

Document ID: AETAMA - 094071	Title: Aetna Medicaid Administrators (AMA) 7200.80 Wheelchair Louisiana policy	
Parent Documents: N/A		
Effective Date: See Document Information Page	Last Review Date: See Review and Revision History Section	Business Process Owner (BPO): Ld Dir, Business Consulting, CS Utilization Management Ops
Exhibit(s):		
Document Type: Policy and Procedure		

PURPOSE

The purpose of this policy is to describe the health plan's process for the prior authorization decision-making conditions in which the durable medical equipment (DME) of wheelchairs may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for the DME of wheelchairs.

POLICY

Louisiana Medicaid covers wheelchairs. It is the policy of the Plan that specific state directives, in addition to MCG® criteria are used when processing the DME requests for wheelchair authorization request Louisiana state qualifications, authorization and documentation requirements must be met.

STANDARD

Member Criteria¹

- Must be confined to a bed, chair, or room²
- Must have medical documentation from a physician and/or physical/occupational therapist to support necessity.
- Must meet medical necessity criteria for requested equipment.

Prior Authorization Requirements³

- Prior authorization (PA) is required upon the initial request for a wheelchair. ⁴
- All wheelchairs and modifications required to meet the needs of a particular member are subject to PA.
- Prior authorization will be made for only one wheelchair at a time.
- Backup chairs, either motorized or manual, will be denied as not medically necessary.⁵
- The request should indicate the member's ability to walk unassisted without the use of an

¹ 2024 Louisiana Department of Health Medicaid Services Manual, Chapter 18.2 DME 18.2.19.3 p. 76

² 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 76

³ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p.78-79

⁴ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 76

⁵ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 77

appropriate fitted cane or walker and whether the request is for a first chair or replacement chair.

- Standard wheelchairs require documentation of medical necessity.
- Wheelchairs are approved only when the member is confined to a bed, chair, or room.
- All requests for a custom manual or power wheelchair require submission of a comprehensive list of wheelchair parts and itemized justification.
- All requests must have an attending physician's order or a physician's authorized representative⁶.
- All wheelchair providers must be enrolled with Louisiana Medicaid as a provider.
- DME for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program refers to DME needs for children under twenty-one (21). All items regardless of their inclusion in the LDH Service Manual for Durable Medical Equipment (DME) or the Louisiana Medicaid Fee Schedule will be considered for members based on medical necessity.⁷
- All medical equipment including wheelchairs should be able to withstand repeated use, primarily be used to serve a medical purpose, generally not required in healthy members, and can be used in the home.⁸

Standard Wheelchairs⁹

The request should indicate the member's ability to walk unassisted without the use of an appropriate fitted cane or walker and whether the request is for a first chair or replacement chair. Standard wheelchairs require documentation of medical necessity. Standard wheelchair attachments include footrests, brakes, and arm rests.

Motorized Wheelchairs¹⁰

In addition to the required documentation needed for all PA requests, PA requests for motorized wheelchair must include:

- ;
- Physician's prescription for a motorized wheelchair should include documentation that the member is unable to propel a standard wheelchair, the member has a diagnosis and limitations that justify the need for a custom wheelchair
- Medical documentation from a physician and/or physical/occupational therapist is required to support the provisions set forth regarding member criteria as noted above.
- Custom Wheelchair, seating evaluation performed, signed, and dated by the physical therapist or occupational therapist that performed the seating evaluation.
- The seating evaluation shall:

⁶ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p.10

⁷ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18.2 DME p. 11

⁸ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18.2 DME p. 12

⁹ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18.2 DME p. 76-77

¹⁰ 2024 Louisiana Department of Health Medicaid Service Manual Chapter 18.2 DME p. 76-77

- Indicate the appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the member's long term medical needs. Options that are primarily beneficial in allowing the member to perform leisure or recreational activities are not covered.
 - Member's diagnosis or condition is such that a motorized wheelchair is medically necessary; and
 - He or she has seen the seating evaluation and motorized wheelchair recommendation.
- Documentation indicating that the member is capable of safely and independently operating the controls for a motorized wheelchair and can adapt to or be trained to use the motorized wheelchair effectively. It is not sufficient for a Medicaid provider of motorized wheelchairs to indicate that a member is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use it effectively. Such documentation shall include:
 - Signed and dated statement from the member's physician and/or, physical/occupational therapist that he/she has determined that the member has the cognitive, motor, and perceptual abilities needed to safely operate the controls of a motorized wheelchair. This statement -must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement; and
 - Signed and dated statement from the member's physician or physical/occupational therapist that he or she has determined that the member can adapt to or be trained to use the motorized wheelchair effectively. This statement must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement¹¹

Custom Manual Wheelchairs¹²

A custom manual wheelchair is constructed to the specific body measurements and medical needs of the member. General criteria for a custom manual wheelchair include inability to walk and propel a standard wheelchair. In addition to the required documentation needed for all PA requests, PA requests for a custom manual wheelchair must include:

1. Physician prescription for a custom manual wheelchair that includes:
 - a. Documentation the member is unable to propel a standard wheelchair.
 - b. Diagnosis or limitations to justify the need for a custom manual wheelchair.
2. A custom wheelchair request should include a list of each requested item/s with medical justification for ALL modifications...

Custom Motorized Wheelchair¹³

¹¹ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 77-79

¹² 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 77

¹³ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 78

A motorized wheelchair is covered if the member's condition is such that the requirement for a motorized wheelchair is long term (at least six months). The member must meet all of the following criteria in order to be considered for a motorized wheelchair:

- Is not functionally ambulatory. 'Not functionally ambulatory' means the member's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally bed or chair confined.
- Unable to operate a wheelchair manually due to severe weakness of the upper extremities due to a congenital or acquired neurological or muscular disease/condition. or is unable to propel any type of manual wheelchair because of other documented health problems and
- Capable of safely and independently operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.
- Therapy Chair evaluation should include:
 - A seating evaluation, signed and dated by the physical therapist or occupational therapist that performed the evaluation.
 - Should include member's diagnosis and condition requiring a motorized wheelchair.
 - Why the requested wheelchair will meet the member's long term medical needs and is not just for recreational activities.

Wheelchair Repairs and Modifications¹⁴

Request for repairs to manual or motorized wheelchairs will be considered for basic repairs only. Basic repairs are those which are requested to repair an existing component of the member's current wheelchair. Requests for modifications or reconstruction of the member's current wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the member's current wheelchair must be submitted in accordance with PA criteria. Modifications, repairs, or reconstruction will be denied if it is more cost effective to provide a new wheelchair. All repairs and modifications of wheelchairs must be completed within one month, unless there is a justifiable reason for a delay. Rental of a manual wheelchair may be prior authorized on a monthly basis as a temporary replacement, if necessary, when the member's wheelchair is being repaired or modified.

Provider Responsibilities for Rental Equipment¹⁵

- Ensure and maintain documentation on file that the equipment is routinely serviced and maintained by qualified provider staff, as recommended by the product manufacturer.
- Repair, or replace all expendable parts or items, such as masks, hoses, tubing and connectors, and accessory items necessary for the effective and safe operation of the equipment.

¹⁴ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 80

¹⁵ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 16

- Substitute like equipment at no additional cost to Medicaid if the equipment becomes broken because of normal use while the original rental equipment is being repaired.
- Replace equipment that is beyond repair at no additional charge and maintain documentation of the replacement.
- Maintain documentation that is signed and dated by both the provider and the member or member's responsible caregiver at the time of delivery, which attests to the fact that instruction has been provided by trained and qualified provider staff to the member or caregiver regarding the member's or caregiver's responsibility for cleaning the equipment and performing the general maintenance on the equipment, as recommended by the manufacturer; and
- Maintain documentation that is signed and dated by both the provider and the member or member's responsible caregiver, which attests that the member or the caregiver was provided with the manufacturer instructions, servicing manuals, and operating guides needed for the routine service and operation of the specific type or model of equipment provided.

Purchase vs Rental¹⁶

If the equipment is temporarily needed, it may be more cost effective for the equipment to be rented. Consideration for the length of need for the equipment, total rental cost for the needed time frame and the purchase of the item will be given. Equipment will be purchased, not rented, if the total cost for rental exceeds the purchase price.¹⁷

Covered Services

- Batteries
- Standard manual wheelchair
- Custom manual wheelchair
- Custom motorized wheelchair

Non-Covered Services¹⁸

- Comfort or convenience equipment
- Safety alarms and alert systems/buttons
- Personal comfort, convenience, or general sanitation items
- Supplies or equipment covered by Medicaid per diem rates (nursing home residents maybe approved for orthotics and prosthetics, but not for DME and supplies)
- Wheelchair Lifts
- Wheelchair Ramps

APPLICABLE CPT CODES

¹⁶ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 15.

¹⁷ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 15

¹⁸ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 81

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

This policy applies the additional definitions, qualifications, criteria, and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
E0950	Wheelchair accessory, tray, each
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each.
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0960	Wheelchair accessory, shoulder harness/straps or chest straps, including any type mounting hardware
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	Manual wheelchair accessory, headrest extension, each
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0968	Commode seat, wheelchair
E0969	Narrowing device, wheelchair
E0970	No. 2 footplates, except for elevating leg rest
E0971	Manual wheelchair accessory, anti-tipping device, each
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E0974	Manual wheelchair accessory, anti-rollback device, each

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0980	Safety vest, wheelchair
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0985	Wheelchair accessory, seat lift mechanism
E0986	Manual wheelchair accessory, push-rim activated power assist system
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
E0992	Manual wheelchair accessory, solid seat inserts
E0994	Arm rest, each
E0995	Wheelchair accessory, calf rest/pad, replacement only, each
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1016	Shock absorber for power wheelchair, each
E1017	Heavy duty shock absorber for heavy duty or extra heavy-duty manual wheelchair, each
E1018	Heavy duty shock absorber for heavy duty or extra heavy-duty power

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

	wheelchair, each
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swing away, retractable, or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1035	Geriatric Chair
E1036	Multi-Positional Pt. Transfer System
E1038	Transport Chair
E1050	Fully reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1060	Fully reclining wheelchair, detachable arms, desk, or full length, swing away detachable elevating leg rests
E1070	Fully reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1083	Hemi-wheelchair, fixed full-length arms, swing away detachable elevating leg rest
E1084	Hemi-wheelchair, detachable arms desk, or full-length arms, swing away detachable elevating leg rests
E1085	Hemi-wheelchair, fixed full-length arms, swing away detachable footrests
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests
E1087	High strength lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1088	High strength lightweight wheelchair, detachable arms desk, or full length, swing away detachable elevating leg rests
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest
E1090	High strength lightweight wheelchair, detachable arms desk, or full length, swing away detachable footrests
E1092	Wide heavy-duty wheelchair, detachable arms (desk or full length), swing away detachable elevating leg rests
E1093	Wide heavy-duty wheelchair, detachable arms desk, or full-length arms, swing away detachable footrests
E1100	Semi-reclining wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

E1130	Standard wheelchair, fixed full-length arms, fixed or swing away detachable footrests
E1140	Wheelchair, detachable arms, desk, or full length, swing away detachable footrests
E1150	Wheelchair, detachable arms, desk, or full length, swing away detachable elevating leg rests
E1160	Wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1161	Manual adult size wheelchair, including tilt in space
E1170	Amputee wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1171	Amputee wheelchair, fixed full-length arms, without footrests or largest
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or largest
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests
E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating leg rests
E1195	Heavy duty wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1200	Amputee wheelchair, fixed full-length arms, swing away detachable footrest
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification
E1221	Wheelchair with fixed arm, footrests
E1222	Wheelchair with fixed arm, elevating leg rests
E1223	Wheelchair with detachable arms, footrests
E1224	Wheelchair with detachable arms, elevating leg rests
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1227	Special Height Arms for Wheelchair
E1228	Special back height for wheelchair
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

	system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating largest
E1250	Lightweight wheelchair, fixed full-length arms, swing away detachable footrest
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1270	Lightweight wheelchair, fixed full-length arms, swing away detachable elevating leg rests
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating leg rests
E1285	Heavy duty wheelchair, fixed full-length arms, swing away detachable footrest
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest
E1295	Heavy duty wheelchair, fixed full-length arms, elevating largest
E1296	Special wheelchair seat height from floor
E1297	Special wheelchair seat depth, by upholstery
E1298	Special wheelchair seat depth and/or width, by construction
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
E2207	Wheelchair accessory, crutch, and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2209	Accessory, arm trough, with or without hand support, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2230	Manual wheelchair accessory, manual standing system
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2310	Power wheelchair accessory, 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
E2311	Power wheelchair accessory, 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
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

	switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip, and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction changes switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction changes switch, head array, and fixed mounting hardware
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2360	Power wheelchair accessory, 22nf non-sealed lead acid battery, each
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glass mat)
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion, each

