

Wheelchair Options and Accessories

A Collaboration Webinar
presented by the
A/B and DME Medicare
Administrative Contractors

September 30, 2025



DISCLAIMER

The A/B and DME MAC Provider Outreach and Education (POE) staff have produced this material as an informational reference for providers furnishing services in our contract jurisdictions to Medicare beneficiaries.

Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) website at <http://www.cms.gov>.

As a reminder, CMS does not allow recording of education opportunities such as this.

PARTICIPANTS

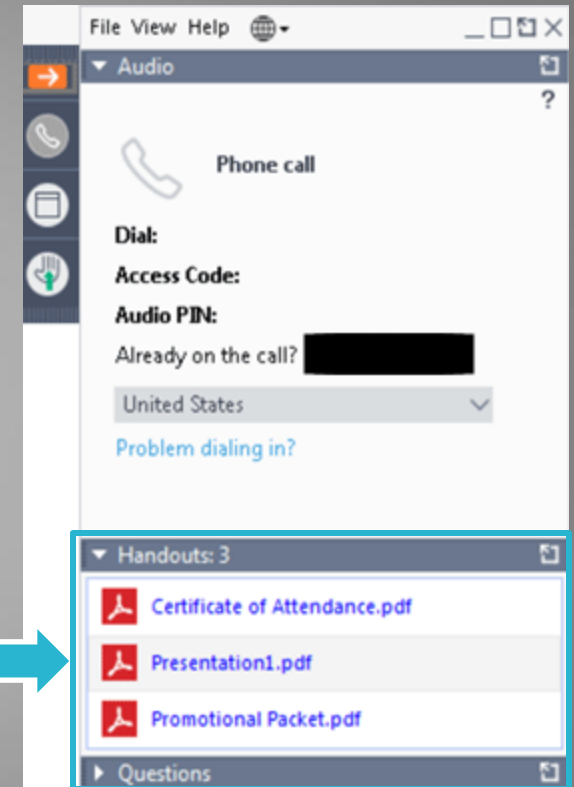
- **CGS Administrators, LLC:** <http://www.cgsmedicare.com>
- **First Coast Service Options, Inc.:** <http://www.fcso.com/>
- **National Government Services:** <http://ngsmedicare.com/>
- **Noridian Healthcare Solutions, LLC:** <http://www.noridianmedicare.com/>
- **Novitas Solutions:** <https://www.novitas-solutions.com/>
- **Palmetto GBA:** <http://www.palmettogba.com/>
- **WPS Government Health Administrators:** <https://www.wpsgha.com/>

A man in a dark suit and tie is pointing his right index finger towards a large, dark, rounded rectangular button. The button has the word 'WEBINAR' written on it in white, bold, sans-serif capital letters. The background is a plain, light gray.

WEBINAR

TODAY'S PRESENTATION

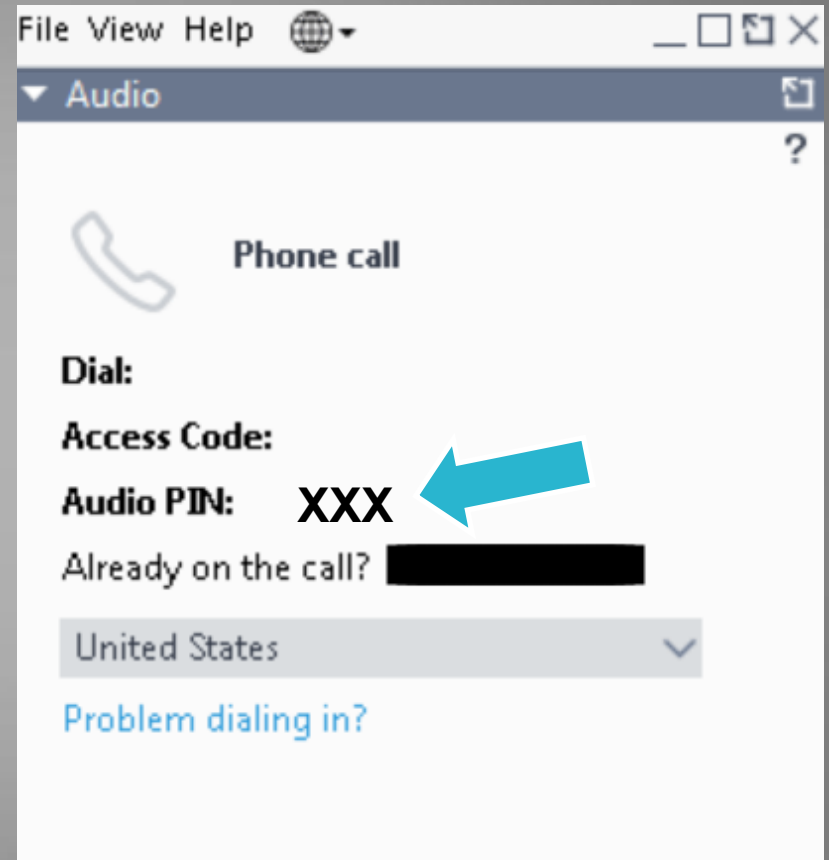
- Once you are connected to the webinar, select **Handouts**
- Select **Wheelchair Options and Accessories.pdf** to download the presentation



AUDIO

Once you are connected to the audio, the PIN displays

- Input the PIN on your screen into your telephone
- Dial-in number and PIN are unique for each attendee



QUESTION BOX

To ask a question in the question box . . .

The screenshot shows a web application window with a menu bar (File, View, Help) and a sidebar with icons for navigation, phone, calendar, and a hand. The main content area is titled 'Audio' and contains a 'Phone call' section with fields for 'Dial:', 'Access Code:', and 'Audio PIN:'. Below these is a dropdown menu for 'United States' and a link 'Problem dialing in?'. At the bottom, there is a 'Questions' section with a large text input area and a 'Send' button. A placeholder text '[Enter a question for staff]' is visible in the input area.

File View Help

Audio

Phone call

Dial:

Access Code:

Audio PIN:

Already on the call?

United States

Problem dialing in?

Handouts: 3

Questions

[Enter a question for staff]

Send

Type it here.

Hit send.

AGENDA

Coverage

Supplies

Documentation Requirements



Wheelchair Options and Accessories Coverage

[Local Coverage Determination L33792](#)
[Policy Article A52504](#)

General Coverage Criteria

- Options and accessories for wheelchairs are covered if:
 - Beneficiary has a wheelchair that meets Medicare criteria; and
 - Option or accessory itself is medically necessary
 - Coverage criteria for specific items are described in the LCD Wheelchair Options/Accessories (L33792)
 - <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33792&ContrID=140>
 - If these criteria are not met, the item will be denied as not reasonable and necessary

LCMP & ATP Participation

- Licensed Certified Medical Professional (LCMP)
 - Typically, a physical therapist, occupational therapist, or practitioner
 - Has specific training and experience in rehabilitation wheelchair evaluations
 - Documents need for device in beneficiary's home
 - May conduct physical aspects of face-to-face exam
 - May have no financial relationship with supplier
- RESNA-certified Assistive Technology Professional (ATP)
 - Employed by supplier
 - Conducts separate exam
 - Should indicate need for specific accessories and how accessories will help beneficiary

LCMP & ATP Participation Required for Certain Wheelchair Bases

- Required for wheelchair bases, both manual and power:
 - K0005 and E1161
 - Group 2 Single Power or Multi Power Options PWC
 - Any Group 3 or Group 5 PWC
 - Push-rim activated power assist device

MANUAL WHEELCHAIR BASES BASIC EQUIPMENT PACKAGE

- Complete frame
- Propulsion wheels
- Casters
- Brakes
- Sling seat, seat pan
 - Structured to accept seating system
- Sling back, other seat back support
 - Structured to accept back system
- Standard leg footrests
 - Armrests
- Safety accessories

POWER OPERATED VEHICLE (POV) BASIC EQUIPMENT PACKAGE

- Basic POV (“Scooter”) Package
 - Lap belt or safety belt
 - Batteries
 - Battery charger (single mode)
 - Weight appropriate upholstery and seating systems
 - Tiller steering
 - Non-expandable controller with proportional response to input
 - Complete set of tires

