2374	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	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
K0043	Footplate, lower extension tube, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
K0044	Footrest, upper hanger bracket, each	Not applicable for all programs, not applicable for Package C	NU, RR	Covered for all programs, covered for Package C
K0045	Footrest, complete assembly	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C

## Billing Guidelines and Exceptions for Power Mobility Devices

The services specifically noted below are allowed outside of the basic equipment package with PA and if medical necessity criteria are met. Any services billed outside of the basic equipment package must be submitted on the same day claim for the same date of service.

For all power wheelchair **groups 1 through 5**:

1. Adjustable height arm rests
2. Shoulder harness/straps or chest/straps/vest

3. Elevating leg rests
4. An expandable controller
5. Nonstandard joystick, that is nonproportional or mini, compact or short throw proportional

For power wheelchair **groups 3, 4 and 5**:

1. Angle adjustable foot plates
2. Power wheelchairs with a sling/solid seat /back:
  - a. Standard duty, seat width and/or depth greater than 20 inches
  - b. Heavy duty, seat width and/or depth greater than 22 inches
  - c. Very heavy duty, seat width and/or depth greater than 24 inches
3. Power wheelchairs with a sling/solid seat /back:
  - a. Standard duty, back width greater than 20 inches
  - b. Heavy duty, back width greater than 22 inches
  - c. Very heavy duty, back width greater than 24 inches

Non-standard seat and back will only be provided if the IHCP member's physical dimensions are provided and require the additional seat width and depth. PA and medical necessity criteria are required.

## Prior Authorization for Power Mobility Devices

### ***Power Operated Vehicles***

All accessories and options for a POV are included in the initial reimbursement rate of the POV, including but not limited to the following:

- Lap or safety belt
- Battery or batteries required for operation
- Battery charger, single mode
- Complete set of tires
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- All accessories needed for the safe operation of the POV

A completed IHCP Medical Clearance for Motorized Wheelchair Purchase form signed by a physiatrist must be submitted with the PA request form that documents the member's condition, mobility needs, and/or prognosis to support the medical necessity for a POV. The form is located on the IHCP Web site at

[http://www.indianamedicaid.com/ihcp/Forms/MedicalClearance\\_motorizedwheelchair.pdf](http://www.indianamedicaid.com/ihcp/Forms/MedicalClearance_motorizedwheelchair.pdf).

Documentation must indicate the member's condition renders them unable to operate a manual wheelchair. Documentation must also indicate the member is capable of safely operating a POV, can transfer in and out of a POV, and has adequate trunk stability to safely ride in and operate the POV.

## **Power Wheelchairs**

The following accessories and options are considered to be included in the basic equipment package for Power Wheelchairs. Any exceptions must be submitted for PA consideration at the time of the wheelchair purchase or rental.

- Lap belt or safety belt
- Battery charger
- A complete set of tires and casters any type
- Leg rests
- Leg rest/leg rest platform
- Arm rest
- Weight specific components, such as braces, bars, upholstery, brackets, motors, or gears, mandated by additional patient weight
- Any seat width and depth
- Any back width
- Controller and input devices for non-expandable and standard proportional joystick

For a motorized/power wheelchair to be considered for coverage, the information submitted with the PA must be supported by documentation in the member's medical record that medical necessity has been met.

A completed IHCP Medical Clearance for Motorized Wheelchair Purchase form must be submitted with the PA request for rental or purchase of a motorized/power wheelchair. The medical clearance form must be reviewed and signed by a physiatrist. The form is located on the IHCP Web site at [http://www.indianamedicaid.com/ihcp/Forms/MedicalClearance\\_motorizedwheelchair.pdf](http://www.indianamedicaid.com/ihcp/Forms/MedicalClearance_motorizedwheelchair.pdf).

The member's physician may prescribe a motorized/power wheelchair. However, the medical necessity must be reviewed and the medical clearance form must be approved and signed by a physiatrist prior to the form being submitted to the PA department. A member is only required to see the physiatrist if the physiatrist requests to see the member after a review of the documentation. If a physiatrist requests to see a member after reviewing the documentation, the member would then be required to visit the physiatrist. Providers should note that if the physiatrist does not choose to see the member for an evaluation, the IHCP will not provide reimbursement to the physiatrist for the chart review.

## **Prior Authorization Criteria for Exceptions and Power Wheelchair Accessories**

### ***Elevating Leg Rests***

The provider must provide one of the following.

- Documentation of musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee
- Documentation of significant edema of the lower extremities
- Evidence that the IHCP member meets the criteria for and has a reclining back on the wheelchair

### ***Power Tilt and/or Recline Seating System***

The following criteria must be met to be reimbursed for a Power Tilt or Recline Seating System or the combination of a Power Tilt and Recline Seating System:

1. The IHCP member must qualify for a power wheelchair that accommodates a Power Tilt and/or Recline Seating System.
2. The IHCP member had an evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the device and its special features in the patient's home, work, school, or workshop. The PT, OT, or physician may have no financial relationship with the supplier.

