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The Department of Vermont Health Access Supplement to InterQual® Criteria

Note: The Department of Vermont Health Access (DVHA) covers the below service(s) in alignment with InterQual® criteria AND must also ensure accordance with applicable [Vermont Health Care Rules](#) when making coverage determinations (e.g., when considering medical necessity, the DVHA must ensure that the service is the least costly, appropriate health service that is available). Therefore, information as outlined below may be requested in addition to that included in InterQual® criteria.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Wheelchair Accessories

Last Review: June 26, 2024*
Past Revisions: n/a

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

Description of Service or Procedure

Wheelchair accessories: components that are added to a manual or power wheelchair to enable the wheelchair to meet the medical needs of the member within the Vermont Medicaid guidelines. They are listed as “options and accessories” in Medicare coverage documents. InterQual® does not specify all the many accessories that have Healthcare Common Procedure Coding System (HCPCS) codes. HCPCS coding definitions can often help to clarify which devices fit Vermont Medicaid regulations for coverage. When the HCPCS definition does not offer sufficient clarification, additional clarification sources may be required. For example, HCPCS codes do not define “control interface” or “non-expandable controller”. For those situations, Medicare has created definitions for many accessories and these definitions are utilized by Medicare’s subcontractor that are responsible for pricing, coding analysis, and coding (PDAC), to classify specific types of accessories. These definitions can be found in Medicare’s Local Coverage Determinations (LCD). They may be useful in determining the appropriate coding. Please see the attached appendices for additional information.

DVHA does not allow additional coding for accessories when those accessories are part of the definition of the base chair.



All covered accessories must:

Meet the member's medical needs (HCAR Rule [4.101](#))

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

Wheelchair accessories are considered medically necessary when lack of the accessory would significantly impair the member's ability to:

- Participate in one or more mobility related activities of daily living (MRADLs: toileting, feeding, dressing, grooming, and bathing) in or outside of the home,
- Access authorized Medicaid transportation to medical services, or
- Exit the home within a reasonable timeframe.

Abbreviations:

MWC: manual wheelchair

PWC: power wheelchair

POV: power operated vehicle (scooter)

MRADLs: mobility related activities of daily living

Criteria Supplemental to InterQual®

In addition to the guidance provided by InterQual® criteria, the following information will be considered for coverage determinations:

Prior Authorization is required in the following circumstances:

- For new wheelchairs, when accessories are 1) either billed utilizing a generic procedure code or 2) with a procedure code that is included on the [DVHA imminent harm procedure code list](#), and are requested beyond the components covered within the base chair code.
- For current wheelchairs, when modifications are requested to meet a change in the member's medical needs and where the accessories are being billed under a generic code or are on the DVHA imminent harm code list.
- For current wheelchairs, when repairs greater than \$500 are requested to ensure that the wheelchair continues to meet the member's medical needs.
- For any wheelchair accessories, when Medicare is primary but may not cover the accessory or has denied the accessory due to lack of medical necessity, noncovered benefit, or benefit exhaustion.
- For any wheelchair accessories, when a private insurer has denied the accessory for reasons of noncoverage or benefit exhaustion. If the denial is for lack of medical necessity, all levels of appeal including to the Vermont Department of Financial Regulation are required.

Assessment: All wheelchair accessories that are part of a request for a new wheelchair, or that are part of a modification to an existing wheelchair, must be requested by a physical or occupational therapist, or a medical practitioner acting within their scope of practice, after their professional clinical assessment. Accessories that are requested as a repair to an existing wheelchair, where the requested accessory is a duplication of the existing device that has been previously assessed by a physical or occupational therapist or a medical practitioner acting

within their scope of practice, may not require a full clinical reassessment if there has been no significant change to the member's medical condition, body habitus, or mobility environment.

Damage: If an accessory has been damaged by improper use, a new professional assessment must be considered to prevent future injury to the device or the member.

Accessories that are part of the base chair: Certain accessories come with the wheelchair base and cannot be billed in addition to the wheelchair base code. See Appendix A below. Some accessories cannot be billed in addition to other accessories.

Only certain chairs can accommodate additional accessories: Certain types of wheelchair cannot accommodate certain accessories. For example, a standard manual wheelchair with fixed full-length arms in the code description cannot have an adjustable height armrest added to it. Consider a different wheelchair that allows the addition of adjustable height armrests if required.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Type of service or procedure covered

Wheelchair accessories as described above.

Medicare covered the following codes with prior authorization: K0005, E1161, E1231, E1232, E1233, E1234, K0008, K0009, K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0890, K0891, K0013/K0835, K0843, K0848, K0855, K0856, K0861. When one of these procedure codes is requested for a member that has both Medicare and Medicaid coverage, it is the expectation of DVHA that the provider will seek prior authorization coverage from Medicare first as Medicaid is the payer of last resort. Medicare will specify which accessories they will and will not cover. If the requested accessory is not covered by Medicare, DVHA may then review the requested service for coverage under Vermont Medicaid's more expansive rule.

Dual eligible documentation: For current information regarding dual eligible members and coverage, please refer to the DVHA Durable Medical Equipment supplemental provider manual, dual eligibility section: <https://vtmedicaid.com/#/manuals>.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at

<https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment
- 4.210 Wheelchairs, Mobility Devices, and Seating Systems
- 4.231 Home Health Services (includes durable medical equipment)

Coverage Position

Wheelchair accessories may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding wheelchair accessories, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Clinical criteria for repeat service or procedure

When the accessory has been outgrown, no longer meets the medical need, is no longer repairable, or when repair would cost more than 50% of the cost of a new device.

Type of service or procedure not covered (this list may not be all inclusive)

DVHA does not allow additional coding for accessories when those accessories are part of the definition of the base chair.

All covered accessories must:

- Meet the member's medical needs (HCAR Rule 4.101)
- Match the capability of the device/accessories to the member's medical needs within the limitations of Medicaid coverage; and
- Be the least expensive, medically appropriate device (Medicaid Rule 7102.2).

Coding guidelines

Please see the Medicaid Portal at <http://vtmedicaid.com/#/feeSchedule> for fee schedules, code coverage, and applicable requirements.

Always review the definition of the wheelchair base code. For example, if a wheelchair base code definition is: Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests, then it is incorrect to submit a claim with an additional code for elevating legrests, because elevating legrests are considered part of the base code.

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Appendix A:

“Column II codes are included in the allowance for the corresponding Column I code when provided at the same time.”

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I

Column I	Column II
Power Operated Vehicle (K0800, K0801, K0802, K0806, K0807, K0808, 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, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	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 (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
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
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
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
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: Medicare Policy Article A52504

Appendix B: Guidelines for Specific Accessories

Index:

- **Armrests and related accessories**
- **Foot and leg rests and related accessories**
- **Miscellaneous wheelchair accessories and positioning components, not specific to MWC/PWC**
- **Manual wheelchair parts and accessories, specific to MWC only**
- **Power Wheelchair parts and accessories, specific to PWC only**
- **Special sizes**
- **Wheels and tires**

Armrests and related accessories

Arm pad, each. billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND

- Member has a medical condition that requires an arm pad and needs a replacement part for an existing wheelchair.

Cautions: Certain types of arm pads may be more beneficial in the preservation of skin integrity or in enhancing function. The determination needs to be made by a physical or occupational therapist. There is also a specific code for an arm trough with or without hand support.

Note: This item is part of the base code for the WC; the vendor may not bill for this component for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy-duty component if there is excessive early wear. Vendor must document member education if the replacement is required due to incorrect or excessive use.

Armrest, each.

Guidelines:

- Member meets the guidelines for MWC/PWC AND
- Member has a medical condition which requires positioning and upper extremity support for proper alignment and function.

Cautions: Members who need cushion heights that raise their arms above the height of the basic armrest, or who have particularly long or short humerus bones, should have an adjustable height armrest. Vendors must not bill for an entire armrest if only upper or lower portions or an arm pad are needed.

Arm trough, with or without hand support.

Guidelines:

- Member meets the guidelines for MWC/PWC AND
- Member has a medical condition which requires the positioning and upper extremity support of an arm trough, for proper alignment and function.

Caution: Members with insensate or flaccid arms may benefit from an arm trough to keep their arms from falling into a dependent position.

Detachable armrest, adjustable height, complete assembly, each.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition which results in the need for arm support at a height different from the standard height of the wheelchair, AND
- Member has a medical condition which results in the need for a sliding board, popover, or sit-pivot transfer such that the armrests of the chair must be removable.

Cautions: Incorrectly adjusted armrest heights can result in postural mal-alignment, impaired breathing, and pain.

Note: Authorization is based on member need, not vendor wheelchair stock. Payment will not be made for detachable armrests simply because the vendor does not have fixed armrest chairs in stock.

Detachable, adjustable height armrest, upper OR lower portion, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND

- Member has a medical condition that necessitates the use of an armrest that is detachable from the wheelchair to allow for sliding board, popover, or sit pivot transfers AND
- Member has a medical need for adjustable height armrests (for example, has nonstandard seat-to-elbow height, or requires special height cushioning) AND
- Needs replacement of this item on an existing wheelchair.

Cautions: If the member may need specialized seating/cushioning within the 4-5 year expected life of the wheelchair, consider adjustable armrests. If the member may need to use sitting transfers within the 4-5 year life of the wheelchair, consider detachable armrests.

Note: This item is considered to be part of the base code for the WC; the vendor may not bill for this component for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Detachable, nonadjustable height armrest, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that necessitates the use of an armrest that is detachable from the wheelchair to allow for sliding board or sit pivot transfers AND
- Member does not have a medical need for adjustable height armrests (for example, has standard seat-to-elbow height and does not require special height cushioning) AND
- Needs replacement of this item on an existing wheelchair.

Cautions: If the member may need specialized cushioning/seating within the 4-5 year expected life of the wheelchair, consider adjustable armrests. If the member may need to use sitting transfers within the 4-5 year life of the wheelchair, consider detachable armrests.

Note: This item is considered to be part of the base code for the WC; the vendor may not bill for this component for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Fixed, adjustable height armrest, pair.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that necessitates the use of an armrest but does not require an armrest that is detachable from the wheelchair to allow for sliding board, popover, or sit pivot transfers, AND
- Member has a medical need for adjustable height armrests (for example, has a non-standard seat-to-elbow height and/or requires special height cushioning).

Cautions: If the member may need specialized cushioning/seating within the 4-5 year expected life of the wheelchair, consider adjustable armrests. If the member may need to use sitting transfers within the 4-5 year life of the wheelchair, consider detachable armrests.

