

## **The Department of Vermont Health Access (DVHA) Medical Policy**

### **WHEELCHAIR RULE, DEFINITIONS AND CODING INFORMATION FOR VERMONT MEDICAID PROVIDERS**

#### **ALL WHEELCHAIRS REQUIRE PRIOR AUTHORIZATION**

**Last review:** December 1, 2022\*

**Past Revisions:** May 11, 2017, March 13, 2017, December 30, 2015, June 17, 2013, April 24, 2012, July 1, 2019, with technical revision on February 5, 2020

**\*Please note: Most current content changes will be highlighted in yellow.**

The Medicaid Health Care Administrative Rules (HCAR) specific to wheelchairs have been updated, effective 1/7/19. There are substantive changes included in this update. Please review the updated adopted rules, found at: <http://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/health-care-administrative-rules>. The rules include:

- **Definitions**
- **Covered services**
- **Conditions for coverage**
- **Prior authorization requirements**
- **Noncovered services**

When making its determinations, the Department of Vermont Health Access (DVHA) utilizes nationally recognized, evidence-based treatment criteria, internal guidelines which reflect Medicaid Rule, and the Medicaid Rules themselves. The Vermont Medicaid Rules pertaining to prior authorization, medical necessity, and durable medical equipment including wheelchairs are available on the AHS website at <http://humanservices.vermont.gov/on-line-rules/dvha>.

Vermont Medicaid uses Healthcare Common Procedure Coding System (HCPCS) coding definitions, which are compliant with the National Correct Coding Initiative and can often help to clarify if a device fits Medicaid Rules for coverage. When the HCPCS definition does not offer sufficient clarification, additional clarification sources may be required. For example, HCPCS codes do not define lightweight wheelchair. For such situations, Medicare has definitions for many devices and accessories in their Local Coverage Determination (LCD) and related Articles documentation. These definitions are also utilized by Medicare's subcontractor, PDAC, to classify specific types of wheelchairs and accessories. These definitions can be useful in clinical decision making.

In addition to the use of the resources listed above and Appendix A below in determining whether a certain type of power wheelchair is appropriate to the member's medical need, consideration must also be given to the limitations imposed by the manufacturers. For example, currently there are no group 2 chairs that can accept certain electronic and seating accessories. Therefore, individuals needing those accessories will require a group 3 chair. The evaluating therapist and assistive technology practitioner must document their search for the least expensive medically necessary wheelchair that is available and specify if there is no group 2 chair manufactured

that can meet the medical need if requesting a group 3 chair, in situations where a group 2 chair as defined in the Appendix A would have otherwise met the medical need.

All covered wheelchairs must:

- Meet the beneficiary's medical needs (HCAR 4.101.1);
- Match the capability of the device/accessories to the beneficiary's medical needs within the limitations of Medicaid coverage; and
- Be the least expensive, medically appropriate device (Medicaid Rule [7102.2](#)).

The documentation provided in the DVHA Wheelchair Positioning Evaluation and Prescription Form or the DVHA Wheelchair Basic and Rental Evaluation and Prescription Form is advisory in nature. The purpose of the forms are to assist equipment prescribers and durable medical equipment providers to successfully complete a Vermont Medicaid request for a mobility device. Use of the DVHA forms will facilitate the prior authorization process and result in more timely equipment acquisition. The forms are available at: <https://dvha.vermont.gov/forms-manuals/forms/clinical-prior-authorization-forms>.

### **Rentals:**

Payment will be made for rental of one device under the following circumstances:

- (A) While waiting for purchase or repair of a custom chair, when there is no other available option,
- (B) For short-term acute medical conditions,
- (C) During a trial period, or
- (D) As part of Medicaid reimbursement requirements for items of DME subject to capped rental.

### **Capped Rental:**

VT Medicaid has a capped rental program for certain equipment, including many wheelchairs and certain wheelchair components. The capped rental list is available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html>.

