

Subject:	Wheeled Mobility Devices: Wheelchair Accessories	Publish Date:	04/01/2025
Guideline #:	CG-DME-34	Last Review Date:	11/14/2024
Status:	Revised		

Description

This document addresses criteria related to accessories and options for manual or powered wheelchairs. Wheeled mobility devices include, but are not limited to manual wheelchairs (for example, standard, heavy duty, lightweight, ultra lightweight), powered wheelchairs, motorized wheelchairs or power operated vehicles (scooters). Wheelchair accessories and options are available for those individuals with specific medical needs related to mobility.

Note: Robotic wheelchair accessories are not addressed in this document, please refer to:

- DME.00044 Robotic Arm Assistive Devices

Note: Please see the following related documents for additional information:

- CG-DME-24 Wheeled Mobility Devices: Manual Wheelchairs-Standard, Heavy Duty and Lightweight
- CG-DME-31 Powered Wheeled Mobility Devices
- CG-DME-33 Wheeled Mobility Devices: Manual Wheelchairs-Ultra-Lightweight

Note: For information regarding modifications to the structure of the home environment to accommodate a device, please see:

- CG-DME-10 Durable Medical Equipment

Clinical Indications

Medically Necessary:

Options or accessories are considered **medically necessary** when **ALL** of the following *device, general, and specific* criteria below (A and B and C) are met:

- A. The accessory or option is for **ANY** of the following wheeled mobility devices (1, 2, or 3):
 1. Manual Wheelchairs (for example, standard, heavy duty, lightweight, or ultra lightweight); **or**
 2. Powered or motorized wheelchairs (with or without power seating systems); **or**
 3. Power Operated Vehicles [POVs];

and

- B. **All** of the following *general* criteria are met:
 1. The wheelchair itself is considered medically necessary; **and**
 2. The options or accessories are necessary for the member to function in the home and perform activities of daily living;

and

- C. For the requested options/accessories listed below, the *specific* criteria below are met:
 1. Adjustable arm rest option:

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- a. Standard arm rest interferes with individual's function (for example, difficulty with transfers); **and**
 - b. The individual spends at least 2 hours per day in the wheelchair;
2. Arm trough:
 - a. Individual has quadriplegia, hemiplegia, or uncontrolled arm movements;
3. Tilt-in-space (the back and seat tilt back to maintain the angles at the hips, knees, and ankles):
 - a. Individual cannot reposition self, **and**
 - b. Cannot operate a manual tilt, **and**
 - c. Requires tilt-in-space feature to medically manage pressure relief, spasticity, or tone;
4. Hemi-height (wheelchairs can be converted from standard to hemi-height positions which allows the individual to use one or both feet to self-propel the manual wheelchair):
 - a. Individual uses one or both feet to self-propel wheelchair due to weakness or dysfunction of at least one upper extremity;
5. One-arm drive (allows a manual wheelchair user to self-propel in a forward motion with only one upper extremity; those who use this option generally use one or more feet at a hemi-height seat level to self-propel):
 - a. Individual has weakness or dysfunction of at least one upper extremity;
6. Swing-away hardware (used to move the component out of the way to enable the individual to transfer to a chair or bed):
 - a. Individual has difficulty with transfers;
7. Elevating leg rests:
 - a. The individual has a musculoskeletal condition or the presence of a cast or brace which prevents 90 degree flexion at the knee; **or**
 - b. There is significant edema of the lower extremities that requires elevation of the legs;
8. Safety belt, pelvic strap or chest strap:
 - a. The individual has upper body muscle weakness, upper body instability, or muscle spasticity, which requires use of this item for proper positioning;
9. Semi or fully reclining back option:
 - a. The individual spends at least two hours per day in the assistive device; **and**
 - b. Cannot reposition self; **and**
 - c. Has a medical need to rest in a recumbent position two or more times during the day; **and**
 - d. Transfer between wheelchair and bed is difficult because of quadriplegia, fixed hip angle, trunk or lower extremity casts/braces, or excess extensor tone of the trunk muscles;
10. Positioning seat cushion, positioning back cushion, or positioning accessory when the individual has a condition that results in significant postural asymmetries;
11. Skin protection seat cushion:
 - a. The individual has current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**
 - b. Absent or impaired sensation in the area of contact with the seating surface; **or**
 - c. Individual has a condition that results in an inability to carry out a functional weight shift;
12. Adjustable or nonadjustable combination skin protection and positioning seat cushion:
 - a. The individual meets all criteria for skin protection seat cushion; **and**

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Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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- b. The individual meets all criteria for positioning seat cushion;
- 13. Custom fabricated seat cushion or back cushion:
 - a. Individual meets all criteria for prefabricated positioning (skin protection) seat cushion or positioning back cushion; **and**
 - b. There is a comprehensive written evaluation by a licensed professional which clearly explains why a prefabricated seating system is not sufficient to meet the individuals seating positioning needs.