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633	Wheelchair accessory, addition to mobile arm support, supinator
K0001	Standard wheelchair
K0002	Standard hemi/low seat wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy duty wheelchair
K0007	Extra heavy-duty wheelchair
K0009	Other manual wheelchair base
K0010	Standard weight frame motorized/power wheelchair

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

K0011	Standard weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0014	Other motorized/power wheelchair base
K0015	Detachable, non-adjustable height armrest, replacement only, ea.
K0017	Detachable, adjustable height armrest, base, replacement only, ea.
K0018	Detachable, adjustable height armrest, upper portion, replacement only, ea.
K0019	Arm pad, replacement only, ea.
K0020	Fixed, adjustable height armrest, pair
K0037	High mount flip-up footrest, ea.
K0038	Leg strap, ea.
K0039	Leg strap, h style, ea.
K0040	Adjustable angle footplate, ea.
K0041	Large size footplate, ea.
K0042	Standard size footplate, replacement only, ea.
K0043	Footrest, lower extension tube, replacement only, ea.
K0044	Footrest, upper hanger bracket, replacement only, ea.
K0045	Footrest, complete assembly, replacement only, ea.
K0046	Elevating leg rest, lower extension tube, replacement only, ea.
K0047	Elevating leg rest, upper hanger bracket, replacement only, ea.
K0050	Ratchet assembly, replacement only
K0051	Cam release assembly, footrest or leg rest, replacement only, ea.
K0052	Swing away, detachable footrests, replacement only, ea.
K0053	Elevating footrests, articulating (telescoping), ea.
K0056	Seat height less than 17” or equal to or greater than 21” for a high strength, lightweight, or ultralightweight wheelchair
K0065	Spoke protector, ea.
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, ea.
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, ea.
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, ea.
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, ea.
K0073	Caster pin lock, ea.

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

K0077	Front caster assembly, complete, with solid tire, replacement only, ea.
K0098	Drive belt for power wheelchair, replacement only
K0105	IV hanger, ea.
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)
K0283	Power wheelchair, Group 2 Standard
K0733	Power wheelchair accessory, 12–24-amp hour sealed lead acid battery, ea.
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0814	Power wheelchair, group 1 standard, portable, captain's chair, member weight capacity up to and including 300 lbs.
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0816	Power wheelchair, group 1 standard, captain's chair, member weight capacity up to and including 300 lbs.
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0821	Power wheelchair, group 2 standard, portable, captain's chair, member weight capacity up to and including 300 lbs.
K0822	Power wheelchair, group 2 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0823	Power wheelchair, group 2 standard, captain's chair, member weight capacity up to and including 300 lbs.
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat and back, member weight capacity 301-450 lbs.
K0825	Power wheelchair, group 2 heavy duty, captain's chair, member weight capacity 301-450 lbs.
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat and back, member weight capacity 451–600 lbs.
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, member weight capacity 451–600 lbs.
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat and back, member weight capacity 601 lbs. or more
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, member weight capacity 601 lbs. or more

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, member weight capacity up to and including 300 lbs.
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, member weight capacity up to and including 300 lbs.
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat and back, member weight capacity 301-450 lbs.
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, member weight capacity 301-450 lbs.
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat and back, member weight capacity 451-600 lbs.
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat and back, member weight capacity 601 lbs. or more
K0841	Power wheelchair, group 2 standard, multi power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0842	Power wheelchair, group 2 standard, multi power option, captain's chair, member weight capacity up to and including 300 lbs.
K0843	Power wheelchair, group 2 heavy duty, multi power option, sling/solid seat and back, member weight capacity 301-450 lbs.
K0848	Power wheelchair, group 3 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0849	Power wheelchair, group 3 standard, captain's chair, member weight capacity up to and including 300 lbs.
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat and back, member weight capacity 301-450 lbs.
K0851	Power wheelchair, group 3 heavy duty, captain's chair, member weight capacity 301-450 lbs.
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat and back, member weight capacity 451-600 lbs.
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, member weight capacity 451-600 lbs.
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat and back, member weight capacity 601 lbs. or more
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, member weight capacity 601 lbs. or more

