UnitedHealthcare®

Reimbursement Policy

Mobility Devices (Non-Ambulatory) and Accessories

Policy Number	WHE06222011RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	01/22/2014

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Mobility Devices (Non-Ambulatory) and Accessories

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors,

Summary

Overview

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following indications and limitations of coverage and/or medical necessity.

NOTE: References to the term power mobility device (PMD) includes power operated vehicles (POVs) and power wheelchairs (PWCs).

Customization Options

In accordance with 42 CFR Section 414.224, in order to be considered a customized item, a covered item (including a wheelchair) must be uniquely constructed or substantially modified for a specific beneficiary according to the description and orders of a physician and be so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes. For example, a wheelchair that is custom fabricated or substantially modified so that it can meet the needs of wheelchair-confined, conjoined twins facing each other is unique and cannot be grouped with any other wheelchair used for the same purpose. It is a one-of-a-kind item fabricated to meet specific needs. Items that are measured, assembled, fitted, or adapted in consideration of a patient's body size, weight, disability, period of need, or intended use (i.e., custom fitted items) or have been assembled by a supplier or ordered from a manufacturer who makes available customized features, modification or components for wheelchairs that are intended for an individual patient's use in accordance with instructions from the patient's physician do not meet the definition of customized items. These items are not uniquely constructed or substantially modified and can be grouped with other items for pricing purposes. The use of customized options or accessories or custom fitting of certain parts does not result in a wheelchair or other equipment being considered as customized.

Customization Guidelines

To facilitate the identification and to ensure appropriate payment for customized durable medical equipment meeting the regulatory definition set forth in 42 CFR Section 414.224, the following HCPCS codes are being added to the HCPCS code set, effective July 1, 2013:

- **K0008** Custom Manual Wheelchair/Base
- **K0013** Custom Motorized/Power Wheelchair Base
- **K0900** Custom Durable Medical Equipment, Other Than Wheelchair

A customized DME item, per 42 Code of Federal Regulations (CFR) Section 414.224(a), is a covered item (including a wheelchair) that must be:

1. Uniquely constructed or substantially modified for a specific beneficiary according to a physician's description and orders; and
2. So different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.

Conversely, items that:

1. Are measured, assembled, fitted, or adapted in consideration of a patient's body size, weight, disability, period of need, or intended use (i.e., custom fitted items); or
2. Have been assembled by a supplier, or ordered from a manufacturer, who makes available customized features, modification or components for wheelchairs that are intended for an individual patient's use in accordance with instructions from the patient's physician do not meet the definition of customized.

These items are not uniquely constructed or substantially modified and can be grouped with other items for pricing purposes. The use of customized options or accessories or custom fitting of certain parts does not result in a wheelchair or other equipment being considered as customized.

Effective July 1, 2013, claims for custom manual wheelchairs that meet the definition at 42 CFR 414.224 should be billed using HCPCS code **K0008**. Similarly, claims for custom power wheelchairs meeting the regulatory definition of a customized item should be billed using HCPCS code **K0013**. All other custom durable

medical equipment that is not a wheelchair base and meets the criteria at section 414.224(a) to be identified as a customized item for payment purposes should be billed using **K0900**.

Power Operated Vehicle

Basic Coverage Criteria

All of the following basic criteria (A-C) must be met 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 below.

A. The beneficiary 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 beneficiary from accomplishing an MRADL entirely, or
   - Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
   - Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriatly fitted cane or walker.

C. The beneficiary 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 nonpowered accessories.

Power Operated Vehicles (K0800-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 beneficiary 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 beneficiary'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 beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.

G. The beneficiary'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 beneficiary weighing 285 – 450 pounds; a Very Heavy Duty POV is covered for a beneficiary weighing 428 – 600 pounds.

H. Use of a POV will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home.

I. The beneficiary 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 denied as not reasonable and necessary.

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

Bundling Guide

See Table 1 as it defines the bundling guidelines for POVs.

Options and Accessories Payment Rules

The allowance for a power operated vehicle (POV) includes all options and accessories that are provided at the time of initial issue, including but not limited to batteries, battery chargers, seating systems, etc. If a patient-owned POV meets coverage criteria, medically necessary replacement items are covered.

Miscellaneous options, accessories, or replacement parts for POVs that do not have a specific HCPCS code and are not included in another code should be coded **K0108.** If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code **K0108**. When billing more than one line item with

code **K0108**, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge. If a supplier chooses to bill separately for a component that is included in another code, code **A9900** must be used.

A claim received by UHC for code **K0108** brand name and model name/number of the item and a statement defining the medical necessity of this item for the particular patient". Additionally, when providing a customized option/accessory, this statement must define the way in which the item was customized.

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

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable.

If any POV is only for use outside the home, it will be denied as non-covered. Reimbursement also includes support services, such as delivery, set-up, and education about the use of the POV. Upgrades that are beneficial primarily in allowing the patient to perform leisure or recreational activities are considered non-covered**.**

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

Claims for replacement parts for capped rental items billed during the 13-month capped rental period with the "RB" modifier, including parts submitted using code **E1399**, will be denied.
Claims for repairs that are billed with the Healthcare Common Procedure Coding System (HCPCS) code **K0739** for the labor associated with repairs of capped rental equipment during the 13-month capped rental period will be denied.

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

All POVs **(K0800 – 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:
- Fatigue test – 200, 000 cycles
- Drop test – 6,666 cycles

Group 1 POVs **(K0800 – 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 – 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

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include 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 upon request.

General Prescription (Order) Requirements

All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items dispensed and/or billed that do not meet these prescription requirements and those below must be submitted with an EY modifier added to each affected HCPCS code.

