

Power Mobility Devices

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item may be denied for no physicians' order.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Power mobility devices require precertification and a physician face-to-face.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determinations Manual, Chapter 1, Section 280.3
Local Coverage Determination policy	J-B/C CGS website.
Effective Date	For service performed on or after 10/31/13
Revision/Review Date	01/19, 11/18, 06/06/18, 07/01/17, 07/01/16, 12/01/15, 01/01/15
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION

A power mobility device for the purpose of this policy refers to a device that is battery-driven, designed for use by people with mobility impairments, and is used for the main purpose of indoor and/or outdoor locomotion. The term power mobility device (PMD) includes power-operated vehicles (POV) and power wheelchairs (PWC).

COVERAGE GUIDELINES

The member must meet all of the following basic criteria below in order for a power mobility device (K0800 - K0898) or a push-rim activated power assist device (E0986) to be covered. Additional coverage criteria for specific devices are listed under their particular category.

There is documentation of a mobility limitation that significantly impairs the ability to participate in one or more mobility-related activities of daily living (MRADL). These activities include toileting, feeding, grooming, dressing and bathing in customary locations in the home. For all power mobility devices, documentation must show the following mobility limitations defined below:

- Prevents an individual from accomplishing an MRADL entirely, or
- Places an individual at a reasonably determined heightened risk of morbidity or mortality, secondary to the attempts to perform an MRADL; or
- Prevents an individual from completing an MRADL within a reasonable period.
- The mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker.
- The member does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home to perform MRADL 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.

POWER OPERATED VEHICLES (K0800 - K0808, and K0812, excluding K0806 - K0808)

A POV is covered if all of the basic coverage criteria above have been met and if all of the following criteria below is met.

- The member is able to safely transfer to and from a POV, and
- The member is able to operate the tiller steering system, and
- The member can maintain postural stability and position while operating the POV in the home.
- 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.
- The home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV.
- 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 percent of the weight capacity of the next lower weight class POV. (i.e., A heavy-duty POV is covered for a patient weighing 285-450 lbs. A very heavy-duty POV is covered for a patient weighing 428-600 lbs.)
- Use of a POV will significantly improve the ability to participate in MRADL and the member will use it in the home.
- The member has not expressed an unwillingness to use a POV in the home.

If a POV will be used inside the home and not all coverage criteria above are met, it will be denied as not meeting coverage guidelines.

POWER WHEELCHAIRS (K0013, K0813 - K0891, and K0898)

A power wheelchair is covered if:

- All of the criteria under basic coverage above are met; and
- The coverage for a POV is not met, and

- Either criterion A or B below is met; and
- All the additional criteria below (1-4) are met; and
- Any coverage criteria pertaining to the specific wheelchair type below (I.-VII.) are met.
 - A. The member has the mental and physical capabilities to safely operate the power wheelchair that is provided; **or**
 - B. If the member is unable to safely operate the power wheelchair, there is 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 all of the following:

1. 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 percent of the weight capacity of the next lower class: *see above*. An extra heavy-duty PWC is covered for members weighing 570 lbs. or more.
2. The home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
3. The use of a power wheelchair will significantly improve the ability to participate in MRADL and the PWC will use it in the home. For severe cognitive and/or physical impairments, participation in MRADL may require the assistance of a caregiver.
4. The member has not expressed an unwillingness to use a power wheelchair in the home.

SPECIFIC TYPES OF POWER WHEELCHAIRS

- I. A Group 1 PWC (K0813 - K0816) or a Group 2 (K0820 - K0829) is covered if all of the coverage criteria for a PWC are met and the wheelchair is appropriate for the patient's weight.
- II. A Group 2 single power option PWC (K0835 - K0840) is covered if all of the coverage criteria for a PWC are met and if:

Criterion 1 or 2 directly below is met; and

Criteria 3 and 4 directly below are met.

1. The drive control interface other than a hand or chin-operated standard proportional joystick is required. (e.g., including but are not limited to head control, sip and puff, switch control).
2. The coverage guidelines have been met for a power tilt or a power recline seating system (see wheelchair options and accessories policy for coverage guidelines) and the system is being used on the wheelchair.
3. There has been a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT), occupational therapist (OT), or physician 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 physician may have no financial relationship with the supplier.
4. The wheelchair is provided by a supplier with a RESNA-certified assistive technology professional (ATP) on staff, who specializes in wheelchairs, and who has direct, in-person involvement in the wheelchair selection for the patient.

If any of the above PWC's are provided and the guidelines are 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 power elevating leg rests, it will be denied for not meeting coverage guidelines.

- III. A Group 2 multiple power option PWC (**K0841 - K0843**) is covered if all of the coverage criteria for a PWC are met and if:

Criterion 1 or 2 directly below is met; and

Criteria 3 and 4 directly below are met.

1. The coverage criteria for a power tilt and recline seating system (see wheelchair options and accessories policy) is met and the system is being used on the wheelchair.
2. There is need for a mounted ventilator on the wheelchair.
3. The specialty evaluation was performed by a medical professional (PT, OT, or physician), who has specific training and experience in rehabilitation wheelchair evaluations. There is documentation for the medical necessity for the wheelchair and its special features. **The PT, OT, or physician may have no financial relationship with the supplier.**
4. The wheelchair is provided by a supplier with a RESNA-certified assistive technology professional (ATP) on staff, who specializes in wheelchairs, and who has direct, in-person involvement in the wheelchair selection for the patient.

- IV. A Group 3 PWC with no power options (**K0848 - K0855**) is covered if:

1. All of the coverage criteria for a PWC are met; and
2. The mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
3. The specialty evaluation was performed by a medical professional (PT, OT, or physician), who has specific training and experience in rehabilitation wheelchair evaluations. There is documentation for the medical necessity for the wheelchair and its special features. **The PT, OT, or physician may have no financial relationship with the supplier.**
4. The wheelchair is provided by a supplier with a RESNA-certified assistive technology professional (ATP) on staff, who specializes in wheelchairs, and who has direct, in-person involvement in the wheelchair selection for the patient.

If a Group 3 PWC is provided and criteria for a PWC is met, but any of the rest of the required criteria stated above is not met, then the item will be denied as not meeting coverage guidelines.

- V. A Group 3 PWC with single power option (**K0856 - K0860**) or with multiple power options (**K0861 - K0864**) is covered if:

1. The Group 3 criteria are met; and
2. The Group 2 single power option or multiple power options are met.

If a Group 3 single power option or multiple power option PWC is provided and all of the criteria is not met, The Health Plan will deny it as not meeting coverage guidelines.

- VI. A Group 5 (pediatric) PWC with single power option (**K0890**) or with multiple power options (**K0891**) is covered if:

1. All the coverage criteria for a PWC are met; and
2. The patient is expected to grow in height; and
3. The Group 2 single power option or multiple power option guidelines are met.

If a Group 5 PWC is provided but all the coverage criteria are not met, it will be denied as not meeting coverage guidelines.

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

1. All of the criteria for a power mobility device listed in the basic coverage criteria section are met; and
2. The member has been self-propelling in a manual wheelchair for at least one year; and
3. The specialty evaluation was performed by a medical professional (PT, OT, or physician), who has specific training and experience in rehabilitation wheelchair evaluations. There is documentation for the medical necessity for the wheelchair and its special features. **The PT, OT, or physician may have no financial relationship with the supplier.**
4. The wheelchair is provided by a supplier with a RESNA-certified assistive technology professional (ATP) on staff, who specializes in wheelchairs, and who has direct, in-person involvement in the wheelchair selection for the patient.

If not all of the coverage guidelines are met, it will be denied as not meeting coverage guidelines.

NONCOVERAGE STATEMENT

A podiatrist or a chiropractor may not order a power mobility device.

The **WHILL Model A Powered Personal Mobility Device**- as it is designed to improve mobility for all, not just individuals with a disability. It is not considered a medical device. Use code **A9270**. Providers are not to bill any other HCPCS codes as part of this device such as wheelchair bases, options or accessories. The Health Plan will consider this inappropriate billing.

Group 2 POV (**K0806 - K0808**) and Group 4 PWC (**K0868 - K0886**) have added capabilities that are not needed for use in the home. For example,

- Robust frames
- Motors with increased torque/power
- Suspensions with enhanced vibration-dampening or obstacle climbing capabilities
- If one of these devices are provided, it will be denied as noncovered
- If a POV or PWC will only be used outside of the home, it will be denied as noncovered

A seat elevator is a statutorily noncovered option on a power wheelchair. If a PWC with a seat elevator (**K0830, K0831**) is requested, it will be denied as noncovered.

Upgrades that are beneficial primarily in allowing the patient to perform leisure or educational activities are noncovered, i.e., tray. The provider will need to submit need for the medical necessity (i.e., positioning of the arm, and why a positioning orthotic would not be more appropriate).

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).

Backup chairs. Payment will be made for only one wheelchair at a time.

Any power mobility device will be denied as not meeting medically necessity, for underlying conditions that are reversible and the length of need is temporary (need is less than 3 months).

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 (K0899) will be denied as not meeting PDAC review requirements.

Inability to climb stairs does not meet coverage guidelines for a power wheelchair.

Replacement, Repair and Reasonable Useful Lifetime

The Health Plan is following Medicare’s rules for replacement of PMD for Medicare, Commercial and Employer Funded plans.

The Health Plan will follow West Virginia Medicaid for WV Medicaid plans.

One month's rental of a PWC or POV (K0462) is covered if a patient-owned wheelchair is being repaired. Payment is 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.

During the five year useful lifetime, if repairs exceed the cost of a new chair, it will be the responsibility of the supplier.

If the POV or PWC is a replacement during the five-year useful lifetime of an item in the same performance group that was previously covered by Medicare, a face-to-face examination is not required. **Note:** Replacement during an item’s useful lifetime is limited to situations involving loss or irreparable damage from a specific accident or natural disaster [e.g., fire, flood, etc.]. Requests require precertification and specific reason for replacement.

During the capped rental period the provider is responsible for all repairs and replacement, if required on all POV and PWC.

Suppliers and physicians are reminded that replacement of power mobility devices (PMD) under reasonable useful lifetime rules, once the five-year useful lifetime is met; the beneficiary must meet all of the coverage requirements outlined in this policy, including a new seven- element order and face-to-face examination. Requests that do not meet the coverage, coding, or documentation criteria will be denied as not meeting coverage guidelines.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE

GY	ITEM OR SERVICE STATUTORILY EXCLUDED OR DOESN'T MEET THE DEFINITION OF ANY MEDICARE BENEFIT CATEGORY
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET

HCPCS CODES

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-RIM ACTIVATED POWER ASSIST SYSTEM
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
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 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	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
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 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 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
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, PATIENT 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
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED

K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA
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There are no specific diagnoses (ICD-10) that indicate medical necessity.

DOCUMENTATION REQUIREMENTS

For the purposes of this policy, it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

ORDERS: Must be included at time of precertification.

The order is referred to as the 7-element order. The supplier must receive the document within 45 days after completion of the face-to-face examination (see below) and must contain all of the following elements:

1. Beneficiary's name
2. Description of item that is ordered. This may be general, e.g., "power operated vehicle," "power wheelchair," "power mobility device," or may be more specific
3. Date of the face-to-face examination
4. Pertinent diagnoses/conditions that relate to the need for the POV or power wheelchair
5. Length of need
6. Physician's signature
7. Date of physician signature

A date stamp or equivalent must be used to document receipt date.

Medicare has determined that it is not permissible for the supplier to "lead" the physician as to the type of equipment that is ordered. They may provide a template of the seven element order, but the equipment provider is not allowed to complete any part of it. The order may only be completed after the face-to-face exam.

This procedure will be followed under all The Health Plan Benefit Plans.

All of the required elements above are to be included on a written order and submitted to The Health Plan with precertification, prior to providing the PMD. It must be received within 45 days after completion of the face-to-face examination. If a PMD is provided without a physician's order, a face-to-face exam, a home assessment and a detailed product description, it will be denied for insufficient information to determine if reasonable and necessary. **(Exception: If the examination is performed during a hospital or nursing home stay, the supplier must receive the order within 45 days after discharge). If these requirements are not met, the referral will be denied.**

The detailed product description must meet Medicare's requirements by containing sufficient information to determine proper coding of the item(s) requested.

If the detailed product description for the specific device is not included with the precertification referral, it may be denied as required information not provided.

FACE-TO-FACE EXAMINATION

The report of the face-to-face examination (see below) should provide information relating to the following questions.

1. What is the mobility limitation and how does it interfere with the performance of activities of daily living?
2. Why can't a cane or walker meet the mobility needs in the home?
3. Why can't a manual wheelchair meet the mobility needs in the home?
4. Does the member have the physical and mental abilities to transfer into a POV and to operate it safely in the home?
5. Why can't a POV (scooter) meet the mobility needs in the home?
6. Does the member have the physical and mental abilities to operate a power wheelchair safely in the home?

The face-to-face should provide pertinent information about the following elements, but may include other details. Each element would not have to be addressed in every evaluation.

- History of the present condition(s) and past medical history that is relevant to mobility needs
 - Symptoms that limit ambulation
 - Diagnoses that are responsible for these symptoms
 - Medications or other treatment for these symptoms
 - Progression of ambulation difficulty over time
 - Other diagnoses that may relate to ambulatory problems
 - How far the member can walk without stopping
 - Pace of ambulation
 - What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
 - What has changed to now require use of a power mobility device
 - Ability to stand up from a seated position without assistance
 - Description of the home setting and the ability to perform activities of daily living in the home
- Physical examination that is relevant to mobility needs
 - Weight and height
 - Cardiopulmonary examination
 - Musculoskeletal examination
 - Arm and leg strength, and range of motion
 - Neurological examination
 - Gait
 - Balance and coordination

The physical assessment should be member specific and describe the functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should

focus on the body systems that are responsible for the ambulatory difficulty or impact on the ambulatory ability.

The written report of this examination must be submitted with the precertification.

Physicians shall document the examination, in a detailed narrative note, in their charts in the format that they use for other entries. The note must clearly indicate that a major reason for the visit was a mobility examination.

Forms created by the supplier can be submitted, however, it must include the comprehensive clinical documentation required noted above.

Physicians may be asked to provide reports of pertinent laboratory tests, X-rays, and/or other diagnostic tests (e.g., pulmonary function tests, cardiac stress test, electromyogram, etc.) performed in the course of the management of the patient. The Health Plan reserves the right to request notes from prior visits to give a historical perspective of the progression of disease over time and to corroborate the information in the face-to-face examination.

Although individuals who qualify for coverage of a power mobility device may use that device outside the home, because Medicare's coverage of a wheelchair or POV is determined solely by the patient's mobility needs within the home, the examination must clearly distinguish the patient's abilities and needs within the home from any additional needs for use outside the home.

Part of the face-to-face may be performed by a licensed/certified physical or occupational therapist who has been trained in mobility evaluation. The professional performing the evaluation may have no financial relationship with the supplier. (**Exception:** If the supplier is owned by a hospital, PT or OT working in the inpatient or outpatient hospital setting may perform part of the face-to-face examination).

The physician is to review the therapist's evaluation, perform his/or her own examination, and state whether or not he/she concurs or disagrees with any or all parts of the therapist evaluation. The provider is responsible to submit both the therapist evaluation and physician face-to-face with precertification.

Whether or not the physician face-to-face is done prior to or after the therapist evaluation, (if there is one), the face-to-face, the therapy evaluation, and the order must be submitted to the supplier as well as submitted to The Health Plan for with precertification within 45 days.

SPECIALTY EVALUATION

The specialty evaluation that is required for patients who receive a Group 2 single power option or multiple power options PWC, any Group 3, or a push-rim activated power assist device is in addition to the requirement for the face-to-face examination. 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 patient's mobility limitation. There must be a written report of this evaluation submitted with precertification.

HOME ASSESSMENT

Prior to or at the time of delivery of a POV or PWC, the supplier or practitioner must perform an onsite evaluation of the member's home and that there is adequate space to maneuver the device that is provided, with consideration of the physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation submitted with precertification.

DOCUMENTATION for K0013

A description of the member's unique physical and functional characteristics that require this type of item versus another power wheelchair base is required. The information submitted must include:

1. Detailed description of the manufacturing of the wheelchair base, including material used, and
2. The construction process and labor skills required.
3. Documentation as to why the member's needs cannot be met with another base with seating options and accessories.

The provider must show that the K0013 is so different from another power wheelchair that it cannot be requested under that HCPCS code.

POWER MOBILITY DEVICES PROVIDED TO A MEMBER IN A PART A COVERED STAY

Reimbursement for a PMD provided to a member while the member is covered in a Part A facility (hospital, LTAC, or SNF) is based on specific contract information with the individual facility. If the member is discharged from an inpatient level of service and the medical necessity for the PMD is still documented, it will be reviewed for continued coverage.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if the member meets guidelines above.

BILLING GUIDELINES

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 is provided with a POV or a power wheelchair with captain's chair, the POV or PWC will be denied as not meeting coverage guidelines. Refer to wheelchair seating 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 adequate support. Therefore, if a general seat 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 only be covered 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 - K0864, K0870, K0871, K0879, 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 meeting coverage guidelines.

If a heavy-duty, very heavy-duty, or extra heavy-duty PWC or POV is provided and if the patient's weight is outside the range listed in criterion G or L above (i.e., for heavy-duty 285-400 lbs., for very heavy-duty 428-600 lbs., for extra heavy-duty 570 lbs. or more), it will be denied as not reasonable and necessary. The delivery of the PMD must be within 120 days following completion of the face-to-face examination.

Reimbursement for the wheelchair 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.

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.

- 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
- Leg rests. There is no separate billing/payment if fixed, swing away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be billed separately.
- Foot rests/foot platform. There is no separate billing/payment if fixed, swing away, or detachable foot rests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWC. Angle adjustable footplates may be billed separately with Group 3, 4, and 5 PWC.
- Arm rests. There is no separate billing/ payment if fixed, swing away, or detachable non-adjustable height arm rests with arm pad are provided. Adjustable height arm rests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWC 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 PWC 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

- 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 and accessories policy 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

Although The Health Plan has reimbursed PMD as a capped rental item to member ownership for some time, as a service to our providers, they are reminded of the following: Medicare has eliminated the purchase option for standard Group I and Group II power wheelchairs, codes (K0813 - K0831, K0898). They are now a capped rental item only, and the member obtains ownership at end of the rental period. Providers can access the links below by cutting and pasting to a browser.

Elimination of lump sum purchase payment for standard power wheelchairs furnished on or after January 1, 2011 due to the Affordable Care Act.

[cms.gov/MLN Matters Articles/Downloads/MM7116.pdf](https://www.cms.gov/MLN Matters Articles/Downloads/MM7116.pdf)

[NGSMedicare.com](https://www.ngsmedicare.com)

For complex rehabilitative power wheelchairs, K0835 - K0864, the member has the option of lump sum purchase. This is not based on a provider policy, but a member option that the member can choose to elect or not. As such, several wheelchair accessories are moving from the infrequent services category to the capped rental category beginning 4/1/14 and continuing through 2017.

Providers may refer to the Medicare Policy Articles cited below for specific coding requirements for power -operated vehicles.

KX, GA, GY, and GZ MODIFIERS

If the requirements related to a face-to-face examination have not been met, the GY modifier must be added to the codes for the power mobility device and all accessories.

If the power mobility device or push-rim activated power assist device that is provided is only needed for mobility outside the home, the GY modifier must be added to the codes for the item and all accessories.

As precertification is required for all power mobility devices for The Health Plan members, a KX modifier may be added to the code for a power mobility device and all accessories only if the following conditions are met:

1. If all of the coverage criteria specified in this policy have been met for the product that is provided; and
2. The power mobility device was authorized.

If the requirements for the use of the KX or GY modifier are not met, the GA or GZ modifier must be added to the code. When there is an expectation of denial due to medical necessity not being met, providers must enter GA on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN). If they have not obtained a valid ABN, they must use the GZ modifier.

Claim lines billed without a KX, GA, GY, or GZ modifier may be rejected as missing information.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/.

The only products that may be billed using codes K0800 - K0898 are those products for which a written coding verification determination has been made by the PDAC contractor. Information concerning the documentation that must be submitted to the PDAC for a coding verification review can be found on the PDAC website or by contacting the PDAC. A product classification list, with devices which have received a coding verification determination, can be found on the PDAC website.

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.

K0013 is not listed as one of the products requiring PDAC verification review

MEDICARE DEFINITIONS AND DESCRIPTION

Power Mobility Device (PMD) – Base codes include both integral frame and modular construction type power wheelchairs (PWC) and power-operated vehicles (POV).

Power Wheelchair – Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated or modular seating system, electronic steering, and four or more wheels with non-highway construction.

Power Operated Vehicle – Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four-wheel non-highway construction.

Patient Weight Capacity – The terms standard duty, heavy-duty, etc., refer to weight capacity, not performance. For example, the term Group 3 heavy-duty power wheelchair denotes that the PWC has Group 3 performance characteristics and patient weight handling capacity between 301 and 450 lbs. A device is not required to carry all the weight listed in the class of devices, but must have a patient weight capacity within the range to be included. For example, a PMD that has a weight capacity of 400 lbs. is coded as a heavy-duty device.

Portable – A category of devices with lightweight construction or ability to disassemble into lightweight components that allows easy placement into a vehicle for use in a distant location.

Performance Testing – Term used to denote the RESNA based test parameters used to test PMD. The PMD is expected to meet or exceed the listed performance and durability figures for the category in which it is to be used when tested. There is no requirement to test the PMD with all possible accessories.

Test Standards – Performance and durability acceptance criteria defined by ANSI/RESNA standard testing protocols.

Crash Testing – Successful completion of WC-19 testing.

Top End Speed – Minimum speed acceptable for a given category of devices. It is to be determined by the RESNA test for maximum speed on a flat hard surface.

Range – Minimum distance acceptable for a given category of devices on a single charge of the batteries. It is to be determined by the appropriate RESNA test for range.

Obstacle Climb – Vertical height of a solid obstruction that can be climbed using the standing and/or 0.5 meter run-up RESNA test.

Dynamic Stability Incline – The minimum degree of slope at which the PMD in the most common seating and positioning configuration(s) remains stable at the required patient weight capacity. If the PMD is stable at only one configuration, the PMD may have protective mechanisms that prevent climbing inclines in configurations that may be unstable.

Radius Pivot Turn – The distance required for the smallest turning radius of the PMD base. This measurement is equivalent to the “minimum turning radius” specified in the ANSI/RESNA bulletins.

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 leg rests, seat elevators, or standing systems that may be added to a PWC to accommodate a patient’s specific need for seating assistance.

No Power Options – A category of PWC that is incapable of accommodating a power tilt, recline, seat elevation, or standing system. If a PWC can only accept power elevating leg rests, it is considered a “No Power” option chair.

Single Power Option – A category of PWC 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 leg rests, 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.

Multiple Power Options – A category of PWC with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating leg rests, 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 leg rest(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 and 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 two power-seating actuators through the drive control (e.g., seat elevator and single actuator power elevating leg rests).

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:

Proportional input devices (e.g., mini, compact, or short throw joysticks, touchpads, chin control, head control, etc.) other than a standard proportional joystick.

- a. Non-proportional input devices (e.g., sip and puff, head array, etc.)
- b. Operate three 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. PWC with an automotive-style back and a solid seat pan are considered as a solid seat/back system, not a captain's 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 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 arm rests that can be fixed, swing away, or detachable. It will not have a head rest. Chairs with stadium style seats are billed using the captain's 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 determine the force that is exerted by the patient on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. Batteries are included.

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INTERNET LINKS AND SOURCES

National Government Services website. Medical Policy Center. Durable Medical Equipment. Power Mobility Devices. Local Coverage Determination LCD L27239 and Article A47122. Jurisdiction B. Last accessed 11/1/18. Retrieved from <http://ngsmedicare.com>

CGS Medicare: A Celerian Group Company. Local Coverage Determination Policy. Power Mobility Devices. LCD L23613 and Article A41136. Jurisdiction C. Last accessed 11/1/18. Retrieved from cgsmedicare.com/jc/coverage/lcdinfo.html

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 11/1/18. Retrieved from dhhr.wv.gov/bms/Pages/default.aspx

Face-to-Face Examination and Prescription Requirements Prior to the Delivery of Certain DME Items Specified in the Affordable Care Act DME MAC Joint Publication. Posted February 20, 2014. Last accessed 11/1/18. Retrieved from www.cms.gov > ... > Medical Review and Education

Department of Health and Human Services. Centers for Medicare and Medicaid. Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Quality Standards. ICN 905709 February 2013. Last accessed 11/1/18. Retrieved from <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/DMEPOSQuality/DMEPOSQualBooklet-905709.html>

The Pricing, Data Analysis, and Coding Contractor. Noridian. Internet website. Last accessed 11/1/18. Retrieved from <https://www.dmepdac.com/dmecsapp/>

The Pricing, Data Analysis, and Coding Contractor. Palmetto. Last Accessed 02/28/19. Retrieved From: https://www4.palmettogba.com/pdac_dmecs/searchHcpcsResults.do

Department of Health and Human Services. Med Learn Matters. SE11112. Power Mobility Device Face-to-Face Checklist. Last accessed 11/1/18. Retrieved from cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE11112.pdf

The Health Plan Provider Procedural Manual. Payment Voucher, Section 14, Page 11

Final Rule for Power Mobility Devices (Federal Register, Vol. 71, No. 65, April 5, 2006)

Jurisdiction B DME MAC Supplier Manual: Chapter 10. Advance Beneficiary Notice of Non-coverage. Last accessed 11/1/18. Retrieved from [Chapter 10](#) of the Supplier Manual.

For additional information in assigned/unassigned claims, suppliers should refer to [Chapter 4](#) of the Supplier Manual.