Repairs and replacements for wheelchair options/accessories are considered **medically necessary** when:

- A. Needed for normal wear or accidental damage; **or**
- B. The changes in the individual's condition warrant additional or different options/accessories, based on clinical documentation.

Not Medically Necessary:

Wheelchair options/accessories are considered **not medically necessary** for **any** of the following:

- A. When their features are generally intended for use outdoors; **or**
- B. Option/accessories that exceed that which is medically necessary for the member's condition; **or**
- C. Options/accessories used as backups for current options/accessories or anticipated as future needs; **or**
- D. Options/accessories that allow the member to perform leisure or recreational activities. The following are some examples of comfort, luxury or convenience items:
 - 1. Auto carrier (car attachment to carry assistive device);
 - 2. Baskets/bags/backpacks/pouch - used to transport personal belongings;
 - 3. Crutch and cane holder;
 - 4. Cup or phone holders;
 - 5. Firearm/weapon holder/support;
 - 6. Frame/holder for ice chest;
 - 7. Lifts providing access to stairways or car trunks;
 - 8. Manual seat lift mechanisms;
 - 9. Mobility assistive device rack for automobiles;
 - 10. Prefabricated plastic or foam vest type trunk support designed to be worn over clothing and not attached to an assistive device;
 - 11. Prefabricated plastic-frame back support that can be attached to an assistive device but doesn't replace the back;
 - 12. Ramps – used to allow entrance or exit from the home;
 - 13. Snow tires for the assistive device;
 - 14. Support frames for cellular phone/CDs/etc.;
 - 15. Towing package;
 - 16. Transit options, tie-downs;
 - 17. Trunk loader - assists in lifting the assistive device into a van;
 - 18. Upgrading for racing or sports;

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19. Van modifications, van lifts, hand controls, etc. that allow transportation or driving while seated in the manual wheeled mobility device.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

When services may be Medically Necessary when criteria are met:

HCPCS

E0950-E0995	Wheelchair accessories/modifications [includes codes E0950, E0951, E0952, E0953, E0954, E0955, E0956, E0957, E0958, E0959, E0960, E0961, E0966, E0967, E0968, E0969, E0970, E0971, E0973, E0974, E0978, E0980, E0981, E0982, E0983, E0984, E0985, E0988, E0990, E0992, E0994, E0995]
E1011	Modification to pediatric size wheelchair, width adjustment package
E1014	Reclining back, addition to pediatric size wheelchair
E1015-E1016	Shock absorber for manual wheelchair, each/power wheelchair, each
E1017-E1018	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each/power wheelchair, each
E1020	Residual limb support system for wheelchair, any type
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other
E1029-E1030	Wheelchair accessories, ventilator trays
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
E1225-E1226	Wheelchair accessories, reclining backs
E1227-E1228	Special height arms/back for wheelchair
E1296-E1298	Special wheelchair seat height/depth/width [includes codes E1296, E1297, E1298]
E2201-E2206	Manual wheelchair accessories [includes codes E2201, E2202, E2203, E2204, E2205, E2206]
E2208-E2210	Wheelchair accessories [includes codes E2208, E2209, E2210]
E2211-E2231	Manual wheelchair accessories [includes codes E2211, E2212, E2213, E2214, E2215, E2216, E2217, E2218, E2219, E2220, E2221, E2222, E2224, E2225, E2226, E2227, E2228, E2230, E2231]
E2291-E2295	Backs/seats for pediatric size wheelchairs [includes codes E2291, E2292, E2293, E2294, E2295]