7-Element Orders

The order, referred to as the 7-element order, that the supplier must receive within 45 days after completion of the face-to-face examination (see Policy Article) must contain all of the following elements:

1. Beneficiary's name
2. Description of the item that is ordered. This may be general – e.g., "power operated vehicle", "power wheelchair", or "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

The Supplier may provide a template order listing the seven required elements but is prohibited from completing any part of it. The treating physician completing the face-to-face requirements must write the 7-element order. The 7-element order may only be written after the completion of the face-to-face exam requirements. Refer to the Policy Article NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES section for information regarding the statutory requirements for PMDs.

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

Detailed Product Description

Once the supplier has determined the specific power mobility device that is appropriate for the beneficiary based on the physician's 7-element order, the supplier must prepare a written document (termed a detailed product description). This detailed product description (DPD) must comply with the requirements for a detailed written order as outlined in the Supplier Manual and CMS' Program Integrity Manual (Internet-Only Manual, Pub. 100-8), Chapter 5. Regardless of the form of the description, there must be sufficient detail to identify the item(s) in order to determine that the item(s) dispensed is properly coded.

The physician must sign and date the detailed product description and the supplier must receive it prior to delivery of the POV. A date stamp or equivalent must be used to document the supplier receipt date. The detailed product description must be available on request.

Face-To-Face Examination

For a power operated vehicle (POV) to be covered, the treating physician must conduct a face-to-face examination of the beneficiary before writing the order and the supplier must receive a written report of this examination within 45 days after completion of the face-to-face examination and prior to delivery of the device. If this requirement is not met, the claim will be denied as noncovered. (Exceptions: If this examination is performed during a hospital or nursing home stay, the supplier must receive the report of the examination within 45 days after discharge. If the POV is a replacement during the 5 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.].)

The physician may refer the beneficiary to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), who has experience and training in mobility evaluations to perform part of the face-to-face examination. This person 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.)

If the beneficiary was referred before being seen by the physician, then once the physician has received and reviewed the written report of this examination, the physician must see the beneficiary and perform any additional examination that is needed. The report of the physician's visit shall state concurrence or any disagreement with the LCMP examination. In this situation, the physician must provide the supplier with a copy of both examinations within 45 days after the face-to-face examination with the physician.

If the physician saw the beneficiary to begin the examination before referring the beneficiary to an LCMP, then if the physician sees the beneficiary again in person after receiving the report of the LCMP examination, the 45-day period begins on the date of that second physician visit. However, it is also acceptable for the physician to review the written report of the LCMP examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the physician must send a copy of the note from his/her initial visit to evaluate the beneficiary plus the annotated, signed, and dated copy of the LCMP examination to the supplier. The 45-day period begins when the physician signs and dates the LCMP examination.

The report of the face-to-face examination should provide information relating to the following questions:

For POVs	What is this beneficiary's mobility limitation and how does it interfere with the performance of activities of daily living?
For POVs	Why can't a cane or walker meet this beneficiary's mobility needs in the home?
For POVs	Why can't a manual wheelchair meet this beneficiary's mobility needs in the home?
For POVs	Does this beneficiary have the physical and mental abilities to transfer into a POV and to operate it safely in the home?

The report 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 beneficiary 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 evaluation should be tailored to the individual beneficiary's conditions. The history should paint a picture of the beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the beneficiary's ambulatory difficulty or impact on the beneficiary's ambulatory ability.

A date stamp or equivalent must be used to document the date that the supplier receives the report of the face-to-face examination The written report of this examination must be available upon request.

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

Home Assessment

Prior to or at the time of delivery of a POV, the supplier or practitioner must perform an on-site evaluation of the patient's home to verify that the patient can adequately maneuver the device that is provided considering physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available on request.

Warranty, Maintenance, Repairs and Replacements

When defective equipment or a defective medical device is replaced under a warranty, hospital or other provider services rendered by parties other than the warrantor are covered despite the warrantor's liability. However, see the Medicare MSP Manual (CMS Pub. 100-05) for requirements for recovery under the liability insurance provisions.

With respect to payment for the device itself under cost reimbursement, the following rules apply:

- If equipment or a device is replaced free of charge by the warrantor, no program payment may be made, since there was no charge involved.
- If replacement equipment or device from another manufacturer had to be substituted because the replacement offered under the warranty was not acceptable to the beneficiary or the beneficiary's physician, payment may be made for the replaced device.
- If the warrantor supplied the replaced equipment or device, but some charge or a pro rata payment was imposed, program payment may be made for the partial payment imposed for the device furnished by the warrantor.
- If an acceptable replacement could have been obtained free of charge under a warranty but the provider chose to purchase one instead, payment cannot be made for the purchased device under the prudent buyer rules. (See Provider Reimbursement Manual, Part 1, §2103.)
- If an acceptable replacement could have been purchased at a reduced price under a warranty but the full price was paid to the original manufacturer or a new replacement was purchased from a different manufacturer or other source, coverage is limited to the amount that would have been paid under the warranty.

A. Maintenance

Routine periodic servicing, such as testing, cleaning, regulating, and checking of the beneficiary's equipment, is not covered. The owner is expected to perform such routine maintenance rather than a retailer or some other person who charges the beneficiary. Normally, purchasers of DME are given operating manuals which describe the type of servicing an owner may perform to properly maintain the equipment. It is reasonable to expect that beneficiaries will perform this maintenance. Thus, hiring a third party to do such work is for the convenience of the beneficiary and is not covered. However, more extensive maintenance which, based on the manufacturers' recommendations, is to be performