

Wheelchair Accessories

Face-to-Face Documentation Requirements

▶ HCPCS code(s) affected include the following:

E0973, K0017, K0018, K0020: Adjustable arm height option

E2209: Arm trough

E0990, K0046, K0047, K0053, K0195: Elevating leg rests

E2201 - E2204: Non-standard seat width and/or depth

E0974: Anti-rollback device

E0978: Safety belt/pelvic strap

E1226: Manual fully reclining back

▶ Coverage Criteria

Options and accessories for wheelchairs are covered if the patient has a wheelchair that meets Medicare coverage criteria and documentation in the patient's medical record substantiates the medical necessity for the item.

- **Adjustable arm height option** - The patient requires an arm height that is different than that available using non-adjustable arms and the patient spends at least 2 hours per day in the wheelchair.
- **Arm trough** - The patient has quadriplegia, hemiplegia, or uncontrolled arm movements.
- **Elevating leg rests** - The beneficiary has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
The beneficiary has significant edema of the lower extremities that requires an elevating leg rest; **or**
The beneficiary meets the criteria for and has a reclining back on the wheelchair.
- **Non-standard seat width and/or depth** - The patient's physical dimensions justify the need.
- **Anti-rollback device** - The patient self-propels and needs the device because of ramps.
- **Safety belt/pelvic strap** - The patient has weak upper body muscles, upper body instability, or muscle spasticity which requires use of this item for proper positioning.
- **Manual fully reclining back** - The patient has one or more of the following conditions documented in the medical record:
 - At high risk for development of a pressure ulcer and is unable to perform a functional weight shift;
 - Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed.