

Power Wheelchairs and Accessories

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Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

A **power wheelchair (PWC)** is considered medically necessary when **all** of the following criteria are met:

- The individual must use a PWC in the home for mobility and completion of mobility-related activities of daily living.
- The individual is unable to safely and effectively use a walker and/or other less restrictive assistive device for safe mobility and completion of mobility-related activities of daily living.
- The individual or caregiver is unable to safely and effectively use a manual wheelchair for safe mobility and completion of mobility-related activities of daily living.
- The individual or caregiver can operate the PWC safely and effectively.
- The individual's home environment accommodates use of the PWC.
- The individual is unable to use a power operated vehicle (POV) due to **any** of the following:
 - The individual is unable to independently transfer to and from a POV.
 - The individual is unable to maintain postural stability and safe positioning while operating a POV.
 - The individual is unable to safely operate a POV.
 - The individual's home environment does not accommodate a POV.
- The treating practitioner provides clinical documentation to support a medical need for the PWC.

Coverage criteria applicable to specific types of PWCs include the following:

- A **Group 1 PWC** or **Group 2 PWC** with no power seating option is considered medically necessary when general coverage criteria for a PWC are met and the PWC is appropriate for the individual's weight (see Additional Criteria).
- A **Group 2 PWC with one or more power options** is considered medically necessary when general coverage criteria for a PWC are met and **both** of the following:
 - The individual has had a PWC evaluation performed by a medical professional with specific training and expertise in wheelchair assessments.
 - Clinical documentation supports medical necessity for **one** of the following:
 - **Single power option** as indicated by any of the following:
 - The individual needs a power tilt or power recline seating system.
 - The individual needs drive control other than hand or chin-operated standard proportional joystick (examples include, but are not limited to, head control, sip and puff, switch control).
 - Multiple power options as indicated by **any** of the following:
 - The individual needs a power tilt and power recline seating system.
 - The individual uses a ventilator that is mounted on a PWC.
- A **Group 3 PWC** with or without power options is considered medically necessary when general coverage criteria for a PWC are met and **all** of the following:
 - The individual has a limitation in mobility due to nerve, muscle, or bone disease.
 - Clinical documentation supports medical necessity for **one** of the following:
 - **No power option**
 - **Single power option** when Group 2 PWC with single power option criteria are met
 - **Multiple power options** when Group 2 PWC with multiple power options criteria are met
 - The individual has had a PWC evaluation performed by a medical professional with specific training and expertise in wheelchair assessments.
- **Group 4 PWC** with enhanced features for use outside the home when **both** of the following apply:
 - Group 3 PWC with multiple power options criteria are met.
 - Extra features are needed for the individual to participate in daily needs in school and/or work environment.
- **Group 5 (pediatric) PWC** is considered medically necessary when general coverage criteria for a PWC are met and **both** of the following:
 - The individual is expected to grow in height.
 - Clinical documentation supports medical necessity for **one** of the following:
 - **Single power option** when Group 2 PWC with single power option criteria are met.

- **Multiple power options** when Group 2 PWC with multiple power options criteria are met.
- A **custom motorized/PWC base** is considered medically necessary when the individual meets general coverage criteria for a PWC and both of the following:
 - The duration of need is greater than three months.
 - The specific needs of the individual are not able to be met using wheelchair cushions, or options or accessories (prefabricated or custom fabricated), which may be added to another PWC base.

Power Wheelchair Options and Accessories:

- When medical necessity for a PWC (as above) is met, PWC accessories are considered medically necessary when required for safe mobility and completion of mobility-related activities of daily living.
- The following items are typically included in the basic equipment package for a PWC. No separate billing/payment is allowed at the time of initial issue.
 - single mode battery charger
 - non-expandable controller
 - standard proportional joystick
 - casters and tires
 - any seat width and depth (see Additional Criteria for exceptions including Group 3 and Group 4 PWC)
 - fixed or swing away detachable, non-elevating leg rests or foot platform without angle adjustment (Note: Angle adjustable footplates are not included in the base package for Group 3, 4 and 5 PWC)
 - fixed or swing away detachable, non-adjustable arm rests with arm pad
 - weight-specific seat and back upholstery and components (see Additional Criteria)

Adjustable Height Arm Rest

- An adjustable height arm rest is considered medically necessary when the individual has documentation of a medical condition that necessitates an adjustable arm rest.

Arm Trough With or Without Hand Support

- An arm trough is considered medically necessary when there is documentation of any of the following:
 - The individual has severe upper extremity muscle weakness or paralysis.
 - The individual has uncontrolled upper extremity movements.

Batteries/Chargers

- The maximum quantity of batteries for a power wheelchair allowed at any time is two.

- The usual maximum frequency of replacement for a lithium-based battery (HCPCS E2397) is one every three years.
- Only one lithium battery is allowed at any one time.

