Wheelchair-mounted robotic arm – Kinova JACO2

Clinical Policy ID: CCP.1520

Recent review date: 8/2026

Next review date: 12/2027

Policy contains: Kinova JACO2, robotic arm.

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Coverage policy

The wheelchair-mounted Kinova JACO2 robotic arm is investigational and not clinically proven and, therefore, not medically necessary.

Limitations

Not applicable.

Alternative covered services

Standard wheelchairs.

Background

Since about 2000, robotic arms have been developed to assist individuals with upper-extremity impairments in completing activities of daily living. Several of these are now commercially available. By 2016, more than 200

units had been sold in more than 25 countries (Campeau-Lecours, 2016). However, many robotic arms use joysticks for control, which can limit performance of daily activities (Arif, 2022).

One advanced assistive arm is the Kinova JACO2, first offered by Kinova, Inc. (Broisbriand, Quebec, Canada) in 2008 (Routhier, 2014). This model is a wheelchair-mounted robotic device weighing approximately 5.2 to 5.4 kg, depending on configuration. The arm is composed of six interlinked segments (corresponding to shoulder, elbow, and wrist), including a three-fingered hand. A joystick or other control interface (e.g., sip and puff, head control, head array) allows the user to move the robot's hand in three-dimensional space. The user can also modify the orientation of the hand, along with controlling gripping by opening and closing the hand with two or three fingers. An external button may be used to switch between modes of control (Routhier, 2014; Sauzin, 2017).

Tasks such as pushing an elevator button or eating require the user to toggle through multiple modes and access multiple motion commands. The Kinova JACO2 allows the presetting of positions and trajectories to optimize time and effort needed to complete the task (Campeau-Lecours, 2016).

The Kinova JACO2 is intended to allow the user more control with activities of daily living; may decrease reliance on others while encouraging self-empowerment; and may improve safety. It is intended for people with disabilities who have limited mobility in their arms and upper extremities and are able physically and cognitively to safely and independently control a motorized wheelchair through a joystick, head-mounted control, or other technological controls (Kinova Robotics, 2024).

The U.S. Food and Drug Administration posted a Class I recall, the most serious designation, in October 2024, following initiation by Kinova in August 2024, for the KINOVA JACO assistive robotic arm. This recall affected 949 units across five model numbers, including KR MJ2 0001, that were distributed worldwide. The recall was prompted by a safety risk where a damaged JACO arm could create a fire hazard if it came into contact with a wheelchair with electrical leakage. FDA continued to list the recall as open and classified as of July 2026 (U.S. Food and Drug Administration, 2026).

Findings

Guidelines

No guidelines from professional medical societies specifically address the Kinova JACO2 robotic arm.

Evidence review

The evidence includes small clinical studies and case series, surveys, technical evaluations, and reviews of JACO and other wheelchair-mounted robotic arms. An early study of the Jaco robotic arm (n = 31) showed most participants could accomplish tasks on their first attempt, and that caregiving time could be reduced by 41% (Maheu, 2011).

A study (n = 14) of persons with upper body disabilities using the Jaco robotic arm found a reduction of up to 72% in time needed to perform activities, along with improvements of 2.3 and 2.9 on a seven-point Likert scale for perceived ease of use and usability, respectively. Authors conclude that Jaco could produce significant improvements in performing selected activities of daily living (LeBrasseur, 2021).

A study (n = 7) found that upper extremity performance to accomplish certain life habits improved after long-term use with Jaco. Authors determined satisfaction among users was high, psychosocial impacts were positive, and impacts on family caregivers were slight (Beaudoin, 2019). The same research team had assessed 36 studies of robotic arms (Kinova Jaco and others) in terms of self-care, productivity, and leisure, finding mostly positive impacts (mean quality score 8.8 of 15) (Beaudoin, 2018). The small samples and modest methodological quality limit conclusions.

A survey found 31% (n = 29) of 93 occupational therapists had recommended wheelchair-mounted robotic arms; of these, 26 of 29 were the Jaco robotic arm. Barriers to recommendations commonly cited include limited funding, lack of training and knowledge, and resource constraints (Bourassa, 2023).

Interviews with assistive-arm users and developers identified use of the joystick to be a key problem in terms of time and cognitive load. Mode switching was a particular problem, consuming 17.4% of execution time for able-bodied users controlling a Kinova MICO arm (Herlant, 2016).

Laser pointer interactions, allowing wheelchair users with upper-extremity impairments to point out objects and pick them up, were the subject of experiments using a Kinova Jaco robotic arm. Average time consumption of the pose generation was reduced from 5.36 to 4.43 seconds, and synchronously, the pose estimation error was reduced from 21.31% to 3.91% (Zhong, 2019). A technical evaluation reported the rate that a laser pointer correctly selected the desired object ranged from 92% to 99% (Liu, 2023).

In 2024, we found no newly published relevant literature to add to the policy.

In 2025, we found that peer-reviewed literature on wheelchair-mounted robotic arms included usability, user satisfaction, and task-level outcomes but provided limited evidence on standardized functional independence measures, reduced caregiver hours, or health-related quality-of-life scores. Spittel (2024) studied recipients with amyotrophic lateral sclerosis: 10/14 (71%) used devices daily with a Net Promoter Score of +57, though 53/85 (62%) interested patients never obtained devices due to cost, technical unsuitability, or death during the 196-229 day procurement process. Hutmacher (2025) surveyed individuals with tetraplegia (n = 49): 37/49 (76%) anticipated greater independence from robotic arms and 28/49 (57%) preferred voice control, while 22/49 (45%) cited lack of information and 13/49 (26%) cited purchase cost as main barriers. No policy changes warranted.

In 2026, we identified two relevant 2025 publications. Atigossou (2025) interviewed 21 JACO users and 11 caregivers and found positive, negative, and absent social impacts, underscoring variability among users. Rahman (2025) systematically reviewed wheelchair-mounted robotic arm studies published from 2001 through 2025 and found potential benefits for activities of daily living and autonomy but persistent limitations in workspace coverage, gripper dexterity, payload, cost, modularity, and safety mechanisms. The heterogeneous evidence did not establish durable comparative effectiveness or long-term safety specifically for JACO2. No policy changes were warranted.

References

On July 18, 2026, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “Kinova JACO,” “JACO2,” “wheelchair-mounted robotic arm,” “wheelchair-mounted robotic manipulator,” and “assistive robotic arm.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

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Policy updates

8/2022: initial review date and clinical policy effective date: 9/2022

8/2023: Policy references updated.

8/2024: Policy references updated.

8/2025: Policy references updated.

8/2026: Policy references updated.

Related codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1520 .This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code description
E1399	Durable medical equipment, miscellaneous.
K0108	Wheelchair component or accessory, not otherwise specified.