POWER WHEELCHAIR (PWC) BASE BASIC EQUIPMENT PACKAGE

- Lap or safety belt
- Battery charger (single mode)
- Complete set of tires and casters (any type)
- Leg rests (fixed, swing away or detachable non-elevating with/without calf pad)
- Footrests/foot platform (fixed, swing away or detachable non-elevating without angle adjustment)
- Armrests (fixed, swing away, or detachable non-adjustable height armrests)
- Weight-specific components as required by beneficiary weight capacity
- Any seat width and depth, any back width (exceptions Group 3 and 4 PWCs)
- Controller and input device (non-expandable and standard proportional joystick)

ROLLABOUT AND TRANSPORT CHAIRS

Rollabout chair

- Allowance includes options and accessories provided at time of issue

Transport chair

- Allowance includes options and accessories provided at time of issue
 - Exception: elevating leg rests

ARM AND LEG RESTS

Description	HCPCS	Covered if:
Adjustable arm height option	E0973, K0017, K0018, K0020	<ul style="list-style-type: none">▪ Beneficiary requires arm height different than non-adjustable arms; and▪ Spends at least 2 hours per day in wheelchair
Arm trough	E2209	<ul style="list-style-type: none">▪ Beneficiary has quadriplegia, hemiplegia, or▪ Uncontrolled arm movements
Elevating leg rests	E0990, K0046, K0047, K0053, K0195	<ul style="list-style-type: none">▪ Beneficiary has musculoskeletal condition or presence of cast or brace which prevents 90-degree flexion at the knee; or▪ Beneficiary has significant edema of the lower extremities that requires elevating leg rests; or▪ Beneficiary meets criteria for and has reclining back on the wheelchair

NONSTANDARD SEAT FRAMES AND DRIVE WHEELS

Description	HCPCS	Covered if:
Nonstandard seat width and/or depth for a manual wheelchair	E2201, E2202, E2203, E2204	Beneficiary's physical dimensions justify the need
Gear reduction drive wheel	E2227	<ul style="list-style-type: none">▪ Beneficiary has been self-propelling in manual wheelchair at least one year,▪ Beneficiary has had specialty evaluation performed by LCMP to document need for device in the beneficiary's home; and▪ Wheelchair is provided by a supplier that employs RESNA certified ATP specializing in wheelchairs and has direct involvement in the wheelchair selection

BATTERIES AND CHARGERS

Description	HCPCS	Coverage
Sealed	E2359, E2361, E2363, E2365, E2371, K0733	Up to two batteries at any one time are allowed if required for a power wheelchair.
Non-sealed	E2358, E2360, E2362, E2364, E2372	Denied as not reasonable and necessary
Single mode battery charger	E2366	Appropriate for charging a sealed lead acid battery
Dual mode charger	E2367	Denied as not reasonable and necessary when provided as a replacement
Lithium-based battery	E2397	<ul style="list-style-type: none">▪ One every three years▪ Only one battery is allowed at any one time

POWER TILT AND/OR RECLINE SEATING SYSTEMS

- Covered if criteria 1, 2, and 3 are met and criterion 4, 5, or 6 is met
 1. Beneficiary meets coverage for PWC; and
 2. Specialty evaluation performed by LCMP that documents seating and positioning needs; and
 3. Wheelchair provided by supplier that employs RESNA-certified ATP directly involved in the selection of seating system; and
 4. Beneficiary is at a high risk for development of pressure ulcer and is unable to perform functional weight shift; or
 5. Beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from wheelchair to bed; or
 6. Power seating system is needed to manage increased tone or spasticity
- E1002, E1003, E1004, E1005, E1006, E1007, E1008, E1009, E1010, E1012

DRIVE CONTROL SYSTEMS FOR PMDS

- Attendant control (E2331)
- Covered in place of beneficiary operated drive control system if:
 - Beneficiary meets criteria for wheelchair
 - Beneficiary is unable to operate manual or PWC
 - Beneficiary has caregiver who is unable to operate manual wheelchair but able to operate a PWC
- Denied as non-covered if provided in addition to beneficiary-operated drive control system

POWER SEAT ELEVATION SYSTEM

- Specialty evaluation
 - Ability to safely operate in home
 - Performed by LCMP **and**;
- Meets one of following criteria:
 - Performs weight bearing transfers to/from PMD in home
 - Using upper extremities during non-level (uneven) sitting transfer and/or lower extremities during sit to stand transfer; **or**
 - Requires non-weight bearing transfer (e.g., dependent transfer) to/from PMD
 - Transfers may be accomplished with or without floor or mounted lift; **or**
 - Performs reaching from PMD to complete one or more mobility related activities of daily living (MRADL)

MISCELLANEOUS ACCESSORIES

Description	HCPCS	Coverage
Electronic interface	E2351	To allow speech generating device to be operated by PWC control interface if beneficiary has covered speech generating device.
Anti-rollback device	E0974	Beneficiary self-propels and needs device because of ramps.
Safety belt/ pelvic strap	E0978	Beneficiary has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning.
Manual fully reclining back option	E1226	Beneficiary has one or more of following conditions: <ol style="list-style-type: none">1. Beneficiary is at high risk for development of pressure ulcer and is unable to perform functional weight shift; or2. Beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from wheelchair to bed

NONSTANDARD SEAT FRAME

- Manual wheelchair (MWC) seat width, depth
 - Physical dimensions must justify need
 - Seat width or depth 20 inches or more
- Power wheelchair (PWC) no separate coverage
 - Exception for certain PWCs, and
 - Chair has sling/solid seat or back
- Power tilt, recline
 - Exception for nonstandard dimensions

NON-COVERED ACCESSORIES

- Primarily used for leisure or recreational activities
- Power standing feature
- Electrical connection device
 - For power seat elevation or power standing feature
- Electronic interface
 - For light or electrical device controls
- Stair climbing
- Remote operation

HEADREST

Coverage criteria for medical necessity

- Manual tilt-in-space wheelchair
- Manual wheelchair
 - Manual semi or fully reclining back
- PWC
 - Manual fully reclining back
- Power tilt, recline power seating system



Documentation Requirements

AUTHORIZED TO ORDER

- Treating practitioner
 - Doctor of Medicine (MD)
 - Doctor of Osteopathy (DO)
 - Nurse Practitioner (NP)
 - Clinical Nurse Specialist (CNS)
 - Physician Assistant (PA)
- Treating practitioner must be enrolled in Medicare

STANDARD DOCUMENTATION REQUIREMENTS

- Written Order Prior to Delivery (WOPD) – PMD base
- Standard Written Order (SWO) – options/accessories
- Medical records to support need
- Quantity to be dispensed, where applicable
- Policy specific requirements (e.g., LCMP or ATP report)
- Delivery documentation

STANDARD WRITTEN ORDER (SWO)

- Beneficiary's name or Medicare Beneficiary Identifier (MBI)
- Order date
 - Date request communicated to supplier
- General description of item
- Quantity to be dispensed, if applicable
- Treating practitioner name or NPI
- Treating practitioner's signature
- Signature/date stamps not allowed

SWO: DESCRIPTION

Description – General description (e.g., battery), or HCPCS code, or HCPCS code narrative, or brand name and model number

For equipment – In addition to description of base item, SWO may include all concurrently ordered options, accessories or additional features that are separately billed (list each separately)

TIMING OF SWO

- SWO must be communicated to supplier prior to claim submission
 - Order date must be on or prior to claim submission date
- For PMDs, a written order is required prior to delivery
 - Contains same elements as SWO, completed in full by practitioner who conducted face-to-face encounter
 - Suppliers may complete SWO for wheelchair options and accessories used with power mobility device
 - Order date must be on or prior to delivery date

ORDER INFORMATION

Orders referencing PRN (as needed)

- Usage must be justified in medical record

Exception to order (SWO) for prescribing practitioners who are also suppliers

- SWO not required
- Medical record must contain all elements of SWO

Signature and date stamps not allowed

Prescriptions not considered part of medical record

NEW ORDER REQUIRED

- All claims for purchases or initial rentals
- Change in order for option or accessory
- Item replaced
 - After reasonable useful lifetime (RUL)
 - Irreparable damage or loss during RUL

Note: Orders are not required for wheelchair repairs

PRIOR AUTHORIZATION (PA)

- CMS requires prior authorization on all power mobility devices
 - K0800-K0802, K0806-K0808, K0813-K0816, K0820-K0829, K0835-K0843, and K0848-K0864
- Voluntary prior authorization on certain accessories
 - E0950, E0955, E1002-E1010, E1012, E1029, E1030, E2310-E2313, E2321-E2330, E2351, E2373, E2377, E2601-E2608, E2611-E2616, E2620-E2625, K0020, and K0195
- Ensure DME suppliers received medical records, chart notes, and completed orders in timely manner

Note: Power mobility device must be delivered to beneficiary within six months of approved PA



CERT Data

CERT: 2024 Report Improper Payments

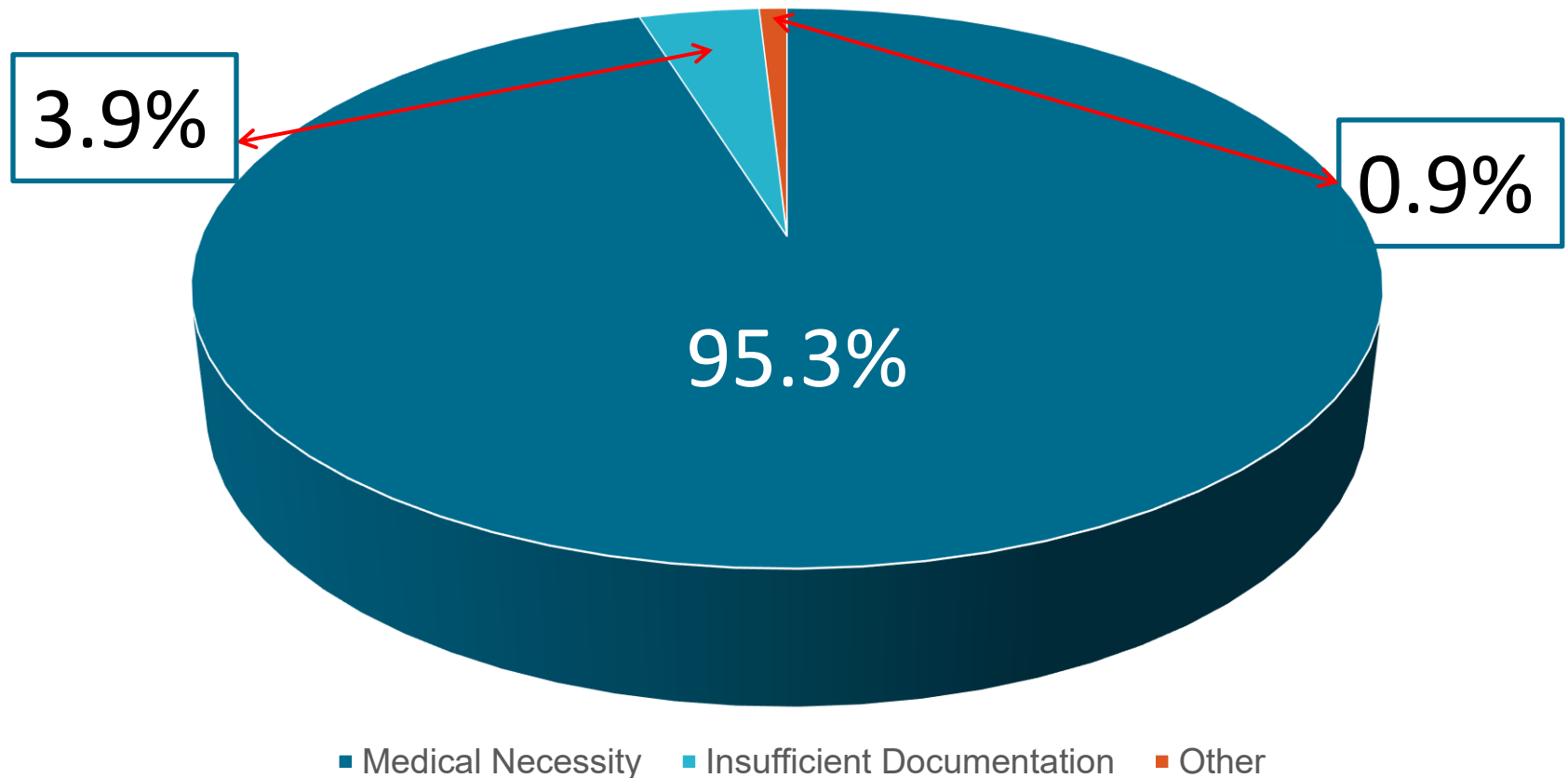
- Claims submitted July 1, 2022, through June 30, 2023
- Wheelchair options and accessories were in Top 20 highest improper payment service types for DMEPOS

Policy Group	Claims Reviewed	Projected Improper Payment Amount	Improper Payment Rate
All DMEPOS	11,000	\$1,921,481,880	21.4%
Wheelchair Options	258	\$105,842,955	35.4%

2024 Improper Payment Rates and Projected Improper Payment:
<https://www.cms.gov/files/document/2024-medicare-fee-service-supplemental-improper-payment-data.pdf>

CERT 2024: Wheelchair Options by Type of Error

Wheelchair Options CERT Errors





Resources

Noridian Healthcare Solutions Jurisdiction A Resources

- **Website:** <https://med.noridianmedicare.com/web/jadme>
- **IVR, Supplier Contact Center, and Telephone Reopenings:**
1.866.419.9458
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jadme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jadme/policies/lcd/active>

CGS Administrators, LLC

Jurisdiction B Resources

- **Website:** <http://www.cgsmedicare.com/jb>
- **IVR Unit:** 1.877.299.7900
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jb/mycgs/index.html>
- **Customer Service:** 1.866.590.6727
- **Telephone Re-openings:** 1.844.240.7490
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jb/coverage/lcdinfo.html>



A CELERIAN GROUP COMPANY

CGS Administrators, LLC

Jurisdiction C Resources

- **Website:** <http://www.cgsmedicare.com/jc>
- **IVR Unit:** 1.866.238.9650
- **myCGS Web Portal:** <http://www.cgsmedicare.com/jc/mycgs/index.html>
- **Customer Service:** 1.866.270.4909
- **Telephone Re-openings:** 1.866.813.7878
- **LCDs and Policy Articles:**
<http://www.cgsmedicare.com/jc/coverage/lcdinfo.html>



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Noridian Healthcare Solutions Jurisdiction D Resources

- **Website:** <https://med.noridianmedicare.com/web/jddme/>
- **IVR, Supplier Contact Center and Telephone Reopenings:**
1.877.320.0390
- **Noridian Medicare Portal:**
<https://med.noridianmedicare.com/web/jddme/topics/nmp>
- **LCDs and Policy Articles:**
<https://med.noridianmedicare.com/web/jddme/policies/lcd/active>

Other Contractor Resources

- Pricing, Data Analysis and Coding Contractor (PDAC)

- 1.877.735.1326
- <http://www.dmepdac.com>

- CEDI

- 1.866.311.9184
- <http://www.ngscedi.com/ngs/portal/ngscedi>
- E-mail:
NGS.CEDIHelpdesk@anthem.com

National Provider Enrollment (NPE)

- NPE East: Novitas Solutions:

- <https://www.novitas-solutions.com/webcenter/portal/DMEPOS>
- 1.866.520.5193

- NPE West: Palmetto GBA:

- <https://www.palmettogba.com/palmetto/npewest.nsf>
- 1.866.238.9652



Questions?

Thank you for attending this A/B and
DME MAC collaborative education.



**Thank you for
attending!**