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0857	Power wheelchair, group 3 standard, captain's chair, member weight capacity up to and including 300 lbs.
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat and back, member weight capacity 301-450 lbs.
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, member weight capacity 301-450 lbs.
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat and back, member weight capacity 451-600 lbs.
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat and back, member weight capacity 301-450 lbs.
K0863	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat and back, member weight capacity 451-600 lbs.
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat and back, member weight capacity 601 lbs. or more
K0868	Power wheelchair, group 4 standard, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0869	Power wheelchair, group 4 standard, captain's chair, member weight capacity up to and including 300 lbs.
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat and back, member weight capacity 301-450 lbs.
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat and back, member weight capacity 451-600 lbs.
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, member weight capacity up to and including 300 lbs.
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat and back, member weight capacity 301-450 lbs.
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat and back, member weight capacity 451-600 lbs.
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat and back, member weight capacity up to and including 300 lbs.
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, member weight capacity up to and including 300 lbs.

Document ID: AETAMA – 094071	Title: Aetna Medicaid Administrators (AMA) 7000.80 Wheelchair Louisiana Policy
------------------------------	--

K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat and back, member weight capacity 301-450 lbs.
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat and back, member weight capacity up to and including 125 lbs.
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat and back, member weight capacity up to and including 125 lbs.
K0898	Power wheelchair, not otherwise classified
K0899	Power mobility device, not coded by DME pd.a.c. or does not meet criteria

DEFINITIONS:

- 1- **Custom Wheelchair** – A wheelchair constructed to the specific body measurement and medical needs of the member.
- 2- **Durable Medical Equipment** - Durable medical equipment is furnished by a supplier or a home health agency and is equipment that meets the following criteria: 1. Can withstand repeated use; 2. Is used to serve a medical purpose; 3. Generally is not useful to a member in the absence of an illness or injury; and 4. Is appropriate for use in the home.¹⁹
- 3- **MCG ®** - A set of nationally standardized criteria used to make medical necessity determinations for authorization requests.
- 4- **Motorized Wheelchair** - Shall have the same meaning as power, electric or any means of propulsion other than manual.²⁰
- 5- **Prior Authorization** -(PA Prior assessment that proposed services (such as hospitalization) are appropriate for a particular patient and will be covered by the health plan. Payment for services depends on whether the patient and the category of service are covered by the member’s benefit plan.
- 6- **Wheelchair** - A chair fitted with wheels for use as a means of transport by a person who is unable to walk as a result of illness, injury, or disability.²¹

REVIEW AND REVISION HISTORY

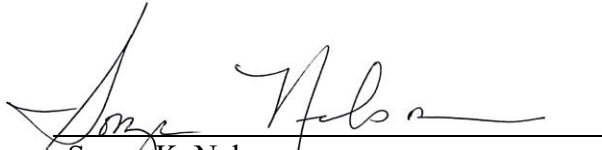
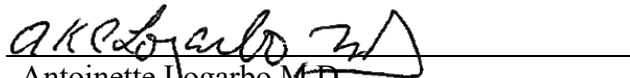
Date	Revision No.	Reason for Change	Sections Affected
01/01/2024	001	New Policy Requested to define State PA requirements for wheelchair authorization.	
02/11/2025	002	Updated format, references and signatory line	All pages

¹⁹ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 12

²⁰ 2024 Louisiana Department of Health Medicaid Services Manual Chapter 18.2 DME p. 78

²¹ Webster’s Dictionary

Aetna Better Health of Louisiana


Sonya K. Nelson
Interim Chief Executive Officer
Antoinette Logarbo M.D.
Chief Medical Officer

Resources/References

- 2024 Louisiana Medicaid Managed Care Organization Attachment A Model Contract
- 2024 Louisiana Medicaid Managed Care Organization (MCO) Manual
- 2024 Louisiana Medicaid Services Manual Chapter 18: Durable Medical Equipment Provider Manual
- Aetna Medicaid Administrator (AMA) 7100.05 Prior Authorization Policy – Louisiana Amendment
- Louisiana Medicaid Fee Schedule:
https://www.lamedicaid.com/provweb1/fee_schedules/DMEFEE.pdf