



Health & Human Services

WHEELCHAIR MANUAL OR POWER AND ACCESSORIES

Service Authorization Required: Yes

CMN: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2023

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Indications and limitations of coverage appropriateness:

- Mobility devices are covered for eligible NDMA members with a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living and the mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker. Daily living refers to activities such as toileting, feeding, grooming.
- Coverage will be provided for one manual or powered wheelchair. More than one mobility device is considered a matter of convenience for the member and his/her family. No coverage for a back-up wheelchair will be provided except one-month rental if owned wheelchair is being repaired.
- A wheelchair must be appropriate for the member's disability, size, weight, activity and for the home environment.

Repair/Replacement:

- Replacement of wheelchairs may be covered when: the cost of the repair is more than the replacement cost; other extenuating medical circumstances occur which requires special consideration; or the current wheelchair no longer can meet the member's needs.
- If an upgrade in equipment is requested, the member's functional status (diagnosis, prognosis, and severity of condition) must be reviewed for special consideration in accordance with the justification for medical necessity described above.
- For more related information refer to the [DMEPOS Manual](#) Repair and Replacement section.



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Documentation Requirements:

- Practitioner prescription.
- Practitioner exam/visit 90 days prior to the service authorization request's start date.
- Coverage of wheelchair and accessories/special features requires documentation by the member's practitioner of medical necessity. Documentation must include:
 - Diagnosis, prognosis, and severity of condition.
 - Seating and mobility evaluation by a trained professional familiar with seating, positioning and wheeled mobility options considering the current functional abilities and disabilities of the member as well as potential long-term needs.
 - A comprehensive written evaluation by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), which clearly explains why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs. The PT or OT may have no financial relationship with the supplier.
 - Documented assessment of the home environment for accessibility and its ability to accommodate (e.g., door frame size).

Non-Covered:

- Power Operated Vehicles (POV)
- Stroller-type devices readily available without a prescription in commercial or retail stores
- Used solely for social or recreational.
- A headrest for a power wheelchair with a captain's chair seat.
- Ultra-light titanium frame has marginal weight advantage over aluminum frame.
- Vehicle modifications to accommodate a wheelchair.



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- Back-up wheelchairs will not be allowed, as they are not medically necessary.
 - Canopy/sunshades.
 - Crutch/cane holder.
 - Vehicle modifications to accommodate a wheelchair are non-covered/no exceptions.
 - Adaptive items for daily living.
 - Environmental control items.
 - Building modifications.
 - Automobile modifications.
- Back-up wheelchairs will not be allowed, as they are not medically necessary.
- Accessory options that allow the member to perform leisure or recreational activities are non-covered/ no exceptions.
- Labor charges will be denied as included for any new wheelchair setups.
- Power seat elevation feature and power standing feature are not primarily medical in nature.
- Non-medically necessary power wheelchair features including but not limited to: stair climbing (A9270), electronic balance (A9270), ability to balance on two wheels, (A9270), remote operation, (A9270) an attendant control, (E2331) provided in addition to a member-operated drive control system.



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Model/Description	Coverage Criteria
<p>Standard-Manual-Adult (K0001)</p> <p>Weight: greater than 36 lbs. Seat width: 16-18" Seat depth: 16" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable</p>	<ul style="list-style-type: none"> • Impaired mobility in performance of mobility related activities of daily living (MRADL's) in the home which would be alleviated by the mobility device; and • Able to self-propel a wheelchair; and • Member's mobility limitation cannot be resolved by use of an appropriately fitted assistive device (e.g., cane or walker); or • Member has a medical condition for which weight-bearing or ambulation is contraindicated. or • Member has a disease process or injury that precludes use of the lower extremities. <p>The member is not ambulatory, functionally ambulatory and would otherwise be confined to a bed or chair</p>
<p>Standard-Manual-Pediatric</p>	<p>The pediatric member must meet the qualifications in relationship to his/her age-appropriate developmental stages and mobility limitations for all qualifications for a Manual – Standard Adult Size section above.</p> <ul style="list-style-type: none"> • Pediatric wheelchairs are covered only for a pediatric member (or an adult of very small stature). Member's weight cannot exceed 125 pounds. • Member has not mastered age appropriate sensory and motor development requirements (e.g., two years old is unable to ambulate/walk). <p>All pediatric device requests must include the growth capabilities of the equipment requested and address how that equipment can accommodate for the member's growth over the 60-month period that follows approval.</p>



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DURABLE MEDICAL EQUIPMENT, PROSTHETICS,
ORTHOTICS & SUPPLIES MANUAL

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<p>Standard-Manual-Pediatric</p>	<ul style="list-style-type: none"> • The pediatric member must meet the qualifications in relationship to his/her age - appropriate developmental stages and mobility limitations for all qualifications for a Manual – Standard Adult Size section above. • Pediatric wheelchairs are covered only for a pediatric member (or an adult of very small stature). Member's weight cannot exceed 125 pounds. • Member has not mastered age appropriate sensory and motor development requirements (e.g., two years old is unable to ambulate/walk). • All pediatric device requests must include the growth capabilities of the equipment requested and address how that equipment can accommodate for the member's growth over the 60-month period that follows approval.



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<p>Manual Hemi - (K0002) Weight: greater than 36 lbs. Seat width: 16-18" Seat depth: 16" Seat height: 17-18" Back height: 16-17" Arm style: fixed or detachable Enables short in stature member to place feet on ground for propulsion.</p>	<ul style="list-style-type: none"> • Meets criteria for a standard manual wheelchair; and • Unable to propel a manual wheelchair with upper extremities; or • Has paralysis in one arm and/or leg and able to self-propel a manual wheelchair.
<p>Manual Lightweight - K0003) Weight: equal or less than to 36 lbs. Seat width: 16-18" Seat depth: 16" Seat depth: 16" Seat height: equal or greater than 17" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable</p>	<ul style="list-style-type: none"> • Meets criteria for a standard manual wheelchair; and • Unable to self-propel a standard manual wheelchair.

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<p>Manual High Strength Lightweight Wheelchair (K0004)</p> <p>Note: This type of wheelchair is rarely medically necessary if the expected duration of need is less than three months. (for example: postoperative recovery).</p>	<ul style="list-style-type: none"> • Covered when the member meets the basic manual wheelchair qualifications as indicated above; and <ul style="list-style-type: none"> ➤ When a member’s medical condition and the weight of the wheelchair affects the member’s ability to self-propel; or ➤ For a member with marginal propulsion skills. ➤ A member’s medical condition such as spasticity or seizures requires a high strength wheelchair. ➤ The member spends a maximum of six hours each day in the wheelchair.
<p>Manual Ultra-lightweight Wheelchair (K0005)</p>	<ul style="list-style-type: none"> • Covered when the member meets the basic manual wheelchair qualifications as indicated above. and • The member’s medical condition and the weight of the wheelchair affects the member’s ability to self-propel while engaging in frequent MRADLs that cannot be performed in a standard, lightweight or high strength lightweight wheelchair; and • The member spends a maximum of six hours each day in the wheelchair.

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<p>Manual Full or Semi-Reclining</p> <p>Full-(E1060, E1070) Semi-(E1100, E1110)</p> <p>Weight: less than 30 lbs.</p> <p>Seat width: 14-18"</p> <p>Seat depth: 14 - 16"</p> <p>Seat height: equal or greater than 17" or equal or less than 21"</p> <p>Back height: varies</p> <p>Arm style: fixed or detachable</p>	<ul style="list-style-type: none"> • Meets criteria for a standard manual wheelchair except may not be able to self-propel manual wheelchair. and • Member is: <ul style="list-style-type: none"> ➤ quadriplegic/tetraplegic; or ➤ has trunk of lower extremity cast; or ➤ braces that require special positioning; or ➤ has fixed hip angle; or ➤ has excess extensor tone of the trunk muscles; or ➤ prior history of skin breakdown.
<p>Manual Tilt-in-Space</p> <p>Adult - (E1161) Pediatric - (E1232-E1234)</p> <p>Lightweight wheelchairs.</p> <p>Custom designed frames which allow the position of the wheelchair to change.</p>	<ul style="list-style-type: none"> • Meets criteria for a standard manual wheelchair except may not be able to self-propel manual wheelchair; and • Member: <ul style="list-style-type: none"> ➤ Has fixed hip angle; or ➤ Has excess extensor tone of the trunk muscles; or ➤ Has cerebral palsy; or ➤ Has spinal cord injuries.



