Clinical Review Criteria

Mobility Assistive Devices

- Associated Special Parts
- Manual Wheelchairs
- Power Wheelchairs
- Scooters

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Criteria

For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
</tr>
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<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
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<tr>
<td>National Coverage Determinations (NCD)</td>
<td>Mobility Assist Devices (280.3)</td>
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<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>Manual Wheelchair Bases L33788</td>
</tr>
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<td></td>
<td>Power Mobility Devices L33789</td>
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<td></td>
<td>Wheelchair Options/Accessories L33792</td>
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<td>Local Coverage Articles</td>
<td>Wheelchair Seating (A52505)</td>
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<td></td>
<td>Wheelchair Options/Accessories – Non-Medically Necessity Coverage and Payment Rules (A52504)</td>
</tr>
</tbody>
</table>

For Non-Medicare Members

Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

There is insufficient evidence in the published medical literature to show that this service/therapy is as safe as standard services/therapies and/or provides better long-term outcomes than current standard services/therapies.

Documentation Requirements:

See 45 Day Visit Documentation Requirements

MANUAL WHEELCHAIRS

Kaiser Permanente has elected to use the Manual Wheelchair (KP-0354) MCG* for medical necessity determinations.

*MCG Manuals are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

If requesting this service, please send the following documentation to support medical necessity:

- Most recent note from requesting provider
- Most recent Physical Therapy mobility assessment
- If recent discharge from SNF/IPR, include therapy notes
- Vender assessment and itemized codes if applicable

POWER OPERATIVE VEHICLES (POV)/SCOOTERS

Kaiser Permanente has elected to use the Scooter (KP-0352) (MCG)* for medical necessity determinations.

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If requesting this service, please send the following documentation to support medical necessity:

- Most recent note from requesting provider
- Most recent Physical Therapy mobility assessment
- If recent discharge from SNF/IPR, include therapy notes
- Vender assessment and itemized codes if applicable

I. POWER WHEELCHAIR

A. Mobility Assistive Device (MAE) is reasonable and necessary for patients who have a personal mobility deficit sufficient to impair their performance of Mobility-Related Activities of Daily Living (MRADL) such as toileting, feeding, dressing, grooming, and bathing in customary areas in the home and coverage is considered when the following has been applied:

1. The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs in the home. A mobility limitation is one that:
   - Prevents the patient from accomplishing the MRADLs entirely, or,
   - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,
   - Prevents the patient from completing the MRADLs within a reasonable time frame.

B. These other limitations can be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the patient’s ability to perform or obtain assistance to participate in MRADLs in the home.

1. A caregiver**, for example a family member, may be compensatory, if consistently available in the patient’s home and willing and able to safely operate and transfer the patient to and from the wheelchair and to transport the patient using the wheelchair. The caregiver’s need to use a wheelchair to assist the patient in the MRADLs is to be considered in this determination.

2. The amelioration or compensation requires the patient's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary. This can be justification for denial of wheelchair coverage if it results in the patient continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of MAE.

C. The patient or caregiver demonstrates the capability and the willingness to consistently operate the MAE safely.

1. Safety considerations include personal risk to the patient as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.

2. A history of unsafe behavior in other venues may be considered.

D. If a manual wheelchair or POV does not meet the mobility needs of the patient, and all of the following features provided by a power wheelchair are needed to allow the patient to participate in one or more MRADLs,

1. The pertinent features of a power wheelchair compared to a POV are typically controlled by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.

2. The type of wheelchair and options provided should be appropriate for the degree of the patient’s functional impairments.

3. The patient’s home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.

4. Assess the patient’s ability to safely use a power wheelchair.

5. The patient has had a face to face evaluation by the prescribing physician within the past 45 days which assesses his/her mobility status, and the need for the power wheelchair.

E. Due to the complexity of determining whether a power wheelchair or power scooter is the best device for a patient, any requests for either of these devices must be submitted by a Physiatrist who has examined the patient and done a thorough evaluation.

**Note: If the patient is unable to use a power wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver’s inability to operate a manual wheelchair can be considered in covering a power wheelchair so that the caregiver can assist the patient.
**Home Assessment:**
Coverage for the use of an electric wheelchair is determined solely for the needs within the home. An on-site evaluation of the member’s home is necessary to verify that the member can adequately maneuver the device that is provided considering the physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available upon request.

