



**Marketplace National Regional Benefit Interpretation Document**

<b>Benefit Name</b>	WHEELCHAIRS AND ACCESSORIES
<b>Applicable State</b>	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin

**Benefit Definition**

This policy addresses wheelchairs and applicable repairs, replacements, maintenance, accessories, and options.

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.

**A. FEDERAL/STATE MANDATED REGULATIONS**

**Note: The most current federal/state mandated regulations for each state can be found in the links below.**

None

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**POWERED/MOTORIZED WHEELCHAIRS****ALL STATES:**

Powered/motorized wheelchairs, with or without power seating systems or power operated vehicles (POVs) may be covered when all medical criteria are met.

Repairs and replacements of a powered/motorized wheelchair or POV may be covered when medical criteria are met when needed for normal wear or accidental damage.

**POWER SEATING SYSTEMS****ALL STATES:**

Power seating systems may be covered when medical criteria are met

**ULTRA-LIGHTWEIGHT WHEELCHAIR****ALL STATES:**

An ultra-lightweight manual wheelchair is considered medically necessary when all of the medical criteria is met within the Medical Management Policy.

Repair and replacement of an ultra-lightweight manual wheelchair may be covered if medical criteria are met when needed for normal wear or accidental damage.

**MORE INFORMATION:****NEW MEXICO:**

**Durable Medical Equipment:** This plan covers equipment that meets the following standards: Equipment that is medically necessary for the treatment of an illness or accidental injury or to prevent further deterioration. Equipment must be designed for repeated use, including oxygen equipment, functional wheelchairs, and crutches.

Equipment that is considered standard and/or basic as defined by nationally recognized guidelines.

Repair and replacement of durable medical equipment, prosthetics and orthotic devices must comport with state law. Repair and replacement are covered when medically necessary due to change in the members condition, wear or after the products normal life expectancy has been reached. One-month rental of a wheelchair is covered if the member owns the wheelchair that is being repaired.

Please refer to the Benefit Interpretation Policy titled **Durable Medical Equipment (DME), Prosthetics and Medical Supplies**

**D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**WHEELCHAIRS/ACCESSORIES****ALL STATES:**

Molina and Passport may not cover wheelchairs and accessories when medical criteria are not met provided within the Medical Management Policy.

**UTAH:**

**The following are excluded from the Durable Medical Equipment benefit:**

- Handgrip replacement (cane, crutch, walker, wheelchair, etc.)
- Lift platform, wheelchair, van or home
- Tips, replacement (wheelchair, walker, crutches, etc.)
- Tray, Desk, Drafting Table, Easel, Caddy Tray, Cup Holder, etc. (wheelchair)
- Wheelchair Ramp
- Wheelchair, auto carrier
- Wheelchair, backpacks, caddy, carrier, baskets, etc.
- Wheelchair, heel, toe Loops replacement
- Wheelchair, Spoke Protectors
- Wheelchair, Stand-Up
- Wheelchair, Tune-up
- Wheelchair, Utility Tray

**E. DEFINITIONS**

[See Glossary](#)

**F. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description

## Procedure Codes

Refer to the Benefit Interpretation Policy titled **DME, Prosthetics and Medical Supplies** for codes

**Coding Disclaimer:** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.

E1002	Wheelchair accessory, power seating system, tilt only
E1003-E1005	Wheelchair accessory, power seating system, recline only [includes codes E1003, E1004, E1005]
E1006-E1008	Wheelchair accessory, power seating system, combination tilt and recline [includes codes E1006, E1007, E1008]
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system including pushrod and leg rest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg res/platform, complete system, any type, each
E1230	Power operated vehicle (three- or four-wheel non highway)
E1239	Power wheelchair, pediatric size, not otherwise specified
E2300	Wheelchair accessory, power seat elevation system, any type
K0010-K0014	Motorized/power wheelchairs [includes codes K0010, K0011, K0012, K0013, K0014]
K0800-K0802	Power operated vehicle, group 1 [scooter; includes codes K0800, K0801, K0802]
K0806-K0808	Power operated vehicle, group 2 [scooter; includes codes K0806, K0807, K0808]
K0812	Power operated vehicle, not otherwise classified [scooter]
K0813-K0816	Power wheelchair, group 1 standard [includes codes K0813, K0814, K0815, K0816]
K0820-K0843	Power wheelchair, group 2 standard/heavy-duty/very heavy-duty/extra heavy-duty [includes codes K0820, K0821, K0822, K0823, K0824,

	<p>K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843]</p> <p>K0848-K0864 Power wheelchair, group 3 standard/heavy-duty/very heavy-duty/extra heavy-duty [includes codes K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864]</p> <p>K0868-K0886 Power wheelchair, group 4 standard/heavy-duty/very heavy-duty [includes codes K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886]</p> <p>K0890-K0891 Power wheelchair, group 5 pediatric</p> <p>K0898 Power wheelchair, not otherwise classified</p> <p>K0899 Power mobility device, not coded by DME PDAC or does not meet criteria</p>								
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>								
Approval	<table border="1"> <thead> <tr> <th style="background-color: #D3D3D3;">Departments</th> <th style="background-color: #D3D3D3;">Product</th> <th style="background-color: #D3D3D3;">CIM</th> <th style="background-color: #D3D3D3;">Clinical Management</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td>12/13/2022</td> <td></td> <td>12/13/2022</td> </tr> </tbody> </table>	Departments	Product	CIM	Clinical Management	Date	12/13/2022		12/13/2022
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