

Medical Policy



Power Mobility Devices

Description

The term power mobility device (PMD) includes power operated vehicles (POVs) and power wheelchairs (PWCs). The device is a personal motorized transportation device.

Policy

A power mobility device is considered reasonable and necessary when a member meets coverage criteria.

Policy Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare policy (L33789) and article (A52498) for coverage criteria.

Non-Medicare Member Coverage Criteria:

Coverage Criteria:

A power mobility device is considered **reasonable and necessary** when a member meets the coverage criteria.

BASIC COVERAGE CRITERIA:

All of the following basic criteria (a-c) must be met for a power mobility device (**K0800, K0801, K0802, K0806, K0807, K0808, K0812, K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898**) or a push-rim activated power assist device (E0986) to be covered. Additional coverage criteria for specific devices are listed below.

- A) The member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
- Prevents the member from accomplishing an MRADL entirely, or

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- Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the member from completing an MRADL within a reasonable time frame.
- B) The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- C) The member does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home to perform MRADLs during a typical day.
- Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 - An optimally configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.
 - ***For NH Medicaid members only***, DME that is appropriate for use in the member's home may also be used in the community. (Manual/Power wheelchairs).

POWER OPERATED VEHICLES (K0800, K0801, K0802, K0806, K0807, K0808, K0812):

A POV is covered if all of the basic coverage criteria (a-c) have been met and if criteria (d-i) are also met.

D) The Member is able to:

- Safely transfer to and from a POV, and
- Operate the tiller steering system, and
- Maintain postural stability and position while operating the POV in the home.

E) The Member's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.

F) The Member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.

G) The Member's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV – i.e., a Heavy Duty POV is covered for a member weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a member weighing 428 – 600 pounds.

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- H) Use of a POV will significantly improve the Member's ability to participate in MRADLs and the Member will use it in the home.
- I) The Member has not expressed an unwillingness to use a POV in the home.

If a POV will be used inside the home and coverage criteria a-i are not met, it will be considered not reasonable and necessary.

Group 2 POVs (**K0806, K0807, K0808**) have added capabilities that are not needed for use in the home. Therefore, if a Group 2 POV is provided it will be considered not reasonable and necessary.

POWER WHEELCHAIRS (K0013, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898):

A power wheelchair is covered if:

- a. All of the basic coverage criteria (a-c) are met; and
 - b. The Member does not meet coverage criterion d, e, or f for a POV; and
 - c. Either criterion j or k is met; and
 - d. Criterion l, m, n, and o are met; and
 - e. Any coverage criteria pertaining to the specific wheelchair type (see below) are met.
- J) The Member has the mental and physical capabilities to safely operate the power wheelchair that is provided; or
 - K) If the Member is unable to safely operate the power wheelchair, the Member has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; and
 - L) The Member's weight is less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC- i.e., a Heavy Duty PWC is covered for a member weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a member weighing 428 – 600 pounds; an Extra Heavy Duty PWC is covered for a member weighing 570 pounds or more.

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- M) The Member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
- N) Use of a power wheelchair will significantly improve the Member's ability to participate in MRADLs and the Member will use it in the home. For Members with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
- O) The Member has not expressed an unwillingness to use a power wheelchair in the home.
If a PWC will be used inside the home and if coverage criteria (a) – (e) are not met, it will be denied as not reasonable and necessary.

SPECIFIC TYPES OF POWER WHEELCHAIRS:

- I) A Group 1 PWC (**K0813, K0814, K0815, K0816**) or a Group 2 (**K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829**) is covered if all of the coverage criteria (A)-(E) for a PWC are met and the wheelchair is appropriate for the Member's weight.
- II). A Group 2 Single Power Option PWC (**K0835, K0836, K0837, K0838, K0839, K0840**) is covered if all of the coverage criteria (A)-(E) for a PWC are met and if:
 - A) Criterion 1 or 2 are met; and
 - B) Criterion 3 or 4 are met
 1. The 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).
 2. The Member meets coverage criteria for a power tilt, or a power recline seating system (see Wheelchair Options/Accessories policy for coverage criteria) and the system is being used on the wheelchair.
 3. The Member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in

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rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or practitioner may have no financial relationship with the provider.

4. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

If a Group 2 Single Power Option PWC is provided and if b(i) or b(ii) is not met (including but not limited to situations in which it is only provided to accommodate a power seat elevation feature, a power standing feature, or only power elevating leg rests), it will be denied as not reasonable and necessary.

III) A Group 2 Multiple Power Option PWC (**K0841, K0842, K0843**) is covered if all of the coverage criteria (A)-(E) for a PWC are met and if:

- a. Criterion 1 or 2 is and
 - b. Criterion 3 and 4 are met.
1. The Member meets coverage criteria for a power tilt and recline seating system (see Wheelchair Options/Accessories policy) and the system is being used on the wheelchair.
 2. The Member uses a ventilator which is mounted on the wheelchair.
 3. The Member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or practitioner may have no financial relationship with the provider.
 4. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Practitioner (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

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If a Group 2 Multiple Group Power Option PWC is provided and if criterion III (a) or III (b) is not met, it will be denied as not reasonable and necessary.

IV) Group 3 PWC with no power options (**K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855**) is covered if:

- A. All of the coverage criteria (A)-(E) for a PWC are met; and
- B. The Member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
- C. The Member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features (see Documentation Requirements section). The PT, OT, or practitioner may have no financial relationship with the provider.
- D. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

If a Group 3 PWC is provided and criterion (IV) (A) – (IV) (D) are not met, it will be denied as not reasonable and necessary.

V) A Group 3 PWC with Single Power Option (**K0856, K0857, K0858, K0859, K0860**) or with Multiple Power Options (**K0861, K0862, K0863, K0864**) is covered if:

- A. The Group 3 criteria IV(A) and IV(B) are met; and
- B. The Group 2 Single Power Option (criteria II (A) and II (B) or Multiple Power Options (criteria III (A) and III (B)) (respectively) are met.

If a Group 3 Single Power Option or Multiple Power Options PWC is provided and Criterion IV(A) is met but all of the other coverage criteria are not met, payment will be based on the allowance for the least costly medically appropriate alternative Group 2 or Group 3 PWC.

VI) If a Group 3 Single Power Option or Multiple Power Options PWC is provided and if criterion V (A) or V (B) is not met, it will be denied as not reasonable and necessary.

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VII) A Group 5 (Pediatric) PWC with Single Power Option (**K0890**) or with Multiple Power Options (**K0891**) is covered if:

1. All the coverage criteria (a)-(e) for a PWC are met; and
2. The Member is expected to grow in height; and
3. The Group 2 Single Power Option (criteria II (A) and II (B)) or Multiple Power Options (criteria III (A) and III(B)) (respectively) are met.

Group 4 PWCs (**K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886**) have added capabilities that are not needed for use in the home and are considered not reasonable and necessary.

If a Group 5 PWC is provided and if criteria (VII) (A) – (VII) (C) are not met, it will be denied as not reasonable and necessary.

VIII) A push-rim activated power assist device (**E0986**) for a manual wheelchair is covered if all of the following criteria are met:

- A. All of the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; and
- B. The Member has been self-propelling in a manual wheelchair for at least one year; and
- C. The Member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the Member's home. The PT, OT, or practitioner may have no financial relationship with the provider.
- D. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

If all of the coverage criteria are not met, it will be denied as not reasonable and necessary.

MISCELLANEOUS:

K0013 – Custom Motorized/Power Wheelchair Base will be covered if:

- the member meets the general coverage criteria for a power wheelchair; and

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- the specific configurational needs of the member are not able to be met using wheelchair cushions, or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.
- A custom motorized/power wheelchair base is not reasonable and necessary if the expected duration of need for the chair is less than three months (e.g., post-operative recovery).

K0900 - Custom DME other than Wheelchair

A POV or power wheelchair with Captain's Chair is not appropriate for a member who needs a separate wheelchair seat and/or back cushion. If a skin protection and/or positioning seat or back cushion that meets coverage criteria (see Wheelchair Seating policy) is provided with a POV or a power wheelchair with Captain's Chair, the POV or PWC will be denied as not reasonable and necessary. (Refer to Wheelchair Cushion-Seating System Policy for information concerning coverage of general use, skin protection, or positioning cushions when they are provided with a POV or power wheelchair with Captain's Chair.)

For members who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be covered only if either criterion 1 or criterion 2 is met:

1. The cushion is provided with a covered power wheelchair base that is not available in a Captain's Chair model – i.e., codes **K0839, K0840, K0843, K0860, K0861, K0862, K0863, K0864, K0870, K0871, K0880, K0886, K0890, K0891**; or
2. A skin protection and/or positioning seat or back cushion that meets coverage criteria is provided.

If one of these criteria is not met, both the power wheelchair with a sling/solid seat and the general use cushion will be denied as not reasonable and necessary.

If a heavy duty, very heavy duty, or extra heavy duty PWC or POV is provided and if the member's weight is outside the range listed in criterion G or L above (i.e., for heavy duty 285-450 pounds, for very heavy duty 428-600 pounds, for extra heavy duty 570 pounds or more, it will be denied as not reasonable and necessary.

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An add-on to convert a manual wheelchair to a joystick-controlled power mobility device (**E0983**) or to a tiller-controlled power mobility device (**E0984**) will be denied as not reasonable and necessary.

Payment is made for only one wheelchair at a time. Backup chairs are denied as not reasonable and necessary.

One month's rental of a PWC or POV (**K0462**) is covered if a member-owned wheelchair is being repaired. Payment is based on the health plan allowance but is customarily based on the type of replacement device that is provided but will not exceed the rental allowance for the power mobility device that is being repaired.

A power mobility device will be denied as not reasonable and necessary if the underlying condition is reversible and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).

If a POV or PWC is only used outside the home, it will be denied as non-covered.

Reimbursement for the wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Reimbursement also includes support services, such as delivery, set-up and education about the use of the PMD.

Upgrades that are beneficial primarily in allowing the member to perform leisure or recreational activities are noncovered.

WHILL Model A Powered Personal Mobility Device. Described as a powered personal mobility device designed "...to improve the mobility for all, not just those with a disability". As noted by the mfg this product has not been submitted to the FDA and is not considered to be a medical device. Consequently, this item is noncovered (no Medicare benefit) coded as **A9270** – Noncovered item or service.

This code is considered all-inclusive for this product. None of the existing HCPCS codes for w/c bases, options, accessories, seating, etc are appropriate for use with this product. Claims for this item using existing w/c related codes will be denied as incorrect coding.

PWC Basic Equipment Package –

Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.

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- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode
- Complete set of tires and casters, any type
- Legrests. There is no separate billing/payment if fixed, swing away, or detachable non-elevating legrests with or without calf pad are provided. Elevating legrests may be billed separately.
- Footrests/foot platform. There is no separate billing/payment if fixed, swing away, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests. There is no separate billing/ payment if fixed, swing away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by member weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, seat width and/or depth greater than 20 inches;
 - For Heavy Duty, seat width and/or depth greater than 22 inches;
 - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, back width greater than 20 inches;
 - For Heavy Duty, back width greater than 22 inches;
 - For Very Heavy Duty, back width greater than 24 inches;
 - For Extra Heavy Duty, no separate billing

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- Controller and Input Device

There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., nonproportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

Refer to the bundling table in the Wheelchair Options/Accessories Policy Article for a list of codes that are not separately billable at the time of initial issue of a PWC.

POV Basic Equipment Package - Each POV is to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation

Cross Brace Chair - A type of construction for a power wheelchair in which opposing rigid braces hinge on pivot points to allow the device to fold.

Power Options - Tilt, recline, elevating legrests, seat elevators, or standing systems that may be added to a PWC to accommodate a member's specific need for seating assistance.

No Power Options – A category of PWCs that is incapable of accommodating a power tilt, recline, seat elevation, or standing system. If a PWC can only accept power elevating legrests, it is considered to be a No Power Option chair.

Single Power Option - A category of PWCs with the capability to accept and operate a power tilt or power recline or power standing or, for Groups 3, 4, and 5, a power seat elevation system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating legrests, seat elevator, and/or standing system in combination with a power tilt or power recline. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a power wheelchair that can only accommodate a power tilt could qualify for this code.

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Multiple Power Options - A category of PWCs with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating legrests, a power seat elevator, and/or a power standing system. A PWC does not have to accommodate all features to qualify for this code.

Actuator – A motor that operates a specific function of a power seating system – i.e., tilt, back recline, power sliding back, elevating legrest(s), seat elevation, or standing.

Proportional Control Input Device - A device that transforms a user's drive command (a physical action initiated by the wheelchair user) into a corresponding and comparative movement, both in direction and in speed, of the wheelchair. The input device shall be considered proportional if it allows for both a non-discrete directional command and a non-discrete speed command from a single drive command movement. (Note: In the Wheelchair Options/Accessories policy, the term “interface” is used instead of “control input device”.)

Non-Proportional Control Input Device - A device that transforms a user's discrete drive command (a physical action initiated by the wheelchair user, such as activation of a switch) into perceptually discrete changes in the wheelchair's speed, direction, or both.

Alternative Control Device - A device that transforms a user's drive commands by physical actions initiated by the user to input control directions to a power wheelchair that replaces a standard proportional joystick. Includes mini-proportional, compact, or short throw joysticks, head arrays, sip and puff and other types of different input control devices.

Non-Expandable Controller - An electronic system that controls the speed and direction of the power wheelchair drive mechanism. Only a standard proportional joystick (used for hand or chin control) can be used as the input device. This system may be in the form of an integral controller or a remotely placed controller. The non-expandable controller:

- a. May have the ability to control up to 2 power seating actuators through the drive control (for example, seat elevator and single actuator power elevating legrests). (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, **E2310** or **E2311**.)
- b. May allow for the incorporation of an attendant control.

Expandable Controller - An electronic system that is capable of accommodating one or more of the following additional functions:

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- a. Proportional input devices (e.g., mini, compact, or short throw joysticks, touchpads, chin control, head control, etc.) other than a standard proportional joystick.
- b. Non-proportional input devices (e.g., sip and puff, head array, etc.)
- c. Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators through the Control Input Device would require the use of an additional component, **E2310** or **E2311**.)

An expandable controller may also be able to operate one or more of the following:

- a. A separate display (i.e., for alternate control devices)
- b. Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- c. An attendant control

Integral Control System - Non-expandable wheelchair control system where the joystick is housed in the same box as the controller. The entire unit is located and mounted near the hand of the user. A direct electrical connection is made from the Integral Control box to the motors and batteries through a high-power wire harness.

Remotely Placed Controller - Non-expandable or expandable wheelchair control system where the joystick (or alternative control device) and the controller box are housed in separate locations. The joystick (or alternative control device) is connected to the controller through a low power wire harness. The separate controller connects directly to the motors and batteries through a high-power wire harness.

Sling Seat/Back - Flexible cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.

Solid Seat/Back - Rigid metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWCs with an automotive-style back and a solid seat pan are considered as a solid seat/back system, not a Captains Chair.

Captain's Chair - A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as

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upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swing away, or detachable. It may or may not have a headrest, either integrated or separate.

Stadium Style Seat - A one- or two-piece stadium-style seat with rigid frame and cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swing away, or detachable. It will not have a headrest. Chairs with stadium style seats are billed using the Captains Chair codes.

Highway Use - Mobility devices that are powered and configured to operate legally on public streets.

Push-rim activated power assist (**E0986**) – An option for a manual wheelchair in which sensors in specially designed wheels determines the force that is exerted by the member upon the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. **E0986** is all-inclusive. All components, e.g., drive wheels, batteries, chargers, controls, mounting hardware, etc., for a manual wheelchair conversion are considered as included in 1 UOS of the code.

CODE-SPECIFIC REQUIREMENTS:

There are five PWC Groups and two POV Groups. Groups are divided based on performance. Each group of PMDs has subdivisions based on member weight capacity, seat type, portability, and/or power seating system capability.

All POVs (**K0800, K0801, K0802, K0806, K0807, K0808, K0812**) must have the specified components and meet the following requirements:

- Have all components in the POV Basic Equipment Package
- Seat Width: Any width appropriate to weight group
- Seat Depth: Any depth appropriate to weight group
- Seat Height: Any height (adjustment requirements-none)
- Back Height: Any height (minimum back height requirement-none)
- Seat to Back Angle: Fixed or adjustable (adjustment requirements – none)
- Meet the following testing requirements:

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- Fatigue test – 200, 000 cycles
- Drop test – 6,666 cycles

Group 1 POVs (**K0800, K0801, K0802**) must meet the following requirements:

- Length - less than or equal to 48 inches
- Width - less than or equal to 28 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm
- Radius Pivot Turn - less than or equal to 54 inches
- Dynamic Stability Incline - 6 degrees

Group 2 POVs (**K0806, K0807, K0808**) must meet the following requirements:

- Length - less than or equal to 48 inches
- Width - less than or equal to 28 inches
- Minimum Top End Speed - 4 MPH
- Minimum Range - 10 miles
- Minimum Obstacle Climb - 50 mm
- Radius Pivot Turn - less than or equal to 54 inches
- Dynamic Stability Incline - 7.5 degrees

The following requirements describe the configurations of power wheelchairs as they are coded by the Pricing, Data Analysis, and Coding (PDAC) contractor. Items provided to the member may include upgraded components which are substituted for the basic component and are billed separately. One example is a power seating system. When this is provided, the base code used should be that with a sling/solid seat/back. Another example is the provision of an expandable controller when the base code includes a non-expandable controller but is capable of an upgrade.

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All PWCs (**K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898**) must have the specified components and meet the following requirements:

- Have all components in the PWC Basic Equipment Package
- Have the seat option listed in the code descriptor
- Seat Width: Any width appropriate to weight group
- Seat Depth: Any depth appropriate to weight group
- Seat Height: Any height (adjustment requirements-none)
- Back Height: Any height (minimum back height requirement-none)
- Seat to Back Angle: Fixed or adjustable (adjustment requirements – none)
- May include semi-reclining back
- Meet the following testing requirements:
 - Fatigue test – 200, 000 cycles
 - Drop test – 6,666 cycles

All Group 1 PWCs (**K0813, K0814, K0815, K0816**) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Incapable of upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- May have cross brace construction
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating legrests) (except captain's chairs)

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- Length - less than or equal to 40 inches
- Width - less than or equal to 24 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 5 miles
- Minimum Obstacle Climb - 20 mm
- Dynamic Stability Incline - 6 degrees

For Group 1 portable wheelchairs (**K0813, K0814**), the largest single component may not exceed 55 pounds.

All Group 2 PWCs (**K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843**) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- May have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs)
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 3 MPH
- Minimum Range - 7 miles
- Minimum Obstacle Climb - 40 mm
- Dynamic Stability Incline - 6 degrees

For Group 2 portable PWCs (**K0820, K0821**), the largest single component may not exceed 55 pounds.

Group 2 no power option PWCs (**K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829**) must have the specified components and meet the

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Power Mobility Devices

following requirements:

Non-expandable controller

- Incapable upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- Incapable of accommodating a power tilt, recline, seat elevation, standing system
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating legrests) (except captain's chairs)

Group 2 seat elevator PWCs (**K0830, K0831**) must have the specified components and meet the following requirements:

- Non-expandable controller
- Incapable of upgrade to expandable controller
- Incapable of upgrade to alternative control devices
- Accommodates only a power seat elevating system

Group 2 single power option PWCs (**K0835, K0836, K0837, K0838, K0839, K0840**) must have the specified components and meet the following requirements:

- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- See Single Power Option definition for seating system capability

Group 2 multiple power option PWCs (**K0841, K0842, K0843**) must have the specified components and meet the following requirements:

- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- See Multiple Power Options definition for seating system capability
- Accommodates a ventilator

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Power Mobility Devices

All Group 3 PWCs (**K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864**) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- May not have cross brace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs)
- Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 4.5 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm
- Dynamic Stability Incline - 7.5 degrees

All Group 4 PWCs (**K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886**) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- May not have cross brace construction

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Power Mobility Devices

- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain's chairs)
- Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 6 MPH
- Minimum Range - 16 miles
- Minimum Obstacle Climb - 75 mm
- Dynamic Stability Incline - 9 degrees

Group 3 and 4 no power option PWCs (**K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0868, K0869, K0870, K0871**) must have the specified components and meet the following requirements:

- Incapable of accommodating a power tilt, recline, seat elevation, standing system
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating legrests)

Group 3 and 4 single power option PWCs (**K0856, K0857, K0858, K0859, K0860, K0877, K0878, K0879, K0880**) must have the specified components and meet the following requirements:

- See Single Power Option definition for seating system capability

Group 3 and 4 multiple power option PWCs (**K0861, K0862, K0863, K0864, K0884, K0885, K0886**) must have the specified components and meet the following requirements:

- See Multiple Power Options definition for seating system capability
- Accommodates a ventilator

All Group 5 PWCs (**K0890, K0891**) must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick

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Power Mobility Devices

- Non-expandable controller
- Capable of upgrade to expandable controller
- Capable of upgrade to alternative control devices
- Seat Width: minimum of 5 one-inch options
- Seat Depth: minimum of 3 one-inch options
- Seat Height: adjustment requirements ≥ 3 inches
- Back Height: adjustment requirements minimum of 3 options
- Seat to Back Angle: range of adjustment-minimum of 12 degrees
- Accommodates non-powered options and seating systems
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
- Adjustability for growth (minimum of 3 inches for width, depth and back height adjustment)
- Special developmental capability (i.e., seat to floor, standing, etc.)
- Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 4 MPH
- Minimum Range - 12 miles
- Minimum Obstacle Climb - 60 mm
- Dynamic Stability Incline - 9 degrees
- Crash testing - Passed

Group 5 single power option PWC (**K0890**) must have the specified components and meet the following requirements:

- See Single Power Option definition for seating system capability

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Power Mobility Devices

Group 5 multiple power option PWC (**K0891**) must have the specified components and meet the following requirements:

- See Multiple Power Options definition for seating system capability
- Accommodates a ventilator

A POV or PWC which has not been reviewed by the Pricing, Data Analysis, and Coding (PDAC) contractor or which has been reviewed by the PDAC and found not to meet the definition of a specific POV/PWC will be denied as not reasonable and necessary and should be coded as **K0899**.

If a power mobility device has not received a written coding verification determination from the PDAC or if the PDAC determines that the product does not meet the requirements of any code, it must be billed with code **K0899**.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

The face-to-face encounter must be conducted within six (6) months prior to the order date on the Standard Written Order Prior to Delivery (WOPD) for the PMD (base item).

Power Mobility Devices (PMDs) require a standard written order prior to delivery (WOPD) for the base item. If the supplier does not receive the order/prescription for the base item prior to delivery, the claim will be denied as not reasonable and necessary.

For PMDs that go through Prior Authorization (PA) and receive an affirmative determination, the delivery must be within 6 months following the determination.

The WOPD for the base item may only be written after the completion of the face-to-face encounter requirements and the treating practitioner who completes the face-to-face requirements must be the same practitioner who writes the order/prescription for the PMD (base item).

A supplier may provide a template to the treating practitioner for their use in creating the WOPD for the base item. Such a template may list the elements of a WOPD, but the supplier must not fill in or complete any of these elements.

An SWO is required prior to claim submission for all options, accessories, and/or supplies that are separately billed in addition to the base. This SWO obtained prior to claim submission, may be prepared by someone other than a treating practitioner. If someone other than a treating practitioner prepares the SWO for separately billed options, accessories, and/or supplies, a treating practitioner must review and sign the order.

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The treating practitioner who reviews and signs the SWO for separately billable options, accessories, and/or supplies does not need to be the same treating practitioner who completed the WOPD for the PMD base and conducted the face-to-face encounter. In this situation, the treating practitioner who orders the options, accessories, and/or supplies must:

- Verify that a qualifying face-to-face encounter occurred within 6-months prior to the date of the WOPD for the base item; and,
- Have documentation of the qualifying face-to-face encounter that was conducted for the base item;
- Review and sign their order.

SPECIALTY EVALUATION:

The specialty evaluation provides detailed information explaining why each specific option or accessory – i.e., power seating system, alternate drive control interface, or push-rim activated power assist – is needed to address the beneficiary’s mobility limitation. There must be a written report of this evaluation available on request. The PT, OT, or practitioner who performs the specialty evaluation may have no financial relationship with the supplier. (Exception: If the supplier is owned by a hospital, the PT, OT, or practitioner working in the inpatient or outpatient hospital setting may perform the specialty evaluation.)

HCPCS Level II Codes and Description

A9270 NONCOVERED ITEM OR SERVICE

E0983 MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL

E0984 MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL

E0986 MANUAL WHEELCHAIR ACCESSORY, PUSH ACTIVATED POWER ASSIST, EACH

E2358 POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH

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Power Mobility Devices

- E2359 POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)
- K0013 CUSTOM MOTORIZED/ POWER WHEELCHAIR BASE
- K0800 POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0801 POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
- K0802 POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0806 POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0807 POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0808 POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0812 POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
- K0813 POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0814 POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0815 POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0816 POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0820 POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0821 POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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POUNDS

- K0822 POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0823 POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0824 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0825 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0826 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0827 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0828 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0829 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0830 POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0831 K0831 POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0835 POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0836 POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0837 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

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- K0838 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0839 POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0840 POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
- K0841 POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0842 POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0843 POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0848 POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0849 POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0850 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0851 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0852 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0853 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
- K0854 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID

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Power Mobility Devices

SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0855 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0856 POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0857 POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0858 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0859 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0860 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0861 POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

K0862 POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS

K0863 POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS

K0864 POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

K0868 POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS

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Power Mobility Devices

- K0869 POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0870 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0871 POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
- K0877 POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0878 POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0879 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0880 POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
- K0884 POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0885 POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
- K0886 POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
- K0890 POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS
- K0891 POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 125 POUNDS

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Power Mobility Devices

- K0898 POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
- K0899 POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA
- K0900 CUSTOM DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six-month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to

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Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents 280.16; Last accessed and reviewed 12-12-23.

CGS Administrators, LLC. Jurisdiction B DME MAC, Power Mobility Devices. Local Coverage Determination No. L33789; Last accessed and reviewed 12/12/23.

Noridian Healthcare Solutions, LLC. Power Mobility Devices. Local Coverage Determination No. L33789. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; last revised date January 1, 2020. Last accessed and reviewed 12/9/22.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01	04-2007	Added code-specific requirements, definitions	Rosanne Brugnani	Ken Fasse	n/a	
02	01-2008	Updates for power mobility	Rosanne Brugnani	Ken Fasse	n/a	
03	12-2008	Added 4 th criteria to each Group PWC	Susan Glomb	Ken Fasse	n/a	

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04		Annual Review – no further changes	Susan Glomb	Ken Fasse	Dec.2008	
05	01-01-09	Changed terminology from Assistive Technology Supplier/Practitioner to Assistive Technology Professional Changed SADMERC TO PDAC Revised K0899 Revised: Guidance concerning the content of the face-to-face examination	Susan Glomb	Ken Fasse		
06	Dec.4, 2009	Clarification of PMD – replacements. Annual review.	Susan Glomb	Ken Fasse	Dec.2009	
07	12-03-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
08	01-10-11	Revised coverage criteria relating to member weight for POVs and PWC's. Deleted least costly alternative language for multiple codes.	Susan Glomb	Ken Fasse	Jan2011	
09	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri		
10	11-11-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
11	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
12	11-29-12	Annual Review. Added Codes E2358-Power Wheelchair accessory, group 34 non-sealed lead acid battery, each. Code E2359 Power Wheelchair accessory, Group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat). Added language for Group 2 POVs and Group 4 PWCs – considered not reasonable and necessary.	Susan Glomb	Dr. B. Almasri		
13	05-29-13	Added K0013 Custom motorized / Power wheelchair Base coverage criteria added to policy. Also added K0900 Custom DME other than Wheelchair.	Susan Glomb	Dr. B. Almasri		
14	12-18-13	Annual review. No further changes.	Susan Glomb	Dr. B. Almasri		

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15	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri		
16	05-14-15	Added info re: WHILL Model A Powered Personal Mobility Device. (non-covered item)	Susan Glomb	Dr. B. Almasri		
17	12-10-15	Annual review. Updated policy with current Medicare information. References updated. Policy updated with reference to MassHealth and MassHealth Care Plus members. DME that is appropriate for use in the members' home may also be used in the community. (Manual wheelchair/Power wheelchair).	Susan Glomb	Dr. B. Almasri		
18	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
19	12-20-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
20	12-13-18	Annual review. Updated Medicare references.	Carol Dimech	Dr. C. Lerchin	December 2018	
21	12-20-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
22	12-23-19	Added: A POV/PWC not reviewed by PDAC or does not meet definition of a POV/PWC will be denied and coded K0899.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
23	6-4-20	Revision to Basic Coverage Criteria on page 2 C. Correction - replaced Mass Health/MH Care Plus with NH Medicaid members -DME that is appropriate for use in the members' home may also be used in the community. (Manual wheelchair/Power wheelchair).	Carol Dimech	Dr. C. Lerchin	6-4-20	6-4-20
24	12-14-20	Annual review. Per CMS, revised format of HCPCS code references, from code 'spans' to individually-listed HCPCS; "physician" to "practitioner";	Carol Dimech	Dr. C. Lerchin	December 14, 2020	December 14, 2020

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		HD weight capacity from 400 to 450; added “Policy Specific Documentation Requirements”; F2F “exam” now “encounter”; F2F must be done within 6 months prior to the date on the written order. Removed “Deliver within 120 days after F2F”. Removed basic definitions.				
25	12-9-21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	December 9, 2021	December 9, 2021
26	12-9-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-9-22	12-9-22
27	12/12/23	Annual review. Per CMS, removed: “A seat elevator is a statutorily noncovered option on a power wheelchair. If a PWC with a seat elevator (K0830, K0831) is provided, it will be denied as non-covered.”; added Specialty Evaluation information to documentation requirements.	Carol Dimech	Dr. C. Lerchin	12-12-23	12-12-23