Special height arms.

Guidelines:

- Member meets all requirements for a MWC/PWC AND
- Member requires an armrest for support, positioning and/or function AND.

- Member requires a fixed arm height that is different from the standard arm height according to bodily measurement, for proper positioning and/or to maximize function.

Cautions: Special height measurements must take into consideration the height of the wheelchair cushion and the individual's arm and trunk length. Consider an adjustable height armrest given that cushion heights may vary over the life of the wheelchair.

Foot and Leg Rests and related accessories

Calf rest/pad, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member medically requires support for the calf to promote proper alignment and positioning.

Caution: Calf pads may be useful in preventing the legs from going behind the footrests and getting caught or dragged, for individuals who have contractures or flexor spasming of their lower legs. Calf pads may not be adequate support for individuals with involuntary movements of the lower legs.

Note: This item is considered to be part of the base code for the WC; the vendor may not bill for calf rests/pads for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use. For members requiring more aggressive positioning and control, consider custom footboxes. For those who need less aggressive positioning and control, consider a leg strap.

Cam release assembly, footrest or leg rest, each. Replacement only.

Guidelines:

- Member meets all guidelines for manual wheelchair with elevating leg rests or manual elevating leg rests on a power wheelchair AND
- Member requires replacement of this item on an existing wheelchair. Billing is not allowed in addition to a power tilt and/or recline system as the cam release assembly is considered part of the tilt/recline system code.

Cautions: Edema is not a medical justification for elevating leg rests except when there is also a reclining back for the wheelchair AND where it is not possible for the member to return to bed to elevate the legs higher than the level of the heart so as to utilize the properties of fluid dynamics to return the fluid toward the heart. Fluid may pool in the pelvic area and thighs if there are elevating legrests without the back recline feature.

Note: This item is considered to be part of the base code for a PWC; the vendor may not bill for cam release assemblies for a new PWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Center Mount Power Elevating Leg rests.

Guidelines:

- Member meets all guidelines for PWC AND
- Member has a medical condition that requires the use of elevating leg rests for support AND

- Member has a requirement for a center mount design, for example to use as a mount for a special foot support system.

Dynamic Leg rests (generically coded)

Guidelines:

- Member meets all guidelines for MWC/PWC AND
- Member has a medical condition that requires the use of leg rests for support, positioning, and function AND
- Member has a medical condition that requires the use of dynamic leg rests, which compensate for strong repetitive movements. Examples: individuals who rock for self-stimulation/comfort; individuals with powerful involuntary spasms of the lower extremities.

Elevating footrests, articulating (telescoping), each.

Guidelines:

- Member meets all guidelines for MWC/PWC AND
- Member has a medical condition that requires the use of footrests for support, positioning, and functioning AND
- Member has a medical condition that requires the use of elevating footrests AND
- Member has a requirement for articulating, elevating foot rests, for example to enable the member to maneuver in the home setting or to enable the member to be fully supported at the feet when the wheelchair is in a reclined or upright position.

Cautions: Significant caution should be used in extending the length of the footrest device, to ensure that the footrests do not interfere with turning or safe movement over uneven terrain, stairs or curbs.

Edema is not a medical justification for elevating footrests except when there is also a reclining back for the wheelchair AND where it is not possible for the member to return to bed to elevate the legs higher than the level of the heart, and where use of compressive wraps or garments are insufficient to prevent edema, to utilize the properties of fluid dynamics to return the fluid toward the heart and avoid fluid pooling in the thighs and pelvic area

Note: This item cannot be billed in addition to the code for a manual or power leg elevation system for a power wheelchair; it is considered part of that code. This item cannot be billed for any wheelchair that has elevating leg rests within the definition of the base code.

Elevating leg rest, complete assembly, each.

Guidelines:

- Member meets all the guidelines for a MWC AND
- Member has a musculoskeletal condition, casts or braces which prevents 70-90 degrees of knee flexion, or where it is part of the treatment program to decrease flexion contractures of the knee AND/OR
- Member has a neurologic condition, which prevents 70-90 degrees of knee flexion AND/OR
- Member has leg edema, where there is a medical reason that the edema cannot be treated by an edema control wrap or garment, AND where the client is unable to transfer into a recumbent position, AND where the client already has a fully reclining wheelchair and can tolerate being fully reclined.

Cautions: There is no medical evidence to support elevating leg rests for edema when the individual cannot raise the legs higher than the level of the heart. The laws of fluid dynamics

dictate that edema will pool in the backs of the thigh and pelvic area when elevating leg rests lift the legs without reclining the body.

Note: This item cannot be billed for any wheelchair that has elevating leg rests within the definition of the base code.

Elevating leg rest components, including lower extension tube, upper hanging bracket, ratchet assembly, cam release assembly, each; for a ratchet assembly, billing is allowed for PWC but as a replacement only for MWC; for a cam release assembly, billing is allowed for a new MWC but as a replacement only for PWC (see article A19829).

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition which necessitates elevating leg rests AND
- Where replacement is required per the bolded information above.

Cautions: Edema is not a medical justification for elevating leg rests except when there is also a reclining back for the wheelchair AND where it is not possible for the member to return to bed to elevate the legs higher than the level of the heart to utilize the properties of fluid dynamics to return the fluid toward the heart and avoid pooling in the thigh and pelvic area, or when the member is unable to utilize compression garments.

Footbox. A padded box, prefabricated or custom, to position foot/feet; the unit of service is per foot. Includes mounting hardware. Billing is allowed for MWC/PWC.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition which necessitates a footbox, where footplates and leg rests cannot meet the medical need.

Footboxes are required when the member requires a high level of lower extremity alignment and also protection of skin integrity.

Footplate, adjustable angle, each. Billing is allowed for new MWC and Group 3 and 4 PWC but as a replacement only for group 1 and 2 PWC.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that requires adjustable angle footplates in order to provide proper support, positioning, and to maximize function AND
- Member requires replacement of this item on an existing wheelchair if for a group 1 or 2 PWC.

Cautions: Improperly angled footrests can cause pain, mal-alignment, and can impair function.

Significant caution must be used in prescribing stationary footplates for individuals who might be placed at risk by them. Examples of individuals at risk include individuals with balance deficits, judgment deficits, sensory deficits, individuals who require physical assist from caregivers who must use proper body mechanics for transfer safety.

Footplate, large size, each. Billing is allowed for new MWC but as a replacement only for PWC.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND

- Member has a medical condition that requires footplates for support, positioning, and proper function AND
- Member's foot size, along with orthotic or positioning devices, necessitate a large size footplate AND
- Member requires a replacement of this item on an existing wheelchair if for a PWC.

Cautions: Properly sized footplates are required to provide proper support. Feet are also a weight bearing surface that can relieve pressure on the seat area and so are an integral part of a skin integrity preservation program.

Note: Significant caution must be used in prescribing stationary footplates for individuals who might be placed at risk by them. Examples of individuals at risk include individuals with balance deficits, judgment deficits, sensory deficits, individuals who require physical assist from caregivers who must use proper body mechanics for transfer safety.

Footplate, standard size, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that requires footplates for support, positioning, and proper function AND
- Member's foot size, along with orthotic or positioning devices, necessitate a standard size footplate AND
- Member requires a replacement of this item on an existing wheelchair.

Cautions: Properly sized footplates are required to provide proper support. Feet are also a weight bearing surface that can relieve pressure on the seat area.

Note: Significant caution must be used in prescribing stationary footplates for individuals who might be placed at risk by them. Examples of individuals at risk include: individuals with balance deficits, judgment deficits, sensory deficits, individuals who require physical assist from caregivers who must use proper body mechanics for transfer safety.

Note: This item is considered to be part of the base code for the WC; the vendor may not bill for this component for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Footrest, complete assembly; each. Billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that results in a requirement for support and positioning of the feet for proper alignment, distribution of pressure, safety during mobility, avoidance of contracture AND
- Member requires replacement of this item on an existing wheelchair.

Cautions: Significant caution must be used in prescribing stationary footplates for individuals who might be placed at risk by them. Examples of individuals at risk include individuals with balance deficits, judgment deficits, sensory deficits, individuals who require physical assist from caregivers who must use proper body mechanics for transfer safety.

Note: This item is considered to be part of the base code for the WC; the vendor may not bill for this component for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Footrest component, lower extension tube or upper hanging bracket, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member meets the guidelines for footrests AND
- Member requires replacement of this item on an existing wheelchair.

Note: This item is considered to be part of the base code for the WC; the vendor may not bill for this component for a new WC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Footrest, high mount flip up, each. Billing is allowed for a new MWC but as a replacement only for PWC.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member requires foot support for proper posture, positioning, and function, in high-mount configuration AND
- Member has a medical condition, which requires flip-up footrests for transfer safety and/or propulsion AND
- Member needs replacement of this item if for an existing PWC.

Cautions: Significant caution should be used for individuals, who are large, have sensory deficits, attention deficits, ataxia, or other balance issues; they may require swing-away leg rests for safety and to preserve skin integrity.

Footrest, swing-away, detachable, each.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member meets the guidelines for footrests AND
- Member has a medical condition, which requires swing-away, detachable footrests for transfer safety and/or propulsion AND
- Member needs replacement of this item on an existing wheelchair. Billing is not allowed in addition to a new wheelchair or power tilt and/or recline system as it is considered part of the base code and tilt/recline system code.

Cautions: Significant caution should be used for individuals who have attentional or memory deficits who may endanger themselves by forgetting to swing the footrests into or out of position. Individuals who may lose their balance when leaning forward to position the footrests may also be at risk.

Heel loop/holder, with or without ankle strap, each

Guidelines:

- Member meets all criteria for a MWC/PWC AND criteria for footrests AND

- Without ankle strap: Member has a medical condition requiring positioning of the foot on the footrest, to avoid the foot moving backward behind the footrest.
- With ankle strap: Member has a medical condition requiring positioning of the foot on the footrest, with additional support for positioning at the ankle.

Cautions: Care should be taken that ankle straps are removed for transfers. Individuals, particularly those with spasticity, can have their feet get stuck behind the heel loops, resulting in mal-positioning/injury.

Leg strap, each.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that requires assistance to avoid positioning of the legs behind the footrests AND/OR
- Member requires replacement of this item on an existing wheelchair.

Cautions: Leg straps may chafe and impair skin integrity; if this is a concern, consider calf pads or H style strap.

Ratchet assembly.

Guidelines:

- Member meets all guidelines for a MWC with elevating leg rests, or manual elevating leg rests on a PWC AND
- Member requires replacement of this item on an existing wheelchair. Billing is not allowed in addition to a power tilt and/or recline system as the ratchet is considered part of the tilt/recline system code.

Cautions: Edema is not a medical justification for elevating leg rests except when there is also a reclining back for the wheelchair AND where it is not possible for the member to return to bed to elevate the legs higher than the level of the heart to utilize the properties of fluid dynamics to return the fluid toward the heart and cannot utilize compression garments.

Toe loop/holder.

Guidelines:

- Member meets all criteria for a MWC/PWC AND all criteria for footrests, AND
- Member has a medical condition requiring positioning of the forefoot on the footplate, to preserve proper alignment and prevent unwanted movement.

Cautions: Care should be taken that toe loops are removed for transfers. Caution should be used if edema is present.

Miscellaneous Wheelchair Accessories (appropriate for both manual and power wheelchairs)

Amputee adapter, each.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member's balance in the wheelchair has been affected by an amputation. The device changes the center of gravity to prevent tipping.

Cautions: Without an amputee adapter, there is risk of forward tipping, particularly on ramps or uneven surfaces.

Antitipping device.

Manual wheelchairs:

Guidelines:

- Member meets all criteria for a MWC AND
- Member has a medical condition that results in the need for antitippers to avoid tipping backward during wheelchair use.

Cautions: Antitippers can be counterproductive for high level wheelchair users who use wheelies as part of their mobility or who need to go over stairs and curbs. Otherwise, antitippers are very useful for risk management and should be considered for self-propelling wheelchair users who encounter rough terrain, ramps, curbs, and hills or who experience significant movement disorders that affect the stability of the wheelchair.

Power wheelchairs: Billing is allowed for replacement only.

The HCPCs code for this item is considered to be part of the base code for the PWC; the vendor may not bill for this component for a new PWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Back, manual semi-reclining, (recline greater than 15 degrees, but less than 80 degrees), each.**Manual wheelchairs:****Guidelines:**

- Member fits all guidelines for a MWC AND
- Member has a medical condition that necessitates positioning in a semi-reclined position during the time that s/he is up in the wheelchair AND
- Member has a caregiver who can operate the manual recline feature OR the back is pre-set to the proper degree of recline.

Cautions: Significant caution must be used to avoid shear forces for members with the potential for loss of skin integrity; consider a shear reduction feature and/or appropriate cushioning.

Note: This item cannot be billed for any wheelchair that has a semi reclining back within the definition of the base code.

Power wheelchairs: Billing is allowed for replacement only:

The HCPCs code for this item is considered to be part of the base code for the PWC; the vendor may not bill for a manual semi-reclining back for a new PWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Back, manual fully reclining, (recline greater than 80 degrees), each.**Guidelines:**

- Member fits all the guidelines for a MWC/PWC AND
- Member has a medical condition that necessitates assuming a reclined position during the time that s/he must be up in the wheelchair AND

- Member has a caregiver who can operate the manual recline feature OR the back is pre-set to the proper degree of recline.

Cautions: Significant caution must be used to avoid shear forces for members with the potential for loss of skin integrity; consider a shear reduction feature and/or tilt in space rather than a recliner.

This is a code that is frequently requested incorrectly, for individuals who need a semi reclining chair after orthopedic surgery. It is very rare that full recline is needed. Some reasons why a full recline may be needed: orthostatic hypotension, lower body edema requiring supine positioning where the individual cannot return to bed and cannot wear compression garments.

Note: This item cannot be billed for any wheelchair that has a fully reclining back in the definition of the base code.

Bearings, any type, each. Billing is for replacement only.

Note: The HCPCs code for this item is considered to be part of the base code for the wheelchair; the vendor may not bill for bearings for a new wheelchair. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Chest Harness/safety vest, each.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition which results in the need for positioning and alignment of the thorax in the wheelchair AND/OR
- Member has a medical condition, which results in the need for prevention of involuntary, unsafe movements of the trunk when in the wheelchair.

Cautions: Safety vests must be carefully applied to avoid any possibility of strangulation from sliding down in the chair. Some individuals with confusion may attempt to extricate themselves from a safety vest and become entrapped. For members requiring less aggressive positioning/control, consider a chest strap.

Commode seat, wheelchair.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member has a medical condition which results in the requirement for a commode seat for the wheelchair.

Cautions: Commode seats do not provide any protection from loss of skin integrity, nor can they improve postural alignment. Commode seats can actually impair skin integrity because the inner ring may impair blood flow. Medicaid covers commodes and transfer devices to allow an individual to access a commode (please see specific guidelines).

Crutch and cane holder, each.

Guidelines:

- Member meets all criteria for a MWC/PWC or POV AND
- Member has a medical condition which results in the requirement for a crutch or cane holder.

Note: Many members can ambulate short distances with an assistive device but require the wheelchair/POV for longer distances. Some cannot access certain rooms in their home such as the bathroom with the wheelchair but can ambulate with an assistive device for the short distances necessary to access the room. The ability to ambulate a short distance with an assistive device does not necessarily preclude the medical need for a wheelchair/POV.

Note also that the crutches/cane and holder may change the balance point of the wheelchair and may result in tipping. Consider anti-tippers.

Cylinder tank carrier, each.

Guidelines:

- Member meets all criteria for a MWC/PWC or POV AND
- Member has a medical condition which results in the requirement for an oxygen cylinder tank.

Caution: Members should be cautioned to avoid smoking near oxygen cylinder tanks. Tanks may change the balance point of the wheelchair and may result in tipping. Consider anti-tippers.

Dynamic Backrests (generically coded).

Guidelines:

- Member meets all guidelines for MWC/PWC AND
- Member has a medical condition that requires the use of a dynamic backrest, which compensates for strong repetitive movements. Examples: individuals who rock for self-stimulation/comfort; individuals with powerful involuntary spasms of the lower extremities and/or trunk.

Hardware, manual swing-away, retractable or removable mounting hardware for joystick, other control interface or positioning accessory.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition resulting in the need for mobile mounting hardware for a wheelchair accessory, to allow for transfer access or repositioning of the device for proper positioning and function.

Cautions: Mobile mounting hardware may be more prone to breaking or damage.

Note for dual eligible members: Medicare does not cover mobile hardware that is used to allow a member to move closer to desks or tables.

Note: This item cannot be billed for any wheelchair accessory that has non-fixed hardware within the definition of the base code.

Note: This item cannot be billed for wheelchair tray hardware.

Note: there is a limit of 6 per date of service.

Headrest, cushioned, prefabricated, including fixed mounting hardware, each.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member has a medical condition which requires a headrest to support the head and provide proper positioning for alignment and function AND

- Member does not medically require a flip-down or movable headrest.

Cautions: For individuals with some head control, fixed headrests may create weakness and/or dependence.

Note: For individuals who require a movable headrest, mobile mounting hardware and a specialized mount may be required.

Note: Certain members do not require headrests for standard use, but require them during recline or tilt, or require them during transportation to medically necessary appointments for the prevention of whiplash. Medicare does not cover equipment required outside of the home, so if the headrest is needed for safe transportation, Medicare will not cover a headrest for dual eligible members.

IV hanger, each.

Guidelines:

- Member meets all guidelines for a MWC/PWC or POV AND
- Member has a medical condition that requires the frequent use of IV medications throughout the day.

Cautions: Individuals who require frequent use of IV medications throughout the day may require the use of an IV hanger. An IV pole that is not attached to the wheelchair may hamper mobility.

Note: An IV hanger and the IV bag may change the balance point of the wheelchair and could result in tipping. Consider anti-tippers.

Labor, 15 minutes.

Guidelines:

- Member meets all criteria for a MWC/PWC or POV AND
- Member has a medical condition which requires a new MWC/PWC or POV with a seating system, which is defined as including a specialized back or seat and one other positioning component. Labor can only be billed for the seating system, not for evaluation, fitting, or configuring the wheelchair OR
- Member requires repair, parts replacement, or modification of a medically necessary MWC/PWC or POV that meets all of Vermont Medicaid's regulations. See the DVHA Repair Criteria for additional information about the use of Labor charges.

Cautions: Labor charged should be commensurate with the complexity of the work that needs to be done. The labor code is also used for the vendor's travel time to provide equipment and repair to those members who are medically unable to travel to the vendor's office location or where Medicaid covered transportation to the vendor's office would be more expensive than the vendor's travel costs (for example, if the member would require an ambulance to access the vendor's office to obtain medically necessary equipment). The vendor must only bill for travel to/from the member's home and subtract travel to/from other clients from their Medicaid billing.

Lateral trunk or hip support, prefabricated, including fixed mounting hardware, each.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member has a medical condition which requires non-mobile lateral trunk or hip support to provide proper positioning for alignment and function.

Cautions: Fixed mounting hardware may create positioning issues if the member needs heavier clothes in winter or is expected to grow or gain weight. Fixed lateral supports may interfere with transfers.

Medial thigh support, prefabricated, including fixed mounting hardware, each.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member has a medical condition which requires non-mobile, medial thigh support for proper alignment and function.

Cautions: Fixed mounting hardware may create positioning issues if the member needs heavier clothes in winter or is expected to grow or gain weight. Fixed medial supports may interfere with transfers.

Other accessories (no other available code).

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that necessitates the use of an accessory that does not have a specific HCPCS code AND
- Where medical necessity justification is provided by a physical or occupational therapist, or a physician/advanced practice provider knowledgeable about wheelchairs and positioning AND
- Where manufacturer description, illustration, and pricing information are provided to assist in the medical review process.

Cautions: Medical justification for accessories requires the expertise of a physical or occupational therapist or physician/advanced practice provider knowledgeable about wheelchairs for initial prescription and modifications.

Note: Vendors are not to use the Other accessories code, which is manually priced, to obtain a higher level of reimbursement than the price on file for the proper code. Refer to Gainwell Provider Services for assistance with the enhanced pricing process.

Pediatric addition, reclining back.

Guidelines:

- Member meets all the guidelines for a pediatric MWC/PWC AND
- Member has a medical condition which necessitates a recline feature AND
- Member has sufficient skin integrity to permit recline without shear reduction feature AND
- Member is unable to return to bed during the day to attain the reclined position.

Cautions: Recline without a shear reduction feature can cause a loss of skin integrity. If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication if medically indicated. A headrest is needed for head control during periods of recline. Please note that a recline feature should not replace lying down in a bed for rest and repositioning when that option is possible.