## APPENDIX A: DEFINITIONS

### Manual Wheelchairs (MWC):

Adult manual wheelchairs are those which have a seat width and a seat depth of 15” or greater, and the wheels must be large enough and positioned such that the wheelchair could be propelled by the user.

A complete manual wheelchair base includes:

- A complete frame
- Standard propulsion wheels
- Standard casters
- Standard brakes
- A sling seat, seat pan or seat frame that can accept a seating system
- A sling back, seat back support, or a back frame that can accept a back system
- Standard leg and footrests
- Standard armrests
- Accessory codes can be used for nonstandard components that are not considered part of the base chair.

In addition, the specific wheelchair codes are defined by the following characteristics:

#### Standard wheelchair

- Weight: Greater than 36 lbs.
- Seat Height: 19” or greater
- Weight capacity: 250 pounds or less

#### Standard hemi (low seat) wheelchair

- Weight: Greater than 36 lbs.
- Seat Height: Less than 19”
- Weight capacity: 250 pounds or less

#### Lightweight wheelchair

- Weight: 34-36 lbs.
- Weight capacity: 250 pounds or less

#### High strength, lightweight wheelchair

- Weight: Less than 34 lbs.
- Lifetime warranty on side frames and cross braces

#### Custom manual wheelchair base

- Uniquely constructed or modified for the beneficiary, whose needs cannot be accommodated by any other existing wheelchair
- Lifetime warranty on side frames and cross braces

#### Ultra-lightweight wheelchair

- Weight: Less than 30 lbs.
- Adjustable rear axle position
- Lifetime Warranty on side frames and cross braces

#### Heavy duty wheelchair

- Weight capacity: Greater than 250 pounds

#### Extra heavy-duty wheelchair

- Weight capacity: Greater than 300 pounds

#### Adult tilt-in-space wheelchair

- Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back-to-seat angle.
- Lifetime warranty on side frames and cross braces.

### **Additional Notes:**

- A Pediatric manual wheelchair is a manual wheelchair with a seat width and/or depth of 14" or less.
- Lightweight, high strength lightweight, ultra-lightweight, heavy duty, extra heavy duty and tilt in space wheelchairs include any seat height.
- Wheelchair weight (lbs.) represents the weight of the usual configuration of the wheelchair with a seat and back but without front riggings.
- The allowance for all adult manual wheelchairs includes: any seat width 15"-19"; any seat depth 15"-19"; arm styles that include fixed, swing away or detachable with a fixed height; footrest styles that include fixed, swing away, or detachable.

(Source: Article A52497, Manual Wheelchair Policy Article, NHIC Corp. revision effective 4/4/18.)

### **Power Wheelchairs (PWC):**

**Basic Equipment Package** - Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue or thereafter unless there is documented need for repair not covered by warranty or a need for modification as prescribed by the medical provider, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode.
- Complete set of tires and casters, any type.
- Leg rests. There is no separate billing/payment if fixed, swing-away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be billed separately.
- Footrests/foot platform. There is no separate billing/payment if fixed, swing-away, or detachable footrests or a foot platform without angle adjustment are provided, unless the foot platform is a custom component. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests. There is no separate billing/payment if fixed, swing-away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
  - For Standard Duty, seat width and/or depth greater than 20 inches;
  - For Heavy Duty, seat width and/or depth greater than 22 inches;
  - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
  - For Extra Heavy Duty, no separate billing.
- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
  - For Standard Duty, back width greater than 20 inches;
  - For Heavy Duty, back width greater than 22 inches;
  - For Very Heavy Duty, back width greater than 24 inches;

- For Extra Heavy Duty, no separate billing.
- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

### **Code Specific Requirements:**

All Group 1 PWCs must meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Incapable of upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- May have cross brace construction
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating leg rests) (except captain's chairs)
- Length - less than or equal to 40 inches
- Width - less than or equal to 24 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm [.78 inches]
- Dynamic Stability Incline - 6 degrees [1:10 slope]

Group 1 portable wheelchairs: the largest single component may not exceed 55 pounds.

All Group 2 PWCs must meet the following requirements:

- Standard integrated or remote proportional joystick
- May have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs)
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 7 miles
- Minimum Obstacle Climb - 40 mm [1.57 inches]
- Dynamic Stability Incline - 6 degrees [1:10 slope]

Group 2 portable PWCs: the largest single component may not exceed 55 pounds.

Group 2 no power option PWCs: must have the specified components and meet the following requirements:

- Nonexpandable controller
  - Incapable of upgrade to expandable controller
  - Incapable of upgrade to alternative control devices
  - Incapable of accommodating a power tilt, recline, seat elevation, or standing system
  - Accommodates nonpowered options and seating systems (e.g. recline-only backs, manually elevating leg rests) (except captain's chairs)

Group 2 seat elevator PWCs must have the specified components and meet the following requirements:

- Non-expandable controller
- Incapable of upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- Accommodates only a power seating system

Group 2 single power option PWCs must have the specified components and meet the following requirements:

- Nonexpandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- Can operate a power tilt or power recline or power standing, but not a combination tilt and recline. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt and recline.

Group 2 multiple power option PWCs must have the specified components and meet the following requirements;

- Nonexpandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power elevating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator

All Group 3 PWCs must meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- May not have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs) –
- Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 4.5 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm [2.36 inches]
- Dynamic Stability Incline - 7.5 degrees [1:8 slope]

Group 3 and 4 no power option PWCs must have the specified components and meet the following requirements:

- Incapable of accommodating a power tilt, recline, seat elevation, standing system
- Accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests)

Group 3 and 4 single power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a power tilt or power recline or power standing, or a power seat elevating system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt or power recline.

Group 3 and 4 multiple power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power operating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator

All Group 4 PWCs must meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- May not have crossbrace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs) - Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 6 MPH
- Minimum Range - 16 miles
- Minimum Obstacle Climb - 75 mm [2.95 inches]
- Dynamic Stability Incline - 9 degrees [1:6 slope]

Group 3 and 4 no power option PWCs must have the specified components and meet the following requirements:

- Incapable of accommodating a power tilt, recline, seat elevation, standing system
- Accommodates nonpowered options and seating systems (e.g. recline-only backs, manually elevating leg rests)

Group 3 and 4 single power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a power tilt or power recline or power standing, or a power seat elevating system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt or power recline.

Group 3 and 4 multiple power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power operating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator

All Group 5 PWCs must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- Seat width: minimum of 5 one-inch options
- Seat Depth: minimum of 3 one-inch options
- Seat Height: adjustment requirements greater or equal to 3 inches
- Back Height: adjustment requirements minimum of 3 options
- Seat to back angle: range of adjustment – minimum of 12 degrees
- Accommodates non-powered options and seating systems
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- Adjustability for growth (minimum of 3 inches for width, depth and back height adjustment)
- Special developmental capability (e.g., seat to floor, standing, etc.)
- Drive wheel suspension to reduce vibration
- Length – less than or equal to 48 inches
- Width – less than or equal to 34 inches
- Minimum Top End Speed – 4 mph
- Minimum range – 12 miles
- Minimum Obstacle Climb – 60 mm [2.36 inches]
- Dynamic Stability Incline – 9 degrees [1:6 slope]
- Crash testing – passed

Group 5 single power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a power tilt or power recline or power standing, or a power seat elevating system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt or power recline.

Group 5 multiple power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power operating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator



## **Power Operated Vehicle (POV)**

**Basic Equipment Package** - Each POV is to include all these items on initial issue (e.g., no separate billing/payment at the time of initial issue):

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

### **Code Specific Requirements:**

Group 1 POVs must meet the following requirements:

- Length less than or equal to 48 inches
- Width: less than or equal to 28 inches
- Minimum top End Speed- 3 mph
- Minimum range – 5 miles
- Minimum Obstacle Climb – 20 mm [.78 inches]
- Radius Pivot Turn – less than or equal to 54 inches
- Dynamic Stability Incline – 6 degrees [1:10 slope]