**Associated Special Parts:**
The options/accessories are necessary for the patient to perform one or more of the following activities:
1) Function in the home.
2) Perform instrumental activities of daily living.

An option/accessory that is beneficial primarily in allowing the patient to perform leisure or recreational activities is non-covered.

<table>
<thead>
<tr>
<th>Anti-rollback device (E0974)</th>
<th>The patient propels himself/herself and needs the device because of ramps.</th>
</tr>
</thead>
</table>
| Arm of Chair                | - Adjustable arm height option (E0973, K0017, K0018, K0020) is covered if the patient requires an arm height that is different than that available using nonadjustable arms and the patient spends at least 2 hours per day in the wheelchair.  
- An arm trough (E2209) is covered if patient has quadriplegia, hemiplegia, or uncontrolled arm movements. |
| Fully reclining back (E1226) Has one or more: | - Quadriplegia  
- Fixed hip angle  
- Trunk or lower extremity casts/braces that require the reclining back feature for positioning  
- Excess extensor tone of the trunk muscles and/or  
- The need to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is very difficult |
| Elevating Leg Rests (E0990, K0046, K0047, K0053, K0195) | The patient has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee or  
- The patient has significant edema of the lower extremities that requires having an elevated leg restor  
- The patient meets criteria for and has a reclining back on the wheelchair |
| Mechanically linked leg elevation feature (E1009) Power leg elevation feature (E1010) | - Meet criteria for elevating legrest  
- And is receiving a **covered** power seating system |
| Hook-on headrest extension | - Has weak neck muscles and needs headrest for support OR  
- Meets criteria for and has reclining back on wheelchair |
| Non-standard seat frame (E2201-E2204, E2340-E2343) | A nonstandard seat width and/or depth is covered only if the patient's dimensions justify the need. |
| Electronic Interface (E2351) | An electronic interface to allow a speech generating device to be operated by the power wheelchair control interface is covered if the patient has a **covered** speech generating device. |
| Swingaway, retractable, or removable hardware (E1028) | - Needed to move the component out of the way so the patient can perform a slide transfer AND  
- The sole reason is not to allow the patient to move close to desks or other surfaces |
| Tilt-in-space seat Power tilt seating system (E1002) Power reclining seat system (E1003-E1005) Power tilt and reclining seat system (E1006-E1008) | - Has documented weak upper extremity strength or a disease that will lead to weak upper extremities. AND  
- Is at risk for skin break down because of inability to reposition body in chair to relieve pressure areas. |
| Power Assist Device (E0986) | A push- rim activated power assist device for a manual wheelchair(E0986) may be considered medically necessary when the criteria for a wheelchair (noted above) is met. |
are met and **ALL of the following** criteria are met:

- The patient has been self-propelling in a manual wheelchair for at least one year but no longer has sufficient upper extremity function to self-propel a manual wheelchair in the home to perform MRADLs. **AND**
- The patient has had a specialty evaluation performed by a licensed/certified rehabilitation medical professional (e.g., a PT/OT, or physician) who has specific training and experience in rehabilitation wheelchair evaluations **AND**
- The wheelchair is provided by a supplier that specializes in wheelchairs with a specialist who has direct, in-person involvement in the wheelchair selection for the patient **AND**
- The evaluation documents the need for the device to perform mobility related activities in the patient’s home

**The following are not covered because they are not primarily medical in nature**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>E1399</td>
<td>Power seat elevation feature (E2300)</td>
</tr>
<tr>
<td>K0108</td>
<td>Power standing feature (E2301)</td>
</tr>
<tr>
<td></td>
<td>Attendant control (E2331)</td>
</tr>
<tr>
<td></td>
<td>Electrical connection devices (E2310 or E2311) with the sole function of</td>
</tr>
<tr>
<td></td>
<td>connection for a power seat elevation or power stand feature.</td>
</tr>
<tr>
<td></td>
<td>Electrical interface used to control lights or other electrical devices</td>
</tr>
</tbody>
</table>

**E1399, K0108**

- Any part that is requested using either of these miscellaneous codes is subject to review for medical necessity.

**The following wheelchair options are not covered:**

<table>
<thead>
<tr>
<th>Description</th>
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<tbody>
<tr>
<td>“Ability to balance on two wheels” feature for a PWC</td>
</tr>
<tr>
<td>Any wheelchair, option, or accessory that is primarily for the purpose of</td>
</tr>
<tr>
<td>allowing the individual to perform leisure or recreational activities</td>
</tr>
<tr>
<td>Articulating (telescoping) elevating leg rests: considered for patients with long legs</td>
</tr>
<tr>
<td>Back support systems: Back support systems have a plastic frame which is</td>
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<td>padded and covered with cloth or other material; they are designed to be</td>
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<tr>
<td>attached to a wheelchair base, but do not completely replace the wheelchair back. These back-support systems are considered convenience items, because they are not generally necessary to provide trunk support in members in wheelchairs. An adequate seating system would allow the member to function appropriately in the wheelchair.</td>
</tr>
<tr>
<td>Battery charger: A battery charger for a power wheelchair is included in the allowance for a power wheelchair base. A dual mode battery charger for a power wheelchair is considered a convenience item and is not covered.</td>
</tr>
<tr>
<td>Canopies</td>
</tr>
<tr>
<td>Clothing guards to protect clothing from dirt, mud, or water thrown up by</td>
</tr>
<tr>
<td>the wheels (similar to mud flaps for cars)</td>
</tr>
<tr>
<td>Commode seat, wheelchair (HCPCS code E0968)</td>
</tr>
<tr>
<td>Crutch or cane holder: May need to help safely transfer</td>
</tr>
<tr>
<td>Electronic balance feature for a PWC</td>
</tr>
<tr>
<td>Flat-free inserts (zero pressure tubes): Flat free inserts have a removable</td>
</tr>
<tr>
<td>ring of firm material that is placed inside of a pneumatic tire. Flat free</td>
</tr>
<tr>
<td>inserts are intended to allow the wheelchair to continue to move if the</td>
</tr>
<tr>
<td>pneumatic tire is punctured.</td>
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<tr>
<td>Home modifications: Modifications to the structure of the home to accommodate wheelchairs are not considered treatment of disease and are not covered. Examples of home modifications and installations that are not covered include wheelchair ramps, wheelchair accessible showers, elevators, and lowered bath or kitchen counters and sinks.</td>
</tr>
<tr>
<td>Identification devices (such as labels, license plates, name plates)</td>
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<tr>
<td>Lighting systems</td>
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<tr>
<td>Powered seat elevator attachments for electric, powered, or motorized</td>
</tr>
<tr>
<td>wheelchairs (HCPCS code E2300)</td>
</tr>
<tr>
<td>Power or manual standing options or standing wheelchairs (HCPCS code E2301, E2230)</td>
</tr>
<tr>
<td>Powered wheelchair seat cushions (HCPCS code E2610)</td>
</tr>
</tbody>
</table>
• Remote operation feature for a PWC
• Rental or purchase of more than one mobility assistive device at a time
• Seat elevator wheelchairs (HCPCS code K0830, K0831)
• Shock absorbers
• Speed conversion kits
• Stair-climbing wheelchairs, computerized or gyroscopic mobility systems (e.g., INDEPENDENCE™ IBOT™ Mobility System, Independence Technology, LLC, Warren, NJ) (K0011)
• Transport chairs or rollabout chairs (HCPCS code E1031, E1037, E1038, E1039)
• Warning devices, such as horns and backup signals
• Wheelchair accessory, tray & half-lap tray (HCPCS code E0950)
• Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) -- devices to assist in lifting wheelchair up stairways, into car trunks, or in vans (see CPB 0459 - Seat Lifts and Patient Lifts)
• Wheelchair rack for automobile (auto carrier) -- car attachment to carry wheelchair
• Wheelchair tie downs (transit options)
• Miscellaneous items needed to adapt to the outside environment for convenience, work, leisure or recreational activities including, but not limited to:
  - accessory holder: flag, cup, speech generating device
  - auto carriers
  - baskets, backpacks, bags, seat pouches used to transport personal belongings
  - firearm/weapon holder/support
  - gloves
  - lifts for car trunk, stairways, seat lifts and individual lifts
  - lowered seat elevator attachments for powered or motorized wheelchairs
  - ramps
  - snow tires for wheelchairs
  - support or mounting frames for cellular phone & tablets

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background
In 2000, almost 1.7 million people in the United States used wheelchairs due to a disability. Of these, 1.5 million people used a manual wheelchair (Kaye et al., 2000). Manual wheelchairs require extensive use of individuals' upper limbs for mobility, transfer and other daily functional activities. This repetitive weight-bearing use of the arms and shoulders may cause upper-extremity problems, and reports of shoulder pain are common. In a recent survey of individuals with thoracic spinal cord injuries, 40% of respondents reported current shoulder pain associated with wheelchair use (Alm et al. 2008).

One way to address shoulder pain in manual wheelchair users is with stretching and strengthening exercises. Several small trials have tested specific exercise programs and found statistically significant reduction in shoulder pain (Nawoczenski et al., 2006; Curtis et al., 1999).

Another option, for individuals who want to continue using manual wheelchairs, is to reduce the force put on the upper extremities by modifying the wheelchair. One modification is the addition of battery-powered wheels that can be fitted to standard manual wheelchairs. These wheels add a motorized boost, or “torque multiplier” allowing the user to go further with the same amount of force. A disadvantage of the battery-powered wheels is that the currently available products are heavy. For example, the Alber E-Motion weighs 53 pounds, excluding the wheelchair (Frankmobility.com). Newer, lighter products are being developed. The Quickie Xtend power assist product weighs 38 pounds (Quickie-wheelchairs.com). Another potential disadvantage of power-assisted wheels is that the batteries need to be recharged, sometimes frequently, which can be disruptive to daily activities.

A different modification to the manual wheelchair is to use the 2-gear wheelchair drive produced by MagicWheels,
Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

Evidence and Source Documents
Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

Medical Technology Assessment Committee (MTAC)
Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

BACKGROUND
In 2000, almost 1.7 million people in the United States used wheelchairs due to a disability. Of these, 1.5 million people used a manual wheelchair (Kaye et al., 2000). Manual wheelchairs require extensive use of individuals’ upper limbs for mobility, transfer and other daily functional activities. This repetitive weight-bearing use of the arms and shoulders may cause upper-extremity problems, and reports of shoulder pain are common. In a recent survey of individuals with thoracic spinal cord injuries, 40% of respondents reported current shoulder pain associated with wheelchair use (Alm et al. 2008). One way to address shoulder pain in manual wheelchair users is with stretching and strengthening exercises. Several small trials have tested specific exercise programs and found statistically significant reduction in shoulder pain (Nawoczenski et al., 2006; Curtis et al., 1999). Another option, for individuals who want to continue using manual wheelchairs, is to reduce the force put on the upper extremities by modifying the wheelchair. One modification is the addition of battery powered wheels that can be fitted to standard manual wheelchairs. These wheels add a motorized boost, or “torque multiplier” allowing the user to go further with the same amount of force. A disadvantage of the battery-powered wheels is that the currently available products are heavy. For example, the Alber E-Motion weighs 53 pounds, excluding the wheelchair (Frankmobility.com). Newer, lighter products are being developed. The Quickie Xtend power assist product weighs 38 pounds (Quickie-wheelchairs.com). Another potential disadvantage of power-assisted wheels is that the batteries need to be recharged, sometimes frequently, which can be disruptive to daily activities. A different modification to the manual wheelchair is to use the 2-gear wheelchair drive produced by MagicWheels, Inc. (Seattle, WA). The wheelchair drive adapts to most standard wheelchairs and does not include batteries or motors. By sliding a switch, the user can change from a conventional 1:1 gear ratio to a 2:1 ratio. The added weight is lighter than the battery-powered assist products. Depending on options, the additional weight per pair of wheels varies from 8.2-10.5 pounds. The gear shifting is designed to reduce upper body stress and assist the user to navigate ramps, hills and uneven terrain. Newer models include an automatic hill holding feature preventing the wheelchair from sliding backwards between pulls while going uphill, and a downhill assisted braking feature. MagicWheels was founded in 1996 by several partners. The University of Washington, where initial product development research took place, owns stock in MagicWheels as part of a patent licensing agreement. The following information was used in the development of this document and is provided as background only. It is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations. Mechanical wheelchairs and wheelchair components are Class 1 devices according to the FDA. Class 1 devices are subject to general controls such as product listing and labeling requirements, but are exempt from the pre-market approval process including safety and effectiveness evaluation.

12/01/2008: MTAC REVIEW
Wheelchair, 2-Gear (aka MAGICWHEELS® 2-Gear Wheelchair Drive)

Evidence Conclusion: There is insufficient evidence to draw conclusions about the impact of the MagicWheels 2-gear wheelchair on functional ability and shoulder and arm pain. There was only one published empirical study on the MagicWheels wheelchair product. The study (Finley et al., 2007) was a small interrupted time series. 17 individuals started the study, and 12 completed the 5-month intervention phase. The study found improvement in shoulder pain, but not overall functional ability, or performance on an incline test when patients used MagicWheels. Shoulder pain decreased when MagicWheels was introduced, and increased again after a return to standard wheels. Findings are subject to bias such as the Hawthorne effect (see evidence table for study details).