Note: This item cannot be billed for any wheelchair that includes a reclining back within the definition of the base code. The most specific base code must always be used.

Pediatric back or seat, contoured, including fixed mounting hardware.

Guidelines:

- Member meets all the guidelines for a pediatric MWC/PWC AND

- Member has a medical necessity which necessitates a contoured rather than a planar back or seat AND
- The base wheelchair does not include a back or seat

Pediatric back or seat, planar, including fixed mounting hardware.

Guidelines:

- Member meets all the guidelines for a pediatric MWC/PWC AND
- Member has a medical necessity which necessitates a planar rather than a contoured back or seat AND
- The base wheelchair does not include a back or seat
-

Cautions: Planar backs should not be used when specific shaping is required to properly support the child.

Pediatric modification, width adjustment package (not to be dispensed with initial chair).

Guidelines:

- Member meets all guidelines for a pediatric MWC/PWC AND
- Member has experienced growth such that their initial seating no longer fits appropriately AND
- Where the adjustment package will allow the chair to continue to meet the medical needs of the member.

Cautions: A physical or occupational therapy evaluation should be done to determine if the wheelchair will continue to meet the child's medical needs.

Note: Certain manufacturers provide growth adjustments at no charge; this should be researched, and documented in the chart, before an approval is granted.

Residual limb support system.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has had a lower limb amputation with a residual limb which requires support and positioning.

Cautions: Residual limb supports are important for preservation of range of motion and proper circulation. Impromptu support systems, such as a sliding board positioned on an elevated leg rest to support the residual limb, are inadequate and can result in loss of skin integrity.

Safety vest/chest harness, each.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition which results in the need for positioning and alignment of the thorax in the wheelchair AND/OR
- Member has a medical condition, which results in the need for prevention of involuntary, unsafe movements of the trunk when in the wheelchair.

Cautions: Safety vests must be carefully applied to avoid any possibility of strangulation from sliding down in the chair. Some individuals may attempt to extricate themselves from a safety vest and become entrapped. When less aggressive control is needed, a chest strap may be considered instead of a vest.

Seat belt/safety belt, pelvic strap/positioning belt, each.

Manual wheelchairs:

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition which results in the need for pelvic stability to improve function and positioning and/or prevent falling out of the chair.

Cautions: Safety belts should be for posture, positioning and function, not restraint. The type of fastening (Velcro, airplane buckle) should reflect the individual's ability to operate the belt if it is safe for them to do so.

Power wheelchairs: Billing is allowed for replacement only.

Note: The HCPCs code for this item is considered to be part of the base code for a PWC; the vendor may not bill for a safety belt for a new PWC. There is no coverage for replacement devices if currently under warranty.

Seat lift mechanism (seat elevation system)

Guidelines:

- Member meets all the guidelines for a MWC/PWC AND
- Member has a medical condition which results in the need for a change of seated height via a seat lift mechanism to accomplish mobility related activities of daily living (MRADLs) and/or transfers AND
- Where a home assessment has been performed by a physical or occupational therapist to determine if there are household adaptations that can allow accomplishment of the mobility related activities of daily living and/or transfers without the seat lift mechanism AND
- A RESNA-certified Assistive Technology Professional (ATP) employed by the DME supplier has been directly involved in the wheelchair selection process for the member.

Caution: Often, surfaces in a home can be leveled so that level transfers can occur, and in those situations seat lift mechanisms are not required. Also, surface heights can be adjusted for MRADLs. Seat lift mechanisms are most needed in situations where the member cannot control the height of the transfer surfaces (for example, a dialysis couch) and in the context of frequent overhead reaching.

The addition of a seat lift mechanism results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power seat lift functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Note: As of 5/16/23, Medicare covers seat lift (elevation) systems for dual eligible members.

Note: For options related to home modifications or equipment (for example, if the request uses a medical necessity justification such as the ability to cook or reach kitchen counters/shelves), members may access the Vermont Center for Independent Living at (800-639-1522), the USDA Rural Development Loan and Grant Program at (802-828-6000), the Opportunities Independence Fund at (800-865-8328), and the Vermont Assistive Technology Program at (800-750-6355).

Shoulder harness/straps or chest strap, including any type mounting hardware.

Guidelines:

- Member meets all criteria for a MWC/PWC AND

- Member has a medical condition which results in the requirement for a chest or shoulder strap to provide positioning support and proper alignment.

Cautions: Chest and shoulder straps should not be used as restraints. The devices must not restrict chest expansion during breathing. Safety vests must be carefully applied to avoid any possibility of strangulation from sliding down in the chair. Some individuals may attempt to extricate themselves from a safety vest and become entrapped.

Note: For members requiring more aggressive positioning/control, consider a chest safety vest.

Standing mechanism

- Member meets all the guidelines for a MWC/PWC AND
- Member has a medical condition which results in the need for standing while in the wheelchair in order to accomplish mobility related activities of daily living (MRADLs) and/or for the physiological benefits of standing without unnecessary transfers to a standing frame (stander), or where the member is more independent in attaining a standing position by use of the standing mechanism than by use of a standing frame AND
- Where a home assessment has been performed by a physical or occupational therapist to determine if there are household adaptations required for the member to safely accomplish their MRADLs AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Additional Notes:

Often, surface heights can be adjusted for MRADLs. Standing mechanisms are most needed in situations where the member cannot control the height of the MRADL surfaces and in the context of frequent overhead reaching, or when multiple transfers to a standing frame to obtain the physiological benefits of standing is onerous and medically contraindicated.

The addition of a standing system results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power standing functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Medicare does not cover this component.

For options related to home modifications or equipment (for example, if the request uses the medical necessity justification of the ability to cook, reach kitchen counters/ shelves), members may access the Vermont Center for Independent Living at (800-639-1522), the USDA Rural Development Loan and Grant Program at (802-828-6000), the Opportunities Independence Fund at (800-865-8328), and the Vermont Assistive Technology Program at (800-750-6355).

Tray

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member has a medical condition which requires a wheelchair tray for proper positioning and alignment or for functional use in the performance of MRADLs.

Cautions: Loss of skin integrity can occur at the elbows and forearms. It may be necessary to consider cushioning on the tray to alleviate pressure.

Note: The hardware code cannot be billed in addition to the tray code.

Upholstery, back or seat. Billing is allowed for replacement only, each.

Guidelines:

- Member meets the guidelines for a MWC/PWC AND
- Member's current upholstery has become worn over time so that it is not functioning properly for positioning or is interfering with the function of the wheelchair. The expectation is that the member will have made every effort to maintain the upholstery to avoid damage.

Cautions: "Slung" (stretched out) or ripped upholstery can significantly affect posture, positioning, comfort, function, and skin integrity.

Upholstery is part of the base code for the WC; the vendor may not bill for upholstery for a new WC.

There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Ventilator tray, fixed.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition resulting in the need for a ventilator while in the wheelchair AND
- Member does not require a gimbaled ventilator tray for increased ventilator stability.

Cautions: Fixed trays may result in jarring and loss of ventilator stability if used on rough or uneven terrain.

Ventilator tray, gimbaled.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition resulting in the need for a ventilator while in the wheelchair AND
- Member requires a gimbaled ventilator tray for increased ventilator stability.

Cautions: Gimbaled trays provide stability for rough or uneven terrain. Use of a fixed tray on rough surfaces may result in vent malfunction.

Manual Wheelchair (MWC) accessories

Anti-rollback device, MWC, each.

Guidelines:

- Member meets all guidelines for a MWC AND
- Member must access areas with steep terrain or ramps to achieve MRADLs or access to medically necessary transportation, where the member may be placed at risk for rolling backward AND/OR
- Member has a medical condition that results in fatigue and must rest during ascent of ramp or steep terrain.

Cautions: If no anti-rollback device is ordered for a member who fatigues easily and who must negotiate steep terrain, injury may result.

Brake [wheel lock assembly], complete, each; Billing is for replacement only.

Guidelines:

- Member meets the guidelines for a MWC AND
- Member has a medical condition which requires braking for safe transfers, safe transportation, and stability when stationary AND
- Member's current brakes are no longer functioning properly. The expectation is that the member will have made every effort to maintain the brakes to avoid damage.

Cautions: For other than standard brake positioning and function (push-to-lock on the top of the drive wheel), the expertise of a physical or occupational therapist is required.

Note: The HCPCs code for this item is considered part of the base code for the MWC; the vendor may not bill for a wheel lock assembly for a new MWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty or specialty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

It is incorrect for vendors to use generic codes for certain types of brake assemblies. The brake code does not specify the type of brake and therefore it is the same code for all brake systems.

Brake extension [handle], MWC, each.

Guidelines:

- Member meets all criteria for a MWC AND
- Member has a medical condition which results in the requirement for a brake extension handle to permit independent brake application.

Caution: Injury can result if brake extension handles are not removed during sit pivot transfers. Also, brake extensions are easily lost: consider an attachment cord.

Gear reduction drive wheel, MWC, each

Guidelines:

- Member meets all criteria for a MWC AND
- Member has a medical condition which results in the need for effort reduction on uneven terrains such as ramps, obstacles, hills, or curbs, during upper extremity propulsion AND
- A RESNA-certified Assistive Technology Professional (ATP) employed by the DME supplier has been directly involved in the wheelchair selection process for the member.

Caution: The addition of the gear reduction drive wheel mechanism may result in a wider chair, which may interfere with doorway access. In such a situation, consider a lighter weight wheelchair or power assist instead of the gear reduction drive.

Hand rim with projections, MWC, any type, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all criteria for a MWC AND
- Member has a medical condition which results in the requirement for hand rims with projections to propel the wheelchair.

Cautions: Individuals with insensate hands may experience injury from the projections. Also, the projections may make the chair more difficult to fit through doorways.

Some members may be able to utilize hand rims wrapped with tubing to obtain enough traction to propel rather than use projections if width is an issue.

Note: The HCPCs code for this item is considered to be part of the base code for the MWC; the vendor may not bill for a hand rim with projections for a new MWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Hand rim without projections, MWC, any type including ergonomic or contoured, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all criteria for a MWC AND
- Member has a medical condition which results in the requirement for hand rims without projections in order to propel the wheelchair.

Cautions: Individuals with insensate hands may experience injury from hand rims. Individuals with sensitivity to cold may experience discomfort from uncoated metal hand rims. Individuals with very impaired hand strength may require hand rim projections or hand rims wrapped with tubing for self-propulsion.