**and**

3. The provider must substantiate and document that the IHCP member meets one of the following in addition to criteria 1 and 2 above.
  - IHCP member is unable to perform a functional weight shift and therefore at high risk of developing pressure ulcers.
  - Patient utilizes intermittent catheterization for bladder management and is unable to transfer independently from the wheelchair to the bed.
  - The seating system will be used to manage increased tone and spasticity

### ***Replacement Parts and Accessories***

Table 7 provides a complete listing of codes that may be billed separately as replacement equipment. Please note that there are no changes in the PA requirements for these codes.

*Note: See Ingenix 2007 Expert HCPCS II for complete descriptions.*



Table 7-Current List of Replacement and Accessories Codes for Power Mobility Devices

Code	Description	Prior Authorization	Modifier	Program coverage
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0958	Wheelchair attachment to convert any wheelchair to one arm drive	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0959	Amputee adapter (device used to compensate for transfer of weight due to lost limbs to maintain prop	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0968	Commode seat, wheelchair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0969	Narrowing device, wheelchair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0970	No.2 footplates, except for elevating leg rest	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0971	Manual wheelchair accessory, anti-tipping device, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0973	Adjustable height detachable arms, desk or full length, wheelchair	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0974	"Grade-aid" (device to prevent rolling back on an incline) for wheelchair	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E0980	Safety vest, wheelchair	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0982	Wheelchair accessory, back upholstery, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0985	Wheelchair accessory, seat lift mechanism	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E0990	Elevating leg rest, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0992	Solid seat insert	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E0994	Arm rest, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E0995	Calf rest, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E1002	Wheelchair accessory, power seating system, tilt only	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Yes for all programs, yes for Package C	Not applicable for all programs, not applicable for Package C	Covered for all programs, covered for Package C
E1014	Reclining back, addition to pediatric size wheelchair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1015	Shock absorber for manual wheelchair, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1016	Shock absorber for power wheelchair, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes for all programs, yes for Package C	Not applicable for all programs, not applicable for Package C	Covered for all programs, covered for Package C
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Yes for all programs, yes for Package C	Not applicable for all programs, not applicable for Package C	Covered for all programs, covered for Package C
E1020	Residual limb support system for wheelchair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1029	Wheelchair accessory, ventilator tray, fixed	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E1030	Wheelchair accessory, ventilator tray, gimbaled	Not applicable for all programs, not applicable for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Yes for all programs, yes for Package C	Not applicable for all programs, not applicable for Package C	Covered for all programs, covered for Package C
E1227	Special height arms for wheelchair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E1228	Special back height for wheelchair	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2205	Manual wheelchair accessory, handrim without projections, any type, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2209	Arm trough, with or without hand support, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Yes for all programs, yes for Package C	Not applicable for all programs, not applicable for Package C	Covered for all programs, covered for Package C
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2223	Manual wheelchair accessory, valve, any type, replacement only, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2310	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	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2311	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	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2324	Power wheelchair accessory, chin cup for chin control interface	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2329	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	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2330	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	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g. gel cell, absorbed glassmat)	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C



Code	Description	Prior Authorization	Modifier	Program coverage
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2368	Power wheelchair component, motor, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2369	Power wheelchair component, gear box, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2370	Power wheelchair component, motor and gear box combination, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2374	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	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Yes for all programs, yes for Package C	NU,RR	Covered for all programs, covered for Package C
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C



Code	Description	Prior Authorization	Modifier	Program coverage
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2393	Power wheelchair accessory, valve for pneumatic tire tube, any type, replacement only, each	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2397	Power wheelchair accessory, lithium-based battery, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2399	Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2609	Custom fabricated wheelchair seat cushion, any size	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
K0040	Adjustable angle footplate, each	Not applicable for all programs, not applicable for Package C	NU, RR	Covered for all programs, covered for Package C
K0043	Footplate, lower extension tube, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
K0044	Footrest, upper hanger bracket, each	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
K0045	Footrest, complete assembly	Not applicable for all programs, not applicable for Package C	NU	Covered for all programs, covered for Package C
K0098	Drive belt for power wheelchair	Yes for all programs, yes for Package C	NU,RR	Covered for all programs, covered for Package C
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	Yes for all programs, yes for Package C	NU, RR	Covered for all programs, covered for Package C
K0734	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

Code	Description	Prior Authorization	Modifier	Program coverage
K0735	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
K0736	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C
K0737	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Yes for all programs, yes for Package C	NU	Covered for all programs, covered for Package C

## Contact Information

If you have questions about this bulletin, please contact Customer Assistance at (317) 655-3240 in the Indianapolis local area, or toll-free at 1-800-577-1278.

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