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E2310-E2351	Power wheelchair accessories [includes codes E2310, E2311, E2312, E2313, E2321, E2322, E2323, E2324, E2325, E2326, E2327, E2328, E2329, E2330, E2331, E2340, E2341, E2342, E2343, E2351]
E2358-E2365	Power wheelchair accessories, batteries [includes codes E2358, E2359, E2360, E2361, E2362, E2363, E2364, E2365]
E2366-E2367	Power wheelchair accessories, battery chargers
E2368-E2370	Power wheelchair components [includes codes E2368, E2369, E2370]
E2371-E2372	Power wheelchair accessories, group 27 batteries
E2373-E2377	Power wheelchair accessories, controllers [includes codes E2373, E2374, E2375, E2376, E2377]
E2378	Power wheelchair component, actuator, replacement only
E2381-E2397	Power wheelchair accessories, tires/wheels [includes codes E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, E2397]
E2398	Wheelchair accessory, dynamic positioning hardware for back
E2601-E2602	General use wheelchair seat cushions
E2603-E2604	Skin protection wheelchair seat cushion
E2605-E2606	Positioning wheelchair seat cushion
E2607-E2608	Skin protection and positioning wheelchair seat cushion
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2611-E2612	General use wheelchair back cushion
E2613-E2616	Positioning wheelchair back cushion [includes codes E2613, E2614, E2615, E2616]
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2619	Replacement cover for wheelchair seat cushion or back cushion
E2620-E2621	Positioning wheelchair back cushion, planar back with lateral supports
E2622-E2623	Skin protection wheelchair seat cushion, adjustable
E2624-E2625	Skin protection and positioning wheelchair seat cushion, adjustable
E2626-E2633	Wheelchair accessories, mobile arm supports [includes codes E2626, E2627, E2628, E2629, E2630, E2631, E2632, E2633]
K0015-K0077	Wheelchair accessories/replacements [includes codes K0015, K0017, K0018, K0019, K0020, K0037, K0038, K0039, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052, K0053, K0056, K0065, K0069, K0070, K0071, K0072, K0073, K0077]
K0098	Drive belt for power wheelchair, replacement only
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0195	Elevating leg rests, pair
K0669	Wheelchair accessory, wheelchair seat or back cushion
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)

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Wheeled Mobility Devices: Wheelchair Accessories

ICD-10 Diagnosis

All diagnoses

When services are Not Medically Necessary:

For the procedure codes listed above when criteria are not met, or when the code describes a procedure or situation designated in the Clinical Indications section as not medically necessary.

When services are also Not Medically Necessary:

For the following procedure code, or when the code describes a procedure designated in the Clinical Indications section as not medically necessary.

HCPCS

- E1022 Wheelchair transportation securement system, any type includes all components and accessories
- E1023 Wheelchair transit securement system, includes all components and accessories
- E2207 Wheelchair accessory, crutch and cane holder, each

ICD-10 Diagnosis

All diagnoses

Discussion/General Information

The Centers for Medicare and Medicaid Services (CMS) Mobility Assistive Equipment National Coverage Decision (NCD), which considers the clinical indications for the appropriate types of mobility assistive devices as well as options/accessories for these devices were utilized in the development of this document.

Mobility impairments include a broad range of disabilities that affect a person's independent movement and cause limited mobility. In 2022, the National Center for Medical Rehabilitation Research (NCMRR) Program, estimates 31 million people have mobility impairments, which may take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints, or balance/coordination deficits. According to the Centers for Disease Control and Prevention (2020) there are three dimensions of disability: impairment, activity limitations, and participation restrictions. In the Americans with Disabilities Act the census estimated that over 4% of the United States population has moderate to severe disability requiring an individual to use a wheelchair to assist with mobility in nearly 4 million Americans, aged 15 years and older are required to use a wheelchair (National Census Bureau, 2012).

Cherubini and colleague (2011) conducted an observational study of 150 wheelchair users (n=80 men, n=70 women) with an average age of 46.7 ± 17.3 years, to analyze the congruence of the prescribed wheelchair and the individual's mobility needs. The subjects had varied disabilities, 24% spinal cord injury, multiple sclerosis 18%, cerebral infantile paralysis 18% and skull trauma 10%. The authors found that 68% of the prescribed wheelchairs were not suitable in reference to the wheelchair and accessories. After finding a correlation between the

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prescription sources and the suitability of the wheelchair for the individual, it was concluded that wheelchair prescriptions should be based on careful assessment of mobility needs and improved collaboration between physicians and technicians.

Selecting wheelchair options/accessories is individualized and must consider the user's impairment, level of function, surrounding environment, activity level, seating and positioning needs.