Note: The HCPCs code for this item is considered to be part of the base code for the MWC; the vendor may not bill for hand rims for a new MWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more specialized component if there is a request for replacement.

Headrest extension, MWC, each.

Guidelines:

- Member meets all criteria for a MWC AND
- Member has a medical condition which results in the requirement for a headrest extension for proper positioning and alignment.

Cautions: Overuse of head support may result in cervical muscle weakness.

Narrowing device, MWC.

Guidelines:

- Member meets all criteria for a MWC AND
- Member has an appropriate sling seat wheelchair and requires a narrowing device to enable the wheelchair to fit through doorways in the home.

Cautions: Narrowing devices can impair positioning and skin integrity when the chair is narrowed. Consider options for home renovations, such as The Vermont Center for Independent Living (800-639-1522), USDA rural home renovation grants and loans (802-828-6000), or the Opportunities Independence Fund (800-865-8328).

One-arm drive attachment, MWC, each.

Guidelines:

- Member meets all criteria for a manual wheelchair AND
- Member has a medical condition which renders them unable to use both arms, or at least one lower extremity, to safely propel a manual wheelchair, AND

- Member demonstrates the physical and cognitive capacity to operate a one arm drive mechanism.

Cautions: One arm drive chairs are challenging to propel in terms of cognition and stamina. An assessment and a successful trial with a physical or occupational therapist present must occur before requesting the purchase of this accessory.

Pediatric dynamic seating frame for MWC, allows coordinated movement of multiple positioning features.

Guidelines:

- Member meets all criteria for a pediatric manual wheelchair (seat depth and width 14 inches or less) AND
- Member has a medical condition that requires multiple movable positioning features.

Cautions: More movable features may result in more mechanical breakdowns and may result in difficulties related to skin integrity and preservation of proper positioning.

Power add-on to convert manual wheelchair to motorized wheelchair, joystick control.

Guidelines:

- Member meets the guidelines for a PWC AND
- Member has a MWC that fits well and is in good repair, and can accommodate a power add-on, AND
- Member has a medical condition which results in the need for basic power mobility (can no longer self-propel the manual wheelchair due to loss of strength, arm function, or stamina) AND
- Member's hand function is such that the use of a joystick is required AND
- Member has the cognitive ability to use a power device safely.

Caution: Power add-on to a manual wheelchair may not meet the mobility needs of many individuals. Manual wheelchairs often are not constructed to withstand the added weight of the power unit and a decrease of wheelchair stability may also result. A physical or occupational therapist should evaluate the member to see if this device truly meets the need. Consider instead a POV or PWC.

Power add-on to convert a manual wheelchair to motorized wheelchair, tiller control.

Guidelines:

- Member meets the guidelines for a power wheelchair AND
- Member has a manual wheelchair that fits well and is in good repair, and can accommodate a power add-on AND
- Member has a medical condition which results in the need for basic power mobility (can no longer self-propel the manual wheelchair due to loss of strength, arm function, or stamina) AND
- Member's hand function is such that the use of a tiller is required AND
- Member has the cognitive ability to operate a power device safely.

Caution: Power add-on to a manual wheelchair may not meet the mobility needs of many individuals. Manual wheelchairs often are not constructed to withstand the added weight of the power unit and a decrease of wheelchair stability may also result. A physical or occupational therapist must evaluate the member to see if this device truly meets the need. Consider instead a POV or PWC.

Shock absorber for MWC, each.

Guidelines:

- Member meets all the guidelines for a MWC AND
- Member has a medical condition which requires shock absorption.

Cautions: Good shock absorption is important for individuals with fragile bones, severe pain or a severe startle reflex who must travel over rough terrain to accomplish their MRADLs. Premature need for replacement of shock absorbers may demonstrate improper use or the need for a more heavy duty shock.

Shock absorber, heavy duty, for heavy duty or extra heavy duty MWC, each.

Guidelines:

- Member meets all the guidelines for a heavy duty/extra heavy duty manual wheelchair AND
- Member has a medical condition which requires shock absorption.

Cautions: Good shock absorption is important for individuals with fragile bones, severe pain, or severe startle reflex who must travel over rough terrain to accomplish their MRADLs. Individuals with the need for a heavy duty wheelchair may have additional needs for heavy duty shock absorption both to keep the chair in good shape and for the medical condition of the member. Premature need for replacement of shock absorbers may demonstrate improper use or the need for a more heavy duty shock.

Solid seat support base (replaces sling seat) includes any type mounting hardware.

Guidelines:

- Member meets all the guidelines for a MWC AND
- Member has a medical condition which requires a firm wheelchair base to allow for proper positioning.

Cautions: A sling seat may result in poor posture and may negatively affect propulsion ability and function. A solid seat support base is the foundation for a supportive seating system.

Note: There is a different code for a solid seat *insert* (see below).

Solid seat insert, MWC.

Guidelines:

- Member meets the guidelines for manual wheelchair AND
- Member has a medical condition which requires positioning and postural stabilization AND
- Where the insert is accompanied by an appropriate cushion to provide positioning and postural stabilization, and to preserve skin integrity.

Caution: “Sling” seats may cause long term problems with alignment, function, and skin integrity. Solid inserts provide a solid base so that appropriate cushioning can be applied, and alignment, function, and skin integrity preservation can be maximized.

Note: This device is sometimes called an “apple board.” It is less supportive than the solid support base.

Spoke protectors, each.

Guidelines:

- Member meets all guidelines for a MWC AND
- Member’s wheelchair has spoked wheels AND
- Member has a medical condition that requires that their fingers be protected from injury in the spokes.

Caution: Injuries to the fingers may result if spoke protectors are not provided to individuals with insensate fingers or impaired cognition for touch sensation. Consideration should be given to the use of mag wheels.

Standing mechanism, MWC.

Guidelines:

- Member meets all the guidelines for a MWC AND
- Member has a medical condition which results in the need for standing while in the wheelchair in order to accomplish mobility related activities of daily living (MRADLs) and/or for the physiological benefits of standing without unnecessary transfers to a standing frame (stander), or where the member is more independent in attaining a standing position by use of the standing mechanism than by use of a standing frame AND
- Where a home assessment has been performed by a physical or occupational therapist to determine if there are household adaptations required for the member to safely accomplish their MRADLs AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.
-

Additional Notes:

Often, surface heights can be adjusted for MRADLs. Standing mechanisms are most needed in situations where the member cannot control the height of the MRADL surfaces and in the context of frequent overhead reaching, or when multiple transfers to a standing frame to obtain the physiological benefits of standing is onerous and medically contraindicated.

The addition of a standing system results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and the more difficult to operate.

Medicare does not cover this component.

For options related to home modifications or equipment (for example, if the request uses the medical necessity justification of the ability to cook, reach kitchen counters/ shelves), members may access the Vermont Center for Independent Living at (800-639-1522), the USDA Rural Development Loan and Grant Program at (802-828-6000), the Opportunities Independence Fund at (800-865-8328), and the Vermont Assistive Technology Program at (800-750-6355).

Wheel braking/lock assembly, complete, each. Billing is for replacement only.

Guidelines:

- Member meets the guidelines for a MWC AND
- Member has a medical condition which requires braking for safe transfers, safe transportation and stability when stationary AND
- Member's current brakes are no longer functioning properly. The expectation is that the member will have made every effort to maintain the brakes to avoid damage.

Cautions: For other than standard brake positioning and function (push to lock on the top of the drive wheel), the expertise of a physical or occupational therapist is required.

Note: The HCPCs code for this item is considered to be part of the base code for the MWC; the vendor may not bill for a wheel lock assembly for a new MWC. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component

requires replacement; consider the need for a more heavy duty or specialty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

It is incorrect for vendors to use generic codes for certain types of brake assemblies. The brake code does not specify the type of brake and therefore it is the same code for all brake systems.

Power wheelchair (PWC) accessories

Attendant control, proportional, including all related electronics and fixed mounting hardware.

Guidelines: THIS CODE IS PAC 9 and so requires an exception request.

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of an attendant control as part of a training program directed by a physical or occupational therapist with the goals of member independence with wheelchair function within 1 year OR has a medical condition that necessitates the use of an attendant control for safety in emergencies that are a known part of the member's medical condition (for example, grand mal seizures) AND
- When there is a caregiver in constant attendance during the operation of the wheelchair.

Caution: Ongoing reliance on attendant control is not a covered benefit, because it does not demonstrate medical necessity. Note that Medicare and Interqual criteria have less stringent guidelines for power wheelchair bses because they allow coverage in situations where the member is unable or unwilling to self-propel but the caregiver is willing to operate a power wheelchair using an attendant control. This negates the medical purpose of power mobility, which is to increase member mobility independence.

Batteries, including: 22NF non-sealed or sealed lead acid, group 24 non-sealed or sealed lead acid, U-1 non-sealed or sealed lead acid, group 27 non-sealed or sealed lead acid, or lithium based battery, each.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a wheelchair that requires this type of battery AND
- Battery is appropriate for the member's needs in terms of accomplishing MRADLs.

Cautions: The level of care needed to maintain the battery must be within the capacity of the member and/or caregivers.

Note: Medicare does not cover non-sealed batteries.

Battery charger, single mode or dual mode, for use with only one battery type, sealed or non-sealed, each. Replacement only.

Vendor must train the member and family in the proper use of the charger and ensure that the member has the capacity to recharge the batteries to avoid battery damage.

Note: A battery charger is part of the base code for the PWC; the vendor may not bill for a battery charger for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Note: Medicare does not cover dual mode chargers.

Controller, expandable, including all related electronics and mounting hardware, each. Replacement only OR device to be provided at the time of initial issue (CAUTION! 2 different codes!).

Note: There is a code for a replacement device and a different code for a device to be provided at the time of initial issue. The replacement code for an expandable controller as described above is part of the base code for the PWC; the vendor may not bill for this device for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement. Vendor must document member education if the device is required due to incorrect or excessive use.

Note: Per NHIC Power Wheelchair Electronics Clarification, revised June 2010, Medicare allows expandable controllers and wiring harnesses when a “specialty interface is required, i.e., head control interface, sip and puff interface, joystick other than a standard proportional joystick or multi-switch hand control interface.”

Controller, non-expandable, including all related electronics and mounting hardware, each. Billing is allowed for replacement only.

A non-expandable controller as described above is part of the base code for the PWC; the vendor may not bill for this device for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement. Vendor must document member education if the device is required due to incorrect or excessive use.