Group 2 POVs must meet the following requirements:

- Length less than or equal to 48 inches
- Width: less than or equal to 28 inches
- Minimum top End Speed - 4 mph
- Minimum range – 10 miles
- Minimum Obstacle Climb – 50 mm [1.97 inches]
- Radius Pivot Turn – less than or equal to 54 inches
- Dynamic Stability Incline – 7.5 degrees [1:8 slope]

(Source: Article for Power Mobility Devices (A36239), NHIC Corp. effective 6/1/11)

### **Additional Definitions:**

#### **Power Options:**

- No power option: incapable of accommodating a power tilt, recline, seat elevation, or standing system, although it can accept power elevating leg rests.
- Single power option: the capability to accept and operate a power tilt or power recline or power standing or, for groups 3, 4, and 5, a power seat elevation system, but not a combination power tilt and recline system. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt or power recline.
- Multiple power options: the capability to accept and operate a combination power tilt and recline. It may also be able to accommodate power elevating leg rests, a power seat elevator, and/or a power standing system.

(Source: Article for Power Mobility Devices (A36239), NHIC Corp. effective October 1, 2011)

## **Power Wheelchair Drive Control Systems:**

**Interfaces:** “The mechanism for controlling the movement of a power wheelchair. Examples include...joystick, sip and puff, chin control, etc.” This device is alternately called a Control Input device.

- Non-proportional Interface: “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed. One example of a non-proportional interface is a sip-and-puff mechanism.”
- Proportional Interface: “the direction and amount of movement by the patient controls the direction and speed of the wheelchair. One example...is a standard joystick.”
- Compact proportional joystick: “one which has a maximum excursion of about 15 mm...but requires ...340 grams of force to activate. It can only be used with an expandable controller.”
- Mini-proportional joystick: “one which can be activated by a very low force (...25 grams) and which has a very short displacement (...5 mm...). It can only be used with an expandable controller.”
- Remote Joystick: “the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.”
- Standard proportional remote joystick: “requires 340 grams of force to activate and which has an excursion ...of ...25 mm.... It can be used with a non-expandable or an expandable controller.”
- Touchpad: “an interface similar to [a] mouse.”

**Controllers:** “the microprocessor and other related electronics that receive and interpret input from the [interface] and convert that input into power output which controls speed and direction. A high-power wire harness connects the controller to the motor and gears.”

- Non-expandable controller: “may have the ability to control up to 2 power seating actuators (for example, seat elevator and single actuator power elevating leg rests). Can accommodate only an integral joystick or a standard proportional remote joystick...”
- Expandable controller: “capable of accommodating one or more of the following additional functions: other types of proportional input devices (e.g. mini-proportional or compact joysticks, touch pads, chin control, head control, etc.), non-proportional [interfaces] (e.g. sip-and-puff, head array, etc.); operate 3 or more powered seating actuators through the drive control;...may also be able to operate one or more of the following: a separate display (i.e. for alternate control devices; other electronic devices (e.g. control of an augmentative speech device or computer through the chair’s drive control)....”
- Integrated proportional joystick and controller: “joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.”

## **Other electronics:**

- Harness: “all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware.”
- Switch: “electronic device which turns power to a particular function either “on” or “off”.  
(Source: Article for Power Mobility Devices (A52498), NHIC Corp. revision date 9/1/18)

## APPENDIX B: CODING INFORMATION

Column II codes are included in the allowance for the corresponding Column I code when provided at the same time. Examples of this include, but are not limited to, the following:

Column I	Column II
Power operated vehicle (K0080-K0812)	All options and accessories
Rollabout chair (E1031)	All options and accessories
Transport chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair base (E1161, E1229, E1231- 38, K0001-9.	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072, K0077
Power wheelchair base groups 1 and 2 (K813-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, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power wheelchair base groups 3,4, and 5 (K0848-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, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline systems (E1002-8)	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
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

(Source: Local Coverage Article for Wheelchair Options/Accessories A52504, effective 10/1/15 with revision date effective 1/1/18)

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