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Model/Description	Coverage Criteria
<p>Manual Heavy Duty - (K0006) Weight: varies Seat width: 18" Seat depth: 16 - 17" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable Includes reinforced back and seat upholstery.</p>	<ul style="list-style-type: none"> • Meets criteria for a standard manual wheelchair; and • Member weight greater than 250 lbs.
<p>Manual Extra Heavy Duty (K0007) Weight: greater than 36 lbs. Seat width: 16-18" Seat depth: 16" Seat height: equal or greater than 19" or equal or less than 21" Back height: 16-17" Arm style: fixed or detachable Includes reinforced back and seat upholstery.</p>	<ul style="list-style-type: none"> • Meets criteria for a standard manual wheelchair; and • Member's weight is greater than 300 lbs.

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<p>Model/Description</p>	<p>Coverage Criteria</p>
<p>Power Wheelchairs (PWC) - Adult</p>	<ul style="list-style-type: none"> • Covered when the member meets all of the following criteria: • Member’s mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane(s), crutches, walker, an optimally configured manual wheelchair. • The member would be unable to move about their residence without the power wheelchair, otherwise be confined to bed without it. • The member does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADL’s throughout the course of a normal day. Limitations of strength, endurance, range of motion, coordination, presence of pain, deformities, or the absence of one or both upper extremities must be noted in the assessment of upper extremity function. • Member does have the mental and physical capabilities to safely operate the power wheelchair that is requested/provided. • Member’s home does provide adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is requested/provided. • Use of a power wheelchair will significantly improve the member’s ability to participate in MRADLs. • Member will use it on a regular basis in the home;

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<p>Power Wheelchairs (PWC) - Adult</p>	<ul style="list-style-type: none"> • Member or their caregiver has not expressed an unwillingness to use the power wheelchair that is requested/provided in the home. • The member's weight is within the established weight limitations of the power wheelchair requested/provided.
<p>Power Wheelchair – Pediatric</p>	<ul style="list-style-type: none"> • The member is expected to grow in height with a maximum weight of 125 pounds; and • The outcome of the mobility assessment has determined this item to be the most appropriate for the individual over the 60-month period following approval.
<p>Standard Group 1, 2, or 3 Power Wheelchair</p>	<ul style="list-style-type: none"> • Member meets qualifications Power Wheelchair.
<p>Group 2 Power Wheelchair “Single Power Option” (K0835 – K0840)</p>	<ul style="list-style-type: none"> • Member requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); or • Member meets qualifications for a power tilt or recline seating system and the system is being used on the wheelchair.

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<p>Group 2 Power Wheelchair “Multiple Power Option” (K0841 – K0843)</p>	<ul style="list-style-type: none"> • Same as Group 2 Single Power Option qualifications; and • The member meets the qualifications for a power tilt. Note: Will not cover other components to operate other multiple power options. • The member uses a ventilator, which is mounted on the wheelchair.
<p>Group 3 Power Wheelchair “No Power Option” (K0848 – K0855)</p>	<ul style="list-style-type: none"> • The member’s mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.
<p>Group 3 Power Wheelchair “Single Power Option”</p>	<ul style="list-style-type: none"> • Same as Group 2 Single Power Option qualifications; and • The member’s mobility limitation is due to a neurological condition, myopathy, or skeletal deformity in which the mobility limitation cannot be accommodated by a Group 2 option.
<p>Manual and Powered Wheelchair Components Accessories</p>	<ul style="list-style-type: none"> • Covered accessories and seating systems when: <ul style="list-style-type: none"> ➤ The member meets the manual or powered wheelchair qualifications as indicated above; ➤ The device is an appropriate accessory for the type of chair the member has when the accessory is not a required component of the mobility device at the time of initial dispensing.