Note: Per NHIC Power Wheelchair Electronics Clarification, revised June 2010, Medicare states that there “is no separate billing /payment for electronics if a non-expandable controller and a standard proportional joystick (integrated or remote) are provided.”

Drive belt for power wheelchair. Billing is for replacement only.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member’s current drive belt is functioning poorly or is nonfunctional, putting the individual at a safety risk or risk of losing their mobility.

Caution: Drive belts should be replaced at the first signs of wear, to avoid strandings.

Note: The HCPCs code for this item is considered to be part of the base code for the wheelchair; the vendor may not bill for a drive belt for a new wheelchair. There is no coverage for replacement devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

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.

Guidelines:

- Member meets all guidelines for a PWC AND

- Member has a medical condition which necessitates the use of a single power seating system motor to operate medically necessary seating devices AND
- Member has demonstrated the cognitive and physical ability to operate a device with this level of complexity.

Cautions: The more complex the chair, the more prone to breakdowns and the more difficult it is to operate. Consideration should be given for the potential, predictable need for more power system motors, if the member's medical condition is such that increased disability is predictable.

Note: Per NHIC Power Wheelchair Electronics Clarification, revised June 2010, Medicare states that there "is no separate billing /payment for electronics if a non-expandable controller and a standard proportional joystick (integrated or remote) are provided." "An expandable controller and harness are not allowed...unless a specialty interface is used."

This clarification also states that the code describes "electronic components that allow the patient to control two or more of the following motors from a single interface, e.g., proportional joystick, touchpad, or nonproportional interface: power tilt, power recline...combination power tilt and recline...power leg elevation...payment for the interface code includes...fixed mounting hardware...").

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.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition which necessitates the use of multiple power seating system motors to operate medically necessary seating devices AND
- Member has demonstrated the cognitive and physical ability to operate a device with this level of complexity.

Caution: The more complex the chair, the more prone to breakdowns and the more difficult it is to operate.

Note: Per NHIC Power Wheelchair Electronics Clarification, revised June 2010, Medicare states that there "is no separate billing /payment for electronics if a non-expandable controller and a standard proportional joystick (integrated or remote) are provided."

With two power seating functions: "An expandable controller and harness are not allowed in this situation unless a specialty interface is used."

With three or more power seating functions: "One unit of electronic connection...one unit of expandable controller, and one unit of harness...are allowed."

This clarification also states that the code describes "electronic components that allow the patient to control two or more of the following motors from a single interface, e.g., proportional joystick, touchpad, or nonproportional interface: power tilt, power recline...combination power tilt and recline...power leg elevation...payment for the interface code includes...fixed mounting hardware...").

There are rare occasions where Medicare will not cover the expandable controller and harness because they do not consider a requested interface a "specialty interface," for example, a

standard proportional joystick mounted backward to enable member independent use, which requires an electronic upgrade. In this case, Medicaid may provide coverage to enable the member to utilize their device.

Gear box. Billing is allowed for replacement only.

A gear box is part of the base code for the PWC; the vendor may not bill for a gear box for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition which necessitates the use of an expandable controller AND
- Member requires one or more of the following functions: other types of proportional input devices (e.g. mini-proportional or compact joysticks, touchpads, 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;...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)...” AND
- Member has demonstrated the cognitive and physical ability to operate a device with this level of complexity.

Cautions: The more complex the chair, the more prone to breakdowns and the more difficult it is to operate.

Note: A Harness consists of: “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.”

Interface, attendant control, proportional, including all related electronics and fixed mounting hardware.

NOTE: ATTENDANT CONTROL IS PAC9 and therefore an exception is required for coverage consideration.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of an attendant control as part of a training program directed by a physical or occupational therapist with the goals of member independence with wheelchair function within 1 year OR has a medical condition that necessitates the use of an attendant control for safety in emergencies that are a known part of the member's medical condition (for example, grand mal seizures) AND
- When there is a caregiver in constant attendance during the operation of the wheelchair.

Cautions: Ongoing reliance on attendant control is not a covered benefit, because it does not demonstrate medical necessity. Note that Medicare and Interqual criteria has less stringent guidelines and allow coverage in situations where the member is unable or unwilling to self-propel but the caregiver is willing to operate a power wheelchair using an attendant control. This

negates the medical purpose of power mobility, which is to increase member mobility independence.

Interface, hand or chin control, mini-proportional remote joystick, proportional, including fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a proportional interface AND
- Member has demonstrated the cognitive and physical capacity to operate the device using their hand or chin.

Caution: Documented successful trial of this device is required before coverage will be granted.

Note: That a Mini-proportional joystick is “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.”

Interface, hand control, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a nonproportional hand control interface with multiple mechanical switches AND
- Member has demonstrated the cognitive and physical capacity to operate the device.

Cautions: Documented successful trial of this device is required before coverage will be granted.

Note: That a Nonproportional Interface is “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed.”

Interface, hand control, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a nonproportional interface AND
- Member has demonstrated the cognitive and physical capacity to operate the device.

Cautions: Documented successful trial of this device is required before coverage will be granted.

Note: That a Nonproportional Interface is “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed.”

Note: That a Remote Joystick is one where “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”. (See above for limitations on the coverage of attendant control devices.)

Interface, hand or chin control, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware. Replacement only.

A standard remote joystick as described above is part of the base code for the PWC; the vendor may not bill this device for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty or specialty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Interface, head control, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a head control interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the switch mechanisms described above.

Caution: The trial of a head control interface with the switches described requires the expertise of a physical or occupational therapist.

Note: That a Nonproportional Interface is “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed.”

Interface, head control, mechanical, proportional, including all electronics, mechanical direction change switch, and fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a mechanical head control interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the mechanical head control interface.

Caution: The trial of a mechanical head control interface requires the expertise of a physical or occupational therapist.

Note: That a Proportional Interface is one in which: “the direction and amount of movement by the patient controls the direction and speed of the wheelchair. One example...is a standard joystick.”

Interface, head control, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a head control interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the switch mechanisms described above.

Caution: The trial of a head control interface with the switches described requires the expertise of a physical or occupational therapist.

Note: That a Nonproportional Interface is “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed.”

Interface, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of an electronic head or extremity control interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the electronic head or extremity control interface.

Caution: The trial of an electronic head or extremity control interface requires the expertise of a physical or occupational therapist.

Note: That a Proportional Interface is one in which: “the direction and amount of movement by the patient controls the direction and speed of the wheelchair. One example...is a standard joystick.”

Interface, not otherwise classified, including all related electronics and any type mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of interfaces/interface hardware not otherwise classified AND
- Member has the physical and cognitive capacity to operate multiple interfaces.

Caution: Operating multiple interfaces can be physically and cognitively difficult. The expertise of a physical or occupational therapist is required in the trialing of multiple interfaces or complex interfaces. It is imperative to check all the existing codes for interfaces before considering the use of a generic code.

Interface, sip and puff, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a sip and puff interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the sip and puff interface.

Caution: The trial of a sip and puff interface requires the expertise of a physical or occupational therapist.

Note: That a Nonproportional Interface is “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed.”

Interface component, breath tube kit for sip and puff interface.

Guidelines:

- Member meets all guidelines for a PWC AND

- Member has a medical condition that necessitates the use of a sip and puff interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the sip and puff interface AND
- Where the sip and puff interface breath tube does not come standard with the interface itself OR where it requires replacement that is not covered by warranty.

Caution: The trial of a sip and puff interface requires the expertise of a physical or occupational therapist.

Interface component, chin cup for chin control interface.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a chin control interface AND
- Member has demonstrated the cognitive and physical capacity to utilize the chin control interface.

Caution: Trial of a chin control interface requires the expertise of a physical or occupational therapist.

Interface component, specialty joystick handle for hand control interface, prefabricated.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a specialty prefabricated joystick handle AND
- Member has demonstrated the cognitive and physical capacity to utilize the specialty joystick.

Caution: Trial of specialty joysticks requires the expertise of a physical or occupational therapist.

Interface component to operate speech generating device using power wheelchair control interface.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of a speech generating device while utilizing the power wheelchair.

Caution: It is imperative that the individual have the cognitive and physical capacity to operate multiple interfaces. This ability must be determined by a physical or occupational therapist, in collaboration with a speech language pathologist.

Leg elevation system, mechanically linked, addition to power seating system, including pushrod and leg rest, each.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member requires elevating leg rests AND
- Mechanical elevation system is sufficient to meet the member's medical needs AND
- When the medical necessity justification for the elevating leg rests is edema, the member must be participating in a comprehensive edema reduction program including compressive garments and medication when medically indicated AND must have a recline feature as part of the wheelchair AND where going to bed to lie down and elevate legs is not possible in the course of performing MRADLs.

Caution: Edema is not a sufficient medical justification for elevating leg rests if not accompanied by a recline feature for the wheelchair, due to the basic laws of fluid dynamics.

Leg elevation system, power, addition to power seating system, including leg rest, each.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member requires elevating leg rests AND
- Member has the cognitive and physical ability to operate a power leg elevation system AND
- When the medical necessity justification for the elevating leg rests is edema, the member must be participating in a comprehensive edema reduction program including compressive garments and medication AND must have a recline feature as part of the wheelchair AND where going to bed to lie down and elevate legs is not possible in the course of performing MRADLs.

Caution: Edema is not a sufficient medical justification for elevating leg rests if not accompanied by a recline feature for the wheelchair, due to the basic laws of fluid dynamics.

Motor, each. Billing is allowed for replacement only.

Note: a motor is part of the base code for the PWC; the vendor may not bill for a motor for a new PWC device. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Motor and gear box, each. Billing is allowed for replacement only.

Note: a motor and gear box are part of the base code for the PWC; the vendor may not bill for a motor and gear box for a new PWC device. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Other PWC accessory, not otherwise classified interface, including all related electronics and any type mounting hardware.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition that necessitates the use of an interface accessory *not otherwise listed in HCPCS coding* AND
- Where medical necessity justification is provided by a physical or occupational therapist, or a physician knowledgeable about wheelchairs and positioning AND
- Where manufacturer's description, illustration and pricing information about the accessory is provided to allow for medical review.

Cautions: Medical justification for "not otherwise classified" accessories requires the expertise of a physical or occupational therapist or physician/advanced practice provider knowledgeable about wheelchairs and positioning. Successful trial of the device is required to ensure that it will meet the member's medical needs.