Elevating Legrests

An elevating legrest is considered medically necessary when there is documentation of any of the following:

- The individual has swelling in their legs.
- The individual is unable to flex their knee(s) to 90 degrees.
- The individual is post-amputation and needs support of a residual limb(s).

Nonstandard Seat Frame

A nonstandard seat frame is considered medically necessary when there is documentation that the individual is unable to use a standard seat frame.

Power Tilt and/or Recline Power Seating System

A tilt or recline only, or combination tilt and recline power seating system, with or without power elevating leg rests is medically necessary if the individual meets the medical necessity criteria for a PWC outlined above and any of the following criteria is met:

- The individual has a medical condition that puts them at high risk to develop a pressure sore where their body contacts the seat.
- The individual needs to perform intermittent catheterization while in the power wheelchair.
- The individual needs the power seating system to manage increased muscle tone.

Headrest

A headrest is considered medically necessary when there is documentation of any of the following:

- The individual needs head and/or neck support due to a medical condition.
- The individual has a power tilt and/or reclining seating system.

Positioning Accessories

A positioning device is considered medically necessary when the individual needs to keep their spine or pelvis stable due to any of the following:

- The individual has weak trunk muscles.
- The individual has asymmetry in their sitting position.
- The individual has increased muscle tone.

Wheelchair Tray (Standard or Ventilator)

A wheelchair tray is considered medically necessary when there is documentation an individual requires a wheelchair tray (standard or ventilator) due to their medical condition.

Crutch or Cane Holder

A crutch or cane holder is considered medically necessary for individuals who use a crutch or cane to ambulate short distances.

Power Seat Elevation System

A power seat elevation system is considered medically necessary when an individual meets medical necessity criteria for a PWC and **all** of the following:

- The individual had a power wheelchair evaluation performed by a medical professional with specific training and expertise in wheelchair assessments who confirms the ability to operate the power seat elevation equipment in the home.
- **Any** of the following apply:
 - The individual performs weight-bearing transfers to/from the PWC while in the home using either their upper extremities during a non-level (uneven) sitting transfer, and/or their lower extremities during a sit to stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive devices.
 - The individual requires non-weight bearing transfers (e.g. dependent transfers) to/from the PWC while in the home. Transfers may occur with or without a lift.
 - The individual performs reaching from the PWC to complete one or more mobility-related activities of daily living within the home.

Note: Transfers and mobility-related activities of daily living may be accomplished with or without caregiver assistance and/or the use of assistive devices. **Note:**

PWC Attendant Control System

An attendant control is considered medically necessary when the individual meets medical necessity criteria for a PWC and all of the following:

- The individual is unable to operate a manual or PWC.
- The individual has a caregiver who is unable to operate a manual wheelchair but is able to operate a PWC.

Electronic Interface for Operation of a Speech-Generating Device

An electronic interface is considered medically necessary when the individual meets criteria for a PWC and has a medically necessary speech-generating device.

Additional Criteria

- The individual's weight should be less than or equal to the weight capacity of the equipment provided and greater than or equal to 95% of the weight capacity of the next lower weight.
- The following are reference weight capacities for PWC:
 - A standard PWC is covered for an individual weighing 300 lbs. or less.
 - A heavy duty PWC is covered for an individual weighing 285 to 450 lbs.
 - A very heavy duty PWC is covered for an individual weighing 428 to 600 lbs.
 - An extra heavy duty PWC is covered for an individual weighing 570 lbs. or more.
- For Group 3 and Group 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For standard duty, seat width and/or depth or back width greater than 20 inches
 - For heavy duty, seat width and/or depth or back width greater than 22 inches
 - For very heavy duty, seat width and/or depth or back width greater than 24 inches
 - For extra heavy duty, no separate billing is allowed.

Not Covered

The following items are not covered as they are considered not medically necessary, not primarily medical in nature, and/or convenience items:

- A PWC for use only outside the home
- Rental or purchase of more than one wheelchair/POV at a time
- An option/accessory for a PWC that is used to perform leisure or recreational activities (e.g., baskets, backpacks, bags)
- Stair climbing wheelchairs
- Commode seat
- Powered seat cushions
- Non-sealed batteries
- A power standing feature or standing wheelchair
- If a PWC has an electrical connection device described by code E2310 or E2311 and if the sole function of the connection is for a power standing feature, it is considered not medically necessary and not covered.

A wheelchair-mounted assistive robotic device (e.g., Kinova® Jaco® Assistive Robotic Arm) is considered experimental, investigational, or unproven (EIU).

Note:

For information related to EIU procedures or services, see Guidelines Definitions document.

Repair and Replacement of PWCs

- Request for a same or similar PWC is not medically necessary.
- Replacement of a PWC is considered medically necessary when there is anatomical change such that the current equipment is no longer appropriate, or when reasonable wear and tear renders the item nonfunctioning and not repairable.