 NORTH Dakota Be Legendary.		WHEELCHAIR MANUAL OR POWER AND ACCESSORIES Service Authorization Required: Yes CMN: No	
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Anti-rollback Device - E0974)		<ul style="list-style-type: none"> • Member propels themselves and needs the device because of ramps. 	
Arm of Chair/Adjustable Arm Height Option (E0973, K0017, K0018, K0020)		<ul style="list-style-type: none"> • Member requires an arm height that is different than that available using nonadjustable arms. and • Member spends at least 2 hours per day in the wheelchair. 	
Arm Trough - (E2209)		<ul style="list-style-type: none"> • Member has quadriplegia, hemiplegia, or uncontrolled arm movements. 	
Batteries - (E2359, E2361, E2363, E2365, E2371, K0733) And Battery Chargers - (E2366)		<ul style="list-style-type: none"> • Up to two sealed batteries at any one time are allowed if required for a power wheelchair. • A non-sealed battery will be denied as not reasonable and necessary. • A single mode battery charger is appropriate for charging a sealed lead acid battery. • If a dual mode battery charger (E2367) is provided as a replacement, it will be denied as not reasonable and necessary. 	
Dynamic positioning hardware for a wheelchair back – (E2398)		<ul style="list-style-type: none"> • Member has increased musculoskeletal tone or spasticity that requires a wheelchair frame that allows for dynamic movement of the seat back or pelvis component. 	

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<p>Footrest /Leg Rest and Elevating Leg Rest (E0990, K0043, K044, K0045, K0046, K0047, K0051, K0553, K0195)</p>	<ul style="list-style-type: none"> • Member has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee; or • Member has significant edema of the lower extremities that requires having an elevating leg rest; or • Member requires lower extremity support due to muscular weakness, neuromuscular dysfunction, or orthopedic deformity. • Member meets the criteria for and has a reclining back on the wheelchair.
<p>Foot Box (E0954)</p>	<ul style="list-style-type: none"> • Member's lower extremity posture/positioning needs cannot be met by less costly alternatives, such as standard or angle adjustable footplates, padding, straps, etc.; and • History of skin breakdown and/or injury with the use of footplates alone, and there is evidence that less costly alternatives (padding, straps, and other less costly foot boxes) were tried and failed to meet the member's medical needs. • For custom sizes/features additional evidence that less costly alternatives were tried with specifics why they did not meet the member's medical needs.
<p>Foot-Ankle Padded Positioning Straps - (K0108) (e.g., ankle huggers)</p>	<ul style="list-style-type: none"> • Member has a medical need for stabilization of the foot and ankle due to strong spasticity or exaggerated muscle activity; and • Positioning in the wheelchair cannot be met with less costly alternatives, such as any combination of heel loop/holders and or toe/loop/holders, with or without ankle straps.

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<p>Headrest/Headrest Extension (E0955) (E0966) or</p>		<p>Member has all the following:</p> <ul style="list-style-type: none"> Weakness or abnormal muscle tone in cervical musculature such that function in those muscles is significantly impaired and the headrest is needed to support the head. <p>and</p> <ul style="list-style-type: none"> Is not able to actively maintain proper cervical positioning. <p>Member has a manual tilt-in-space, manual fully reclining back on a manual wheelchair, a manual fully reclining back or power tilt on a powered wheelchair. The code for a headrest includes any type of cushioned headrest, fixed, removable or non-removable.</p>	
<p>Swing-away Hardware - (E1028)</p>		<p>Member needs to move the component out of the way to perform a slide transfer to a bed or chair, or to enable performance of MRADLs, unless the hardware is included in the allowance for the item.</p>	
<p>Manual Fully Reclining Back (E1226) (E1014)</p>		<p>Member has all the following.</p> <ul style="list-style-type: none"> 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. Documentation of spinal cord impairments, inability to shift or recline to relieve pressure, or inability to tolerate full upright position. Quadriplegia, fixed hip, trunk, or lower extremity cast/brace that requires reclining back feature. Excess extensor tone of the trunk muscles. Need to rest in a recumbent position 2-3 times during the day and transfer between chair and bed is difficult. 	