Note: Vendors are not to use the Other accessories code, which is manually priced, to obtain a higher level of reimbursement than the price on file for the proper code. Refer the vendor to the Enhanced Pricing procedure for this situation.

Seat lift mechanism, PWC (seat elevation system)

Guidelines:

- Member meets all the guidelines for a PWC AND
- Member has a medical condition which results in the need for a change of seated height via a seat lift mechanism in order to accomplish mobility related activities of daily living (MRADLs) and/or transfers AND
- Where a home assessment has been performed by a physical or occupational therapist to determine if there are household adaptations that can allow accomplishment of the mobility related activities of daily living and/or transfers without the seat lift mechanism AND
- A RESNA-certified Assistive Technology Professional (ATP) employed by the DME supplier has been directly involved in the wheelchair selection process for the member.

Notes:

Often, surfaces in a home can be leveled so that level transfers can occur, and in those situations seat lift mechanisms are not required. Also, surface heights can be adjusted for MRADLs. Seat lift mechanisms are most needed in situations where the member cannot control the height of the transfer surfaces (for example, a dialysis couch) and in the context of frequent overhead reaching.

The addition of a seat lift mechanism results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power standing functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

For options related to home modifications or equipment (for example, if the request uses a medical necessity justification such as the ability to cook or reach kitchen counters/shelves), members may access the Vermont Center for Independent Living at (800-639-1522), the USDA Rural Development Loan and Grant Program at (802-828-6000), the Opportunities Independence Fund at (800-865-8328), and the Vermont Assistive Technology Program at (800-750-6355).

Note: As of 5/16/23, Medicare now covers seat lift devices for dual eligible members.

Seating system, power, combination tilt and recline, without shear reduction.

Guidelines:

- Member meets the guidelines for a PWC AND
- Member requires both tilt and recline to meet their medical needs AND
- Member does not require a shear reduction feature to preserve skin integrity AND
- Member has a medical condition which necessitates changes in position while accomplishing MRADLs, where the position changes cannot be performed without power assistance, OR
- Member has a medical condition which necessitates changes in position due to severe fatigue, blood pressure changes, or potential for loss of skin integrity AND where timely transfer to a bed to rest is not possible AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Cautions:

If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication when medically indicated. A headrest is needed for head control during periods of tilt/recline. Member must have the cognitive and physical ability to use all the electronics necessary for tilt/recline. Any member who is at risk for loss of skin integrity and cannot reposition should be evaluated for a shear reduction feature. Please note that a recline feature should not replace lying down in a bed for rest and repositioning when that option is possible. Shear reduction is vital if the member is at risk for loss of skin integrity during position changes and transfers. Consider inclusion of shear reduction.

**Seating system, power, combination tilt and recline, with mechanical shear reduction.
Guidelines:**

- Member meets the guidelines for a PWC AND
 - Member requires both tilt and recline to meet their medical needs AND
- Member requires a shear reduction feature to preserve skin integrity AND
- Member does not require power shear reduction to preserve skin integrity (mechanical is sufficient) AND
- Member has a medical condition which necessitates changes in position while accomplishing MRADLs, where the position changes cannot be performed without power assistance, OR
- Member has a medical condition which necessitates changes in position due to severe fatigue, blood pressure changes, or potential for loss of skin integrity AND where timely transfer to a bed to rest is not possible AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Caution: If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication. A headrest is needed for head control during periods of tilt/recline. Member must have the cognitive and physical ability to use all the electronics necessary for tilt/recline.

The addition of a power seating system results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power seating functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Seating system, power, combination tilt and recline, with power shear reduction.

- Member meets the guidelines for a PWC AND
- Member requires a shear reduction feature to preserve skin integrity AND
- Member requires power shear reduction to preserve skin integrity AND
- Member has a medical condition which necessitates changes in position while accomplishing MRADLs, where the position changes cannot be performed manually or mechanically OR
- Member has a medical condition which necessitates changes in position due to severe fatigue, blood pressure changes, or potential for loss of skin integrity AND where timely transfer to a bed to rest is not possible AND

- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Caution: If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication. A headrest is needed for head control during periods of tilt/recline. Member must have the cognitive and physical ability to use all the electronics necessary for tilt/recline and shear reduction.

The addition of a power seating system results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power seating functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Seating system, power, recline only, with mechanical shear reduction.

Guidelines:

- Member meets the guidelines for a PWC AND
- Member has a medical condition which necessitates a reclined position AND
- Member requires a shear reduction feature to preserve skin integrity AND
- Mechanical shear reduction is sufficient to preserve skin integrity AND
- Member is unable to return to bed during the day to attain the reclined position AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Caution: If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication. A headrest is needed for head control during periods of recline. Please note that a recline feature should not replace lying down in a bed for rest and repositioning when that option is possible.

Consider the benefits of adding a tilt feature, for pressure relief without shearing.

The addition of power seating results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power seating functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Seating system, power, recline only, with power shear reduction.

Guidelines:

- Member meets the guidelines for a PWC AND
- Member has a medical condition which necessitates a reclined position AND
- Member requires a shear reduction feature to preserve skin integrity AND
- Member requires power shear reduction to preserve skin integrity AND
- Member is unable to return to bed during the day to attain the reclined position AND
- A RESNA-certified Assistive Technology Professional (ATP) employed by the DME supplier has been directly involved in the wheelchair selection process for the member.

Caution: If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing

the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication when medically indicated. A headrest is needed for head control during periods of recline.

Consider the benefits of adding a tilt feature, for pressure relief without shearing.

The addition of power seating results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power seating functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Seating system, power, recline only, without shear reduction.

Guidelines:

- Member meets the guidelines for a PWC AND
- Member has a medical condition which necessitates a reclined position AND
- Member has sufficient skin integrity to permit recline without shear reduction feature AND
- Member is unable to return to bed during the day to attain the reclined position AND
- A RESNA-certified Assistive Technology Professional (ATP) employed by the DME supplier has been directly involved in the wheelchair selection process for the member.

Caution: Recline without a shear reduction feature can cause a loss of skin integrity. If dependent lower extremity edema is present, elevating leg rests will also be necessary to allow fluid dynamics to move the fluid up toward the heart. Any member utilizing the reclined position to control edema must also be utilizing a comprehensive edema control program, including compression garments and medication when medically indicated. A headrest is needed for head control during periods of recline. Please note that a recline feature should not replace lying down in a bed for rest and repositioning when that option is possible.

Consider the benefits of adding a tilt feature, for pressure relief without shearing.

The addition of power seating results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and the more difficult to operate. For power seating functions, additional electronics are required and the requested wheelchair must be able to accept the additional electronics.

Seating system, power, tilt only.

Guidelines:

- Member meets the guidelines for a PWC AND
- Member would be unable to access transportation to medically indicated appointments without tilt in space feature OR
- Member has a medical condition which necessitates changes in position while accomplishing MRADLs, where the position changes cannot be performed manually and where reclining is contraindicated because of shear forces to the skin OR
- Member has a medical condition which necessitates changes in position due to severe fatigue or potential for loss of skin integrity AND where timely transfer to a bed to rest is not possible.
- Lower extremity edema is NOT an indication for tilt in space as the legs are not elevated level with or higher than the heart with tilt-in-space positioning AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Caution: Members with dependent edema require a recline feature with elevating leg rests or opportunities for timely transfer to a bed. Tilt in space chairs are not useful for edema control given the basic principles of fluid dynamics. A headrest is needed for head control during periods of tilt.

The addition of power seating results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power seating functions, additional electronics are required, and the requested wheelchair must be able to accept the additional electronics.

Shock absorber for power wheelchair, each.

Guidelines:

- Member meets all the guidelines for a PWC AND
- Member has a medical condition which requires shock absorption.

Cautions: Good shock absorption is important for individuals with fragile bones, severe startle reflex, or severe pain, who must travel over rough terrain to accomplish their MRADLs. Premature wear may demonstrate improper use or the need for a more heavy duty shock.

Shock absorber, heavy duty, for heavy duty or extra heavy duty power wheelchair, each.

Guidelines:

- Member meets all the guidelines for a heavy duty or extra heavy duty PWC AND
- Member has a medical condition requiring shock absorption.

Cautions: Good shock absorption is imperative for individuals with fragile bones, severe startle reflex, or severe pain, who must travel over rough terrain to accomplish their MRADLs. Individuals with the need for a heavy duty wheelchair have additional needs for heavy duty shock absorption both to keep the chair in good shape and for the comfort of the member. Premature wear may demonstrate improper use or the need for a more heavy duty shock.

Standing mechanism, power

- Member meets all the guidelines for a PWC AND
- Member has a medical condition which results in the need for standing while in the wheelchair in order to accomplish mobility related activities of daily living (MRADLs) and/or for the physiological benefits of standing without unnecessary transfers to a standing frame, or where the member is more independent in attaining a standing position by use of the standing mechanism than by use of a standing frame AND
- Where a home assessment has been performed by a physical or occupational therapist to determine if there are household adaptations required for the member to safely accomplish their MRADLs AND
- A RESNA-certified Assistive Technology Professional (ATP) has been directly involved in the wheelchair selection process for the member.

Additional Notes:

Often, surface heights can be adjusted for MRADLs. Standing mechanisms are most needed in situations where the member cannot control the height of the MRADL surfaces and in the context of frequent overhead reaching, or when multiple transfers to a standing frame to obtain the physiological benefits of standing is onerous and medically contraindicated.

The addition of a standing system results in more moving parts. The more moving parts, the more a wheelchair is prone to breakdowns and is more difficult to operate. For power standing

functions, additional electronics are required, and the requested wheelchair must be able to accept the additional electronics.

Medicare does not cover this component.

For options related to home modifications or equipment (for example, if the request uses the medical necessity justification of the ability to cook, reach kitchen counters/ shelves), members may access the Vermont Center for Independent Living at (800-639-1522), the USDA Rural Development Loan and Grant Program at (802-828-6000), the Opportunities Independence Fund at (800-865-8328), and the Vermont Assistive Technology Program at (800-750-6355).

Special Sizes

Note: when there is medical necessity justification for a special wheelchair size that results in the need for home modifications (for example, wider doorways), members may access the Vermont Center for Independent Living at (800-639-1522), the USDA Rural Development Loan and Grant Program at (802-828-6000), or the Opportunities Independence Fund at (800-865-8328).

Nonstandard seat frame, MWC, width greater than or equal to 20” and less than 24”.