Background and Supporting Information

- PWCs have specific HCPCS codes and grouping levels of 1 through 5 based on performance and durability testing, options and accessories, and weight capacity.
 - Group 1 PWCs and Group 2 PWCs with no power options include standard integrated or remote proportional joystick control and a non-expandable controller. Non-powered options and seating systems (e.g., manual elevating leg rests) can be placed on these wheelchairs if the seating system is not a Captain's chair.
 - Group 2 seat elevator PWCs include standard integrated or remote proportional joystick control and a non-expandable controller. These wheelchairs may accommodate only a power seat elevating system.
- Single Power Option is a category of PWCs with the capability to accept and operate a power tilt, power recline, or power standing system. Groups 3, 4, and 5 PWCs have the capability to accept a power seat elevation system.
- Multiple Power Options is a category of PWCs with the capability to accept and operate power elevating leg rests, a power seat elevator, and power standing system and/or a combination power tilt and recline seating system.

Codes Addressed in this Guideline

Primary HCPCS Code	Associated HCPCS Code
Power Wheelchair Base Groups 1 and 2 (K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098

Primary HCPCS Code	Associated HCPCS Code
Power Wheelchair Base Groups 3, 4, and 5 (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856 K0857, K0858, K0859, K0860, K0861 K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010, E1012	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E0973	K0017, K0018, K0019
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
E0950	E1028
E0954	E1028
E1020	E1028
E2325	E1032
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

Evidence Discussion

A 2024 systematic review by Fishleigh et al. synthesized evidence on factors affecting powered wheelchair use among adults with disabilities. Fifteen studies were included following screening of 3,233 records, representing 509 powered wheelchair users, 7 wheelchair associates, and 15 health professionals across seven countries. Narrative synthesis identified interconnected social, individual, environmental, technical, and

organizational factors influencing powered wheelchair usability. Reported facilitators included improved functional performance, increased independence, positive psychosocial impact, personalization of equipment, supportive social networks, wheelchair training, and collaborative stakeholder involvement. Barriers included technical concerns such as battery reliability and seating or positioning functions, limited indoor maneuverability, delayed maintenance, and prolonged procurement timelines. Several included studies reported that powered wheelchairs supported participation in daily activities and enabled independent mobility within home and community environments. The authors concluded that powered wheelchair use was a multifaceted process requiring coordinated attention to individual adjustment, environmental accessibility, technical configuration, and service delivery to optimize outcomes. Study limitations included reliance on narrative synthesis, heterogeneity of study designs and outcome measures, and absence of statistical meta-analysis.

A 2023 systematic review (Robertson et al.) examined outcomes measured following new power wheelchair prescriptions for adults with significant mobility limitations to evaluate their impact on function, participation, and quality of life. Included studies that evaluated power wheelchairs demonstrated that powered mobility was associated with increased independence, improved performance of activities of daily living, enhanced participation in home-based and community activities, and reduced reliance on caregiver assistance. Power wheelchair use was frequently linked to improved in-home mobility, greater ability to access customary locations within the home, and improved psychosocial outcomes, particularly for individuals who were unable to ambulate or safely self-propel a manual wheelchair. Activity and participation outcomes related to power wheelchair use were commonly assessed using standardized measures such as the Functional Independence Measure, WHODAS II, and the Psychosocial Impact of Assistive Technology Scale. The authors concluded that power wheelchair provision influenced multiple domains of daily functioning and independence for individuals with severe mobility impairments, though outcome measurement varied across studies. Limitations included heterogeneity of study designs, reliance on observational data, frequent use of study-specific outcome measures, and limited availability of high-quality experimental trials, which restricted direct comparison of outcomes.

A 2015 observational study (Lee et al.) evaluated changes in activities of daily living (ADL) and independence following provision of an power wheelchairs among adults with severe mobility limitations. Seventy individuals who had used a powered wheelchair for more than one year were assessed using the Modified Barthel Index, the Functional Independence Measure, and a structured questionnaire addressing independence, social participation, and barriers to wheelchair use. While total Modified Barthel Index scores did not change significantly after wheelchair provision, the wheelchair ambulation domain demonstrated significant improvement, indicating enhanced mobility for daily tasks. Functional Independence Measure scores were significantly higher than Modified Barthel Index scores, suggesting that traditional ADL instruments underestimated

functional gains associated with powered wheelchair use. Individuals reported increased independence and improved ability to perform ADLs, particularly mobility-related tasks within the home. The authors concluded that power wheelchairs supported functional mobility and independence for individuals who were unable to ambulate or self-propel a manual wheelchair, and that power wheelchair use represented a necessary intervention to enable daily living rather than a convenience. Study limitations included reliance on observational data, absence of a control group, and use of self-reported measures, which limited causal inference.

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