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<p>Power Tilt - (E1002)</p>	<p>Member meets the coverage criteria for both a manual tilt-in-space and the powered wheelchair and is able to independently operate the power tilt system and has one of the following.</p> <ul style="list-style-type: none"> • Is at risk for pressure ulcers and is unable to perform a functional weight shift; or • Has a fixed hip angle; or • Has increased or excess muscle tone/spasticity related to a medical diagnosis which impairs their ability to tolerate the fully upright sitting position for significant periods of time; or • Spends at least six hours in the wheelchair; or • Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed.
<p>Non-Standard Seat Manual Wheelchair Frame (E2201-E2203)</p>	<p>Member has all the following criteria:</p> <ul style="list-style-type: none"> • Member's dimensions justify the need for a wheelchair seat width, depth, or height changes: • The seat width, depth, or height changes are needed to maintain or improve the member's medical, physical, or functional level.

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<p>Non-Standard Seat Height for a Manual Wheelchair</p>	<p>Member requires a non-standard seat height for a high-strength lightweight or ultra-lightweight wheelchair is covered when:</p> <ul style="list-style-type: none"> • The required seat height is at least two inches greater than or less than a standard option. <li align="center">and • Member’s body dimensions justify the need.
<p>Safety Belts/Pelvic Straps</p>	<p>Member has documented weak upper muscles, upper body instability or muscle spasticity requiring this device for positioning.</p>
<p>Trunk/Extremity Alignment Support (Including lateral truck or hip supports, abductor or adductor pads, harnesses, straps, or positioning belts,)</p>	<p>Member has weakness or abnormal muscle tone in the trunk, body, or extremity musculature resulting in significantly impaired function in those muscles.</p> <p align="center">or</p> <p>Member is unable to actively maintain proper trunk or extremity positioning.</p>
<p>Wheelchair Tray</p>	<p>Member’s performance of daily function such as eating or fine motor activities requires this feature.</p>
<p><u>Seating Systems</u> General use Wheelchair Cushion (Prefabricated) - (E2601, 2602)</p>	<p>Member has a manual or power wheelchair with a sling/solid seat/back.</p>

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General use Wheelchair Back Cushion (Prefabricated) - (E2611, E2612)		Member has a manual or power wheelchair with a sling/solid seat/back.	
Cushion Seat - Custom Fabricated (E2609)		Meets all qualifications for a prefabricated skin protection seat cushion or positioning seat cushion. and The documentation clearly explains why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs.	
Back Cushion - Custom Fabricated (E2617)		Meets all qualifications for a prefabricated positioning back cushion. and The documentation clearly explains why a prefabricated seating system is not sufficient to meet the recipient's seating and positioning needs.	



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DURABLE MEDICAL EQUIPMENT, PROSTHETICS,
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WHEELCHAIR MANUAL OR POWER AND ACCESSORIES

Model/Description	Coverage Criteria
<p>Seat Cushion - Skin Protection</p> <p>Prefabricated (E2603), (E2604)</p>	<p>Member has a manual or power wheelchair with a sling/solid seat/back, and either of the following:</p> <ol style="list-style-type: none"> 1. Current or history of a pressure ulcer on the area of contact with the seating surface. <p style="text-align: center;">or</p> <ol style="list-style-type: none"> 2. Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: <ul style="list-style-type: none"> • Spinal cord injury resulting in quadriplegia or paraplegia (other spinal cord disease). • Multiple sclerosis. • Other demyelinating disease. • Cerebral palsy. • Anterior horn cell diseases including amyotrophic lateral sclerosis. • Post-polio paralysis. • Traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration. • Alzheimer’s disease. • Parkinson’s disease.