In some cases, individuals may have postural asymmetry that does not allow them to sit in an upright position without appropriate accessories to provide positional support. Such conditions may include but are not limited to above knee leg amputation, Alzheimer's disease, amyotrophic lateral sclerosis, athetoid cerebral palsy, cerebral palsy, anterior horn cell diseases, childhood cerebral degeneration, hemiplegia due to stroke, idiopathic torsion dystonias, monoplegia of the lower limb, multiple sclerosis, muscular dystrophy, osteogenesis imperfecta, paraplegia, Parkinson's disease, post-polio paralysis, quadriplegia, spina bifida, spinocerebellar disease, transverse myelitis, and traumatic brain injury.

Similarly, some conditions may result in the inability to carry out a functional weight shift that helps prevent the development of pressure ulcers. Some conditions in which this may be the case include Alzheimer's muscular dystrophy, childhood cerebral degeneration, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, quadriplegia, spinal bifida, and athetoid cerebral palsy.

Definitions

Activities of daily living (ADLs): Self-care activities such as transfers, toileting, grooming and hygiene, dressing, bathing, and eating.

Functional mobility: The ability to consistently move safely and efficiently, with or without the aid of appropriate assistive devices (such as prosthetics, orthotics, canes, walkers, wheelchairs, etc.), at a reasonable rate of speed to complete an individual's typical mobility-related activities of daily living; functional mobility can be altered by deficits in strength, endurance sufficient to complete tasks, coordination, balance, speed of execution, pain, sensation, proprioception, range of motion, safety, shortness of breath, and fatigue.

References

Peer Reviewed Publications:

1. Cherubini M, Melchiorri G. Descriptive study about congruence in wheelchair prescription. *Eur J Phys Rehabil Med.* 2011; 47:1-6.
2. McLaurin CA, Axelson P. Wheelchair standards: an overview. *J Rehabil Res Dev Clin Suppl.* 1990; (2):100-103.

Government Agency, Medical Society and Other Authoritative Publications:

1. Bluethmann SM, Flores E, Campbell G, Klepin HD. Mobility device use and mobility disability in U.S. Medicare beneficiaries with and without cancer history. *J Am Geriatr Soc.* 2020; 68(12):2872-2880.

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2. Centers for Disease Control and Prevention. Disability and health overview. April 3, 2024. Available at: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>. Accessed on November 14, 2024.
3. Centers for Medicare & Medicaid Services. National Coverage Decision (NCD) for Mobility Assistive Equipment (MAE) NCD# 280.3. Effective May 5, 2005. Available at: http://www.cms.hhs.gov/mcd/index_chapter_list.asp. Accessed on November 14, 2024.
4. CGS Administrators, LLC. Jurisdiction J-C. Local Coverage Determination for Manual Wheelchair Bases (L3788). Revision effective date for services performed on or after January 1, 2020. Available at: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from=alphalmrp&letter=A>. Accessed on November 14, 2024.
5. CGS Administrators, LLC. Jurisdiction J-C. Local Coverage Determination for Wheelchair Seating (L33312). Revision effective date for services performed on or after January 1, 2020. Available at: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from=alphalmrp&letter=A>. Accessed on November 14, 2024.
6. National Census Bureau. Facts for Features: 22nd Anniversary of Americans with Disabilities Act: July 25, 2012. Available at: http://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb12-ff16.html. Accessed on November 14, 2024.
7. National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR). Last modified on 11/12/2024. Available at: <https://www.acl.gov/about-acl/about-national-institute-disability-independent-living-and-rehabilitation-research>. Accessed on November 14, 2024.
8. Noridian Healthcare Solutions, LLC. Jurisdiction J-A. Local Coverage Determination for Wheelchair Options/Accessories (L33792). Revision effective date for services performed on or after April 1,2024. Available at: <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from=alphalmrp&letter=A>. Accessed on November 14, 2024.

Index

LUCI system
Wheelchair options/accessories

The use of specific product names is illustrative only. It is not intended to be a recommendation of one product over another, and is not intended to represent a complete listing of all products available.

History

Status	Date	Action
	04/01/2025	Updated Coding section with 04/01/2025 HCPCS changes, revised descriptor for E1028 and added E1022, E1023, E1032, E1033, E1034.
Revised	11/14/2024	Medical Policy & Technology Assessment Committee (MPTAC) review. Moved content regarding home modifications to a Note. Added Note addressing home modifications. Revised Description, References, and Index sections.