Articles: The PubMed search yielded 8 articles. Seven of these were on different related clinical topics, with the words “magic” and “wheels” included in the abstract or other part of the citation. No additional articles were identified via the “related articles” function in PubMed. There was only one published empirical article on the MagicWheels wheelchair, and this study was critically appraised: Finley MA, Rodgers MM. Effect of 2-speed

The use of 2-gear wheelchairs does not meet the Kaiser Permanente Medical Technology Assessment Criteria.

<table>
<thead>
<tr>
<th>Date Created</th>
<th>Date Reviewed</th>
<th>Date Last Revised</th>
</tr>
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<tbody>
<tr>
<td>03/1985</td>
<td>08/03/2010 MPC, 06/07/2011 MPC, 04/03/2012 MPC, 02/05/2013 MPC, 02/06/2018 MPC, 01/09/2019 MPC</td>
<td>05/01/2018</td>
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</table>

Medical Director Clinical Review and Policy Committee
Medical Policy Committee

<table>
<thead>
<tr>
<th>Revision History</th>
<th>Description</th>
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<tr>
<td>05/19/2015</td>
<td>The background statement was edited to state that WCs are for use in the home</td>
</tr>
<tr>
<td>08/04/2015</td>
<td>Manual Wheelchair: Added grade levels for severe dependent edema and removed “poor endurance” language</td>
</tr>
<tr>
<td>07/02/2016</td>
<td>Added addendum to exclusion list</td>
</tr>
<tr>
<td>08/01/2017</td>
<td>MPC approved to adopt indication for any requests for power wheelchair or power scooter must be submitted by a physiatrist who has examined the patient and done a thorough evaluation.</td>
</tr>
<tr>
<td>05/01/2018</td>
<td>MPC approved criteria for Power Assist Device</td>
</tr>
</tbody>
</table>

**Codes**

**Manual Wheelchairs**
HCPCS: E0988; E1050; E1060; E1070; E1083; E1084; E1085; E1086; E1087; E1088; E1089; E1090; E1092; E1093; E1100; E1110; E1130; E1140; E1150; E1160; E1161; E1170; E1171; E1172; E1180; E1190; E1195; E1200; E1220; E1221; E1222; E1223; E1224; E1229; E1231; E1232; E1233; E1234; E1235; E1236; E1237; E1238; E1240; E1250; E1260; E1270; E1280; E1285; E1290; E1295; K0001; K0002; K0003; K0004; K0005; K0006; K0007; K0008; K0009 with NU modifier used to identify Purchased & Rental items

**Power Wheelchairs**
HCPCS: E1239; K0010; K0011; K0012; K0014; K0015; K0016; K0017; K0018; K0020; K0021; K0022; K0023; K0024; K0025; K0026; K0027; K0028; K0029; K0030; K0031; K0035; K0036; K0037; K0038; K0039; K0040; K0041; K0042; K0043; K0048; K0049; K0050; K0051; K0052; K0053; K0054; K0055; K0056; K0057; K0058; K0059; K0060; K0061; K0062; K0063; K0064; K0065; K0066; K0067; K0068; K0069; K0070; K0071; K0072; K0073; K0074; K0075; K0076; K0077; K0078; K0079; K0080; K0081; K0082; K0083; K0084; K0085; K0086; K0087; K0088; K0089; K0090; K0091; K0092; K0093; K0094; K0095; K0096; K0097; K0098; K0099 with NU modifier used to identify Purchased & Rental items

**Power Scooters**
HCPCS: E1230; K0080; K0081; K0082; K0086; K0087; K0088 with NU modifier used to identify Purchased & Rental items

**Associated Special Parts**
HCPCS: E0974; E0975; K0017; K0018; K0020; E2209; E1226; E0990; K0046; K0047; K0053; K0195; E0983; E0984; E0986; E1009; E1010; E1012; E1296; E2201; E2202; E2203; E2204; E2209; E2340; E2341; E2342; E2343; E2351; E1028; E1002; E1003; E1004; E1005; E1006; E1007; E1008; E2300; E2301; E2302; E2310; E2311; E1399; K0010; K0017; K0018; K0020; K0046; K0047; K0053; K0195