Guidelines:

- Member meets all guidelines for a MWC AND
- Member has a medical condition, or a body configuration, which necessitates a seat frame with a width of 20-24” for proper positioning, preservation of skin integrity, and proper function in the wheelchair.

Caution: An incorrectly sized chair can affect function, posture, and skin integrity. It is necessary to take into account the need to accommodate for heavy winter clothing. Consider the width of the individual’s doorframes and home/vehicle access.

Nonstandard seat frame width, MWC, 24-27 inches.

Guidelines:

- Member meets all guidelines for a MWC AND
- Member has a medical condition, or a body configuration, which necessitates a seat frame with a width of 24-27” for proper positioning, preservation of skin integrity, and proper function in the wheelchair.

Caution: An incorrectly sized chair can affect function, posture, and skin integrity. It is necessary to take into account the need to accommodate for heavy winter clothing. Consider the width of the individual’s doorframes and home/vehicle access.

Nonstandard seat frame depth, MWC, 20 to less than 22 inches.

Guidelines:

- Member meets all guidelines for a MWC AND
- Member has a medical condition, or a body configuration, which necessitates a seat frame with a depth of 20-less than 22 inches for proper positioning, preservation of skin integrity, and proper function in the wheelchair.

Caution: An incorrectly deep chair can affect function, posture, and skin integrity. Consider how seat depth can affect the turning radius of the chair, including home/vehicle access.

Nonstandard seat frame depth, MWC, 22-25 inches.

Guidelines:

- Member meets all guidelines for a MWC AND
- Member has a medical condition, or a body configuration, which necessitates a seat frame with a depth of 22-25 inches for proper positioning, preservation of skin integrity, and proper function in the wheelchair.

Caution: An incorrectly deep chair can affect function, posture, and skin integrity. Consider how seat depth can affect the turning radius of the chair, including home/vehicle access.

Nonstandard seat frame width, PWC, 20-23 inches.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition or body configuration that necessitates the use of a nonstandard seat frame width of 20-23 inches.

Caution: An incorrectly sized chair can affect function, posture, and skin integrity. It is necessary to take into account the need to accommodate for heavy winter clothing. Consider the width of the individual's doorframes and home/vehicle access.

Nonstandard seat frame width, PWC, 24-27 inches.

Guidelines:

- Member meets all guidelines for a PWC AND
- Member has a medical condition or body configuration that necessitates the use of a nonstandard seat frame width of 24-27 inches.

Caution: An incorrectly sized chair can affect function, posture, and skin integrity. It is necessary to take into account the need to accommodate for heavy winter clothing. Consider the width of the individual's doorframes and home/vehicle access.

Nonstandard seat frame depth, 20 or 21 inches.

Guidelines:

- Member meets all guidelines for a power or manual wheelchair AND
- Member has a medical condition or body configuration that necessitates the use of a nonstandard seat frame depth of 20-21 inches.

Caution: An incorrectly deep chair can affect function, posture, and skin integrity. Consider how seat depth can affect the turning radius of the chair, including home/vehicle access.

Nonstandard seat frame depth, 22 or 25 inches.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition or body configuration that necessitates the use of a nonstandard seat frame depth of 22-25 inches.

Caution: An incorrectly deep chair can affect function, posture, and skin integrity. Consider how seat depth can affect the turning radius of the chair, including home/vehicle access.

Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair.

Guidelines:

- Member meets all the guidelines for a high strength, lightweight, or ultralightweight MWC AND
- Member has a medical condition or body configuration that necessitates a very low or very high seat height, for purposes of mobility (foot propulsion) or function (to be positioned at a height appropriate for transfers or the performance of MRADLs) AND

- Where the particular height is not an impediment to safety or function.

Caution: Extremely low chairs may result in foot drag or difficulty swinging away a footrest; it may also result in difficulty getting over stairs, curbs, or thresholds and difficulty with transfers. Extremely high chairs may result in chair instability, and difficulty with transfers to bed, commode, or other chairs. The medical necessity justification for this code must come from a PT, OT, or physician/advanced practice provider knowledgeable about wheelchairs, such as a physiatrist.

Special back height.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that necessitates support of the shoulders, neck, and/or head, where a headrest is not needed for positioning AND/OR
- Member's body configuration includes a very long back.

Cautions: Excessive back support may lead to impaired trunk or neck muscle strength.

Special seat depth, by upholstery.

Guidelines:

- Member meets all guidelines for MWC/PWC AND
- Member has a medical condition that necessitates a special depth of wheelchair seat, or whose body is configured such that a special seat depth is necessary for proper positioning in the wheelchair AND
- Member does not require special depth via the construction of the chair itself, but rather by the size of the upholstery.

Caution: In cases where there is a need for a substantial change in depth, it may be necessary to achieve the extra depth through the construction of the chair rather than the upholstery, to avoid instability.

Special seat depth and/or width, by construction.

Guidelines:

- Member meets all guidelines for MWC/PWC AND
- Member has a medical condition that necessitates a special depth or width of wheelchair seat, or whose body is configured such that a special seat depth or width is necessary for proper positioning in the wheelchair AND
- Member requires special depth or width via construction of the chair itself to maximize stability and safety in the chair.

Caution: In cases where there is a need for a substantial change in depth, it may be necessary to achieve the extra depth through the construction of the chair rather than the upholstery, to avoid instability.

Special seat height from floor.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member has a medical condition that necessitates a nonstandard height from the floor, to maximize safety during transfers, to maximize safe, independent propulsion, and/or allow adequate clearance over obstacles.

Caution: Specialized seat heights may result in problems with transfers or mobility. For example, a seat positioned low for foot propulsion may make it difficult to get to a standing position. A seat raised for easier sit to stand transfers may make foot propulsion impossible. A

lowered seat may result in footrests dragging on the ground when going over curbs or thresholds. Note: alteration in seat height from floor can also be achieved with a change in wheel diameter, varying the cushion thickness, and/or use of a drop base.

Wheels and tires

Note that there are specific HCPCs codes for tires, wheels, and wheel/tire combinations, for both propulsion “drive” wheels and casters.

Caster fork. Billing is allowed for replacement only.

Guidelines:

- Member has a MWC/PWC AND
- Where the caster fork mechanism has become worn or damaged after normal use. The expectation is that members will make every effort to use their equipment carefully.

Cautions: Worn caster forks may cause instability and loss of function and comfort. Individuals with obesity, or very active wheelchair users, are at higher risk for caster/fork problems and heavy duty equipment should be considered.

Note: Caster forks are part of the base code for the wheelchair; the vendor may not bill for caster forks for a new wheelchair. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Caster pin lock, each. Billing is allowed for replacement only.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Where the caster pin lock requires replacement due to damage or wear.

Cautions: Obese/large individuals may require heavy duty casters and mechanisms, if they are showing premature signs of wear or damage.

Note: Caster pin locks are part of the base code for the wheelchair; the vendor may not bill for caster pin locks for a new wheelchair. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Tire, propulsion or caster, foam or foam-filled, any size, each. Billing is allowed for replacement only, for PWCs.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member requires foam or foam filled tires due to the medical need for a cushioned ride (for example, if the member experiences pain or hyperreflexia with jarring or vibration) AND
- Member or caregivers are unable to change a flat tire should one occur, AND the member is unable to transfer to a chair and sit unsupported should the flat occur in the community.

Caution: Foam or foam filled tires are harder to propel than solid rubber tires on smooth indoor surfaces.

Note: Foam or foam filled tires are part of the base code for PWCs; the vendor may not bill for foam filled tires for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Tire, propulsion or caster, pneumatic, any size, each. Billing is allowed for replacement only, for PWCs.

Guidelines:

- Member meets all criteria for a MWC/PWC AND
- Member requires pneumatic tires due to the medical need for a highly cushioned ride (for example, if the member experiences pain or hyperreflexia with jarring or vibration) OR
- Member travels on mixed terrains in the course of accomplishing their MRADLs AND
- Member or caregivers are able to change a flat tire should one occur, AND the member is able to transfer to a chair and sit unsupported should the flat occur in the community.

Caution: Pneumatic tires are harder to propel than solid rubber tires on smooth indoor surfaces. Pneumatic tires are not appropriate for individuals who cannot fix a flat or do not have a caregiver who can fix a flat, or cannot transfer to a chair if a flat should occur in the community. Consider a flat-free insert for the pneumatic tire.

Note: Pneumatic tires are part of the base code for PWCs; the vendor may not bill for pneumatic tires for a new PWC. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Tire, propulsion or caster, solid (rubber/plastic), each. Billing is allowed for replacement only for MWCs and PWCs.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- Member requires solid tires due to the medical need for ease in self-propulsion when the wheelchair is to be operated primarily on a smooth, indoor surface.

Caution: Solid tires are not appropriate for members who must mobilize on uneven terrain to accomplish their MRADLs. They are also not appropriate for individuals who may experience increased pain or hyperreflexia from jarring or vibration during mobility.

Note: Solid tires are part of the base code for the wheelchair; the vendor may not bill for solid tires for a new wheelchair. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

Tube or insert for pneumatic tire, each. Billing is allowed for replacement only, for PWCs.

Guidelines:

- Member meets all guidelines for a MWC/PWC AND
- For a PWC, member requires replacement tubes or inserts for pneumatic tires due to wear and tear or puncture OR
- For a MWC, member requires replacement tubes or inserts for pneumatic tires due to the medical need for pneumatic tires and the danger to the member in case of a stranding.

Caution: Individuals who are unable to change a flat tire should one occur or unable to transfer to a chair and sit unsupported should a flat occur in the community, should consider tire options other than pneumatics.

Wheel, propulsion or caster, with or without tire, any size, each. Billing is allowed for replacement only.

Guidelines:

- Member meets the guidelines for a MWC/PWC AND
- Member requires a replacement wheel to be able to use the wheelchair safely. The expectation is that the member will have made every effort to maintain the wheel to avoid damage or untimely wear.

Caution: Members who require replacement wheels more frequently than seems usual should be evaluated to see if their weight or use pattern indicates the need for more heavy-duty equipment. Also, their ability to propel correctly to avoid wheel damage should be evaluated, as well as their knowledge of wheelchair care and maintenance.

Note: Wheels are part of the base code for the wheelchair; the vendor may not bill for wheels for a new wheelchair. There is no coverage for devices if currently under warranty. Determine the reason that the component requires replacement; consider the need for a more heavy-duty component if there is excessive early wear. Vendor must document member education if the device is required due to incorrect or excessive use.

This document has been classified as public information.