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Revised	11/09/2023	MPTAC review. Revised formatting in Clinical Indications section. Revised criteria for positioning seat cushions and skin protection seat cushions. Revised Discussion and References sections.
Reviewed	11/10/2022 10/05/2022	MPTAC review. Updated Description, Discussion and References sections. Updated Coding section; removed HCPCS code E0986 which is now addressed in Clinical UM Guideline CG-DME-31.
Revised	11/11/2021	MPTAC review. Reworded MN clinical indication B. 3. a. removing words wheelchair “is wheelchair confined”. Updated Note in description section, updated Discussion and References sections.
Reviewed	11/05/2020	MPTAC review. Updated References and Websites sections. Reformatted Coding section.
Reviewed	11/07/2019	MPTAC review. Updated Discussion and References sections. Updated Coding section with 01/01/2020 HCPCS changes; added E2398.
Reviewed	01/24/2019	MPTAC review. Added Note to description section, Robotic wheelchair accessories are not addressed in this document, refer to CG-DME-10 Durable Medical Equipment for additional consideration. Updated References section.
Reviewed	02/27/2018	MPTAC review. Updated grammatical error in ADLs definition. Updated References sections.
	01/01/2018	The document header wording updated from “Current Effective Date” to “Publish Date.” Updated Coding section with 01/01/2018 HCPCS changes; added codes E0953 and E0954.
Revised	02/02/2017	MPTAC review. Removed “Note” from medically necessary criteria for repair and replacement of wheelchair options/accessories. Updated formatting in clinical indications section. Updated Discussion and Reference sections.
	01/01/2017	Updated Coding section with 01/01/2017 HCPCS descriptor revision for K0098.
Revised	02/04/2016	MPTAC review. Added note to medically necessary criteria for the repair and replacement of wheelchair options/accessories. Updated References. Removed ICD-9 codes from Coding section.
Reviewed	02/05/2015	MPTAC review. Updated Description and References.
Revised	02/13/2014	MPTAC review. Reformatted and clarified medically necessary clinical indications for options or accessories for use with wheeled mobility devices. Updated Websites.
Revised	02/14/2013	MPTAC review. Added criteria to options or accessories used for covered wheeled mobility devices medically necessary statement to include custom fabricated back cushion or seat cushion. Clarified medically necessary criteria for options or accessories for use with wheeled mobility devices. Clarified not medically necessary statement to address manual seat lift mechanisms, powered seat lifts now addressed in CG-DME-31. Updated Description, References and Websites. Updated coding section; removed codes E1009, E1010, E2300 and E2301.
	01/01/2013	Updated Coding section with 01/01/2013 HCPCS changes.
Reviewed	02/16/2012	MPTAC review. Discussion and References updated.

Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Medical Policy take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Clinical UM Guidelines periodically. Clinical UM guidelines are used when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether or not to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the back of the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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Wheeled Mobility Devices: Wheelchair Accessories

	01/01/2012	Updated Coding section with 01/01/2012 HCPCS changes.
Reviewed	02/17/2011	MPTAC review. References updated.
	01/01/2011	Updated Coding section with 01/01/2011 HCPCS changes; removed codes K0734, K0735, K0736, K0737 deleted 12/31/2010.
New	02/25/2010	MPTAC review. Initial document development. Medically necessary and not medically necessary accessories/coding removed from CG-DME-24 and CG-DME-31 to create this document.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem Virginia	06/28/2002	Memo 1103	Wheelchairs
Anthem CO/NV	10/29/2004	DME.205	Motorized/Power Wheelchair Bases
Anthem CO/NV	10/29/2004	DME.206	Wheelchair Options & Accessories
Anthem CO/NV	10/29/2004	DME.207	Wheelchair Seating
Anthem CO/NV	10/29/2004	DME.208	Power Operated Vehicles
Anthem Connecticut	09/2004	Guideline	DME Guidelines
Anthem Connecticut	11/2004	Guideline	DME Guidelines Summary
Anthem Midwest	05/27/2005	DME 006	Wheelchairs: Manual, Motorized Powered, And Accessories
Anthem Midwest	05/27/2005	DME 022	Power Operated Vehicles
WellPoint Health Networks, Inc.	09/23/2004	Guideline	Motorized Assistive Devices

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