

E1 - Non-modular powered wheelchair

Clinical Indicators:

1. Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her residence; AND
2. Patient performs main activities of daily and instrumental living in environments with smooth, level surfaces; AND
3. Patient's weight and anatomical measurement requirements can be met with product dimensions for width, depth, seat-to-floor height and back heights available in products meeting the description of this code; AND
4. Patient has demonstrated that he/she can use a joystick safely and effectively and does not require any additional electronic interface; AND
5. There are no clinical or functional indications, based upon diagnosis, prognosis or symptomatology, that any additional electronic interface upgrades will be required within five years of powered wheelchair provision; AND
6. Patient does not require positioning assistance; e.g., trunk, pelvic or head support, etc. AND
7. Patient requires only a seat cushion or other appropriate seating surface to meet support or pressure relief requirements.

E2 - General Purpose Modular Powered Wheelchair

Clinical Indicators:

1. Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her residence; AND
2. Patient performs main activities of daily and instrumental living in environments with smooth, level surfaces; AND
3. Patient's weight and anatomical measurement requirements can be met with product dimensions for width, depth, seat-to-floor height and back heights available in products meeting the description of this code; AND
4. Patient has demonstrated that he/she can use a joystick safely and effectively and does not require any additional electronic interface; AND
5. There are no clinical or functional indications, based upon diagnosis, prognosis or symptomatology, that any additional electronic interface upgrades will be required within five years of powered wheelchair provision; AND
6. Patient requires a seat cushion or other appropriate seating surface to meet support or pressure relief requirements; AND
7. Patient requires a power elevating seat; OR
8. Patient requires a seat and back that can be set within a range of 12 degree angle of posterior recline to accommodate thoracic kyphosis, fixed extensor contractures of the hip, etc. OR:
9. Patient requires a functional height from the seating surface to the floor of greater than or equal to 20" but less than or equal to 24" with 2" of adjustment to facilitate transfers or other functional activities.

E3 - Positioning Modular Powered Wheelchair

Clinical Indicators:

1. Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her residence; AND
2. Patient performs main activities of daily and instrumental living in both indoor and outdoor environments with smooth surfaces; AND
3. Patient's weight and anatomical measurement requirements can be met with product dimensions for width, depth, seat-to-floor height and back heights available in products meeting the description of this code; AND
4. Patient requires more aggressive seated positioning and the mounting of secondary positioning components to meet patient's physiologic and functional needs, including any of the following: lateral thoracic supports; lateral hips supports, medial thigh supports (abduction wedge); adjustable head supports; seats and backs fabricated to patient measurement; anterior thoracic supports; anterior knee supports, etc.; AND
5. Patient is unable, as a result of diagnosis or symptomatology, to operate powered wheelchair with a standard joystick and requires additional alternative electronic interface; OR
6. There are clinical or functional indications, based on diagnosis, prognosis and/or symptomatology, that the client may require additional electronic interface upgrades within five years of powered wheelchair provision; OR
7. Patient does not have the ability to perform independent weight shifts and a seat cushion or other seating surface alone does not meet pressure relief requirements; AND
8. Patient requires a minimum of one power seating options, including power recline, power tilt or standing system.; OR
9. There are clinical or functional indications; including diagnosis and prognosis, that the patient will require the addition of at least one power seating options, including power recline, power tilt or power standing system within five years of powered wheelchair provision.

E4 - Multi-function Positioning Modular Powered Wheelchair

Clinical Indicators:

1. Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her residence; AND
2. Patient performs main activities of daily and instrumental living in both indoor and outdoor environments; AND
3. Patient activities of instrumental and daily living require speeds of 5 mph or greater and/or range on a single charge of at least 20 miles; AND
4. Patient's weight and anatomical measurement requirements can be met with product dimensions for width, depth, seat-to-floor height and back heights available in products meeting the description of this code; AND
5. Patient requires more aggressive seated positioning and the mounting of secondary positioning components to meet patient's physiologic and functional needs, including any of the following: lateral thoracic supports; lateral hips supports, medial thigh supports (abduction wedge); adjustable head supports; seats and backs fabricated to patient measurement; anterior thoracic supports; anterior knee supports, etc.; AND
6. Patient is unable, as a result of diagnosis or symptomatology, to operate powered wheelchair with a standard joystick and requires additional alternative electronic interface; OR
7. There are clinical or functional indications, based on diagnosis, prognosis and/or symptomatology, that the client may require additional electronic interface upgrades within five years of powered wheelchair provision; OR
8. Patient does not have the ability to perform independent weight shifts and a seat cushion or other seating surface alone is not sufficient to meet pressure relief requirements.; AND
9. Patient requires 2 or more power seating options, including power recline, power tilt, or power standing system; OR
10. There are clinical or functional indications that the patient will require the addition of at least two power seat functions within five years of powered wheelchair provision; OR
11. Patient is ventilator dependent and requires a powered wheelchair equipped with a vent tray. OR
12. Patient has the physiologic or functional need, as a result of diagnosis or symptomatology, to minimize the transfer of forces from the driving surface/terrain to the patient's body therefore requiring drive wheel suspension.

E5 - Active Performance Modular Powered Wheelchair

Clinical Indicators:

1. Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her residence; AND
2. Patient performs main activities of daily and instrumental living in both indoor and outdoor environments with uneven terrain and rough surfaces, inclines up to 9 degrees and/or environmental obstacles up to 2.4” in height; AND
3. Patient activities of instrumental and daily living require speeds greater than 7 mph and/or range on a single charge of at least 20 miles; AND
4. Patient’s weight and anatomical measurement requirements can be met with product dimensions for width, depth, seat-to-floor height and back heights available in products meeting the description of this code; AND
5. Patient requires more aggressive seated positioning and the mounting of secondary positioning components to meet patient’s physiologic and functional needs, including any of the following: lateral thoracic supports; lateral hips supports, medial thigh supports (abduction wedge); adjustable head supports; seats and backs fabricated to patient measurement; anterior thoracic supports; anterior knee supports, etc.; AND
6. Patient is unable, as a result of diagnosis or symptomatology, to operate powered wheelchair with a standard joystick and requires additional alternative electronic interface; OR
7. Patient requires more than one drive profile to accommodate different driving environments or varying physiologic or functional capabilities required as a result of diagnosis or symptomatology; OR
8. There are clinical or functional indications, based on diagnosis, prognosis and/or symptomatology, that the client may require additional electronic interface upgrades within five years of powered wheelchair provision; OR
9. Patient does not have the ability to perform independent weight shifts and a seat cushion or other seating surface does not meet pressure relief requirements; AND
10. Patient requires either power recline or power tilt seating options; OR
11. There are clinical or functional indications, based on diagnosis, prognosis and/or symptomatology, that the patient will require the addition of either power tilt or power recline options within five years of powered wheelchair provision.
12. Patient has the physiologic or functional need, as a result of diagnosis or symptomatology, to minimize the transfer of forces from the driving surface/terrain to the patient’s body therefore requiring drive wheel suspension . OR

E6 - Heavyweight Capacity Powered Wheelchair

Clinical Indicators:

1. Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her primary residence; AND
2. Patient performs main activities of daily and instrumental living in environments with smooth, level surfaces; AND
3. Patient has demonstrated that he/she can use a joystick safely and effectively and does not require any additional electronic interface; AND
4. There are no clinical or functional indications that any additional electronic interface upgrades will be required in five years of powered wheelchair provision; AND
5. Patient requires only a seat cushion or other appropriate seating surface to meet pressure relief requirements; AND
6. Patient does not require positioning assistance; e.g., trunk, pelvic or head support, etc.; AND
7. Patient's weight is more than 400 but less than 500 pounds.

E7 - Other motorized/powered wheelchair

If a product does not meet the parameters and clinical indicators included in the first six codes, is considered a power wheelchair, and is not considered a powered add-on device to a manual wheelchair, the product shall be coded as E7.