WHEELCHAIR MANUAL OR POWER AND ACCESSORIES

Service Authorization Required: Yes

CMN: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA/POLICIES


EFFECTIVE: March 2007

REVISED: December 2023

WHEELCHAIR MANUAL OR POWER AND ACCESSORIES

Model/Description	Coverage Criteria
<p>Positioning Seat Cushion (E2605) And/or Positioning Back Cushion (E2613 - E2621)</p>	<p>Member has a manual or power wheelchair with a sling/solid seat/back; and</p> <ol style="list-style-type: none"> 1. Has any significant postural asymmetries that are due to one of the following diagnoses. <ul style="list-style-type: none"> • Spinal cord injury resulting in quadriplegia or paraplegia (other spinal cord disease). • Multiple sclerosis. • Other demyelinating disease. • Cerebral palsy. • Anterior horn cell diseases including amyotrophic lateral sclerosis. • Post-polio paralysis; Traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration. • Alzheimer’s disease. • Parkinson’s disease. 2. Or one of the following diagnoses: <ul style="list-style-type: none"> • Monoplegia of the lower limb or hemiplegia due to stroke. • Traumatic brain injury, or other etiology. • Muscular dystrophy torsion dystonia spinocerebellar disease.

 <p>Health & Human Services</p>	<p>WHEELCHAIR MANUAL OR POWER AND ACCESSORIES</p> <p>Service Authorization Required: Yes</p> <p>CMN: No</p>
<p>DURABLE MEDICAL EQUIPMENT MANUAL</p>	<p>COVERAGE AND LIMITATION CRITERIA/POLICIES</p>
<p>EFFECTIVE: March 2007</p>	<p>REVISED: December 2023</p>
<p>WHEELCHAIR MANUAL OR POWER AND ACCESSORIES</p>	
<p>Positioning Accessory (E0955 - E0957, E0960)</p>	<p>Member meets the qualifications for both a Skin Protection Seat Cushion and a Positioning Seat Cushion as indicated above.</p>
<p>Combination Skin Protection and Positioning Seat Cushion (E2607, E2608)</p>	<p>Member meets the qualifications for both a Skin Protection Seat Cushion and a Positioning Seat Cushion as indicated above.</p>

 <p>Health & Human Services</p>		<p>WHEELCHAIR MANUAL OR POWER AND ACCESSORIES</p> <p>Service Authorization Required: Yes</p> <p>CMN: No</p>	
<p>DURABLE MEDICAL EQUIPMENT MANUAL</p>		<p>COVERAGE AND LIMITATION CRITERIA/POLICIES</p>	
<p>EFFECTIVE: March 2007</p>		<p>REVISED: December 2023</p>	
<p>WHEELCHAIR MANUAL OR POWER AND ACCESSORIES</p>			
<p>Date Revised</p>		<p>Revisions</p>	
<p>April 2017</p>		<p>Revised and reformatted Manual Wheelchair and accessories. Added Document, Non-Covered and clarified coverage criteria.</p>	
<p>March 2019</p>		<p>Reformatted to the new DMEPOS policy format and renamed to Wheelchair Manual or Power and Accessories. Added Power Wheelchair and accessories coverage criteria. Added to the Non-covered section: Power Operated Vehicles (POV), A headrest for a power wheelchair with a captain's chair seat, adaptive items for daily living, environmental control items, building modifications, automobile modifications, accessory options that allow the member to perform leisure or recreational activities are non-covered/ no exceptions, labor charges will be denied as included for any <u>new</u> wheelchair setups, power seat elevation feature and power standing feature are not primarily medical in nature, non-medically necessary power wheelchair features including but not limited to: stair climbing (A9270), electronic balance (A9270), ability to balance on two wheels, (A9270), remote operation, (A9270) an attendant control, (E2331) provided in addition to a member-operated drive control system.</p>	
<p>December 29, 2022</p>		<p>Reviewed and reformatted. Added new logo.</p> <p>Documentation Requirements section replaced 60 with 90.</p> <p>Added Dynamic positioning hardware for a wheelchair back – (E2398) and coverage criteria that member has increased musculoskeletal tone or spasticity that requires a wheelchair frame that allows for dynamic movement of the seat back or pelvis component.</p>	
<p>November 17, 2023</p>		<p>Reviewed and reformatted. Added 2021 HCPC E0954 for Foot Box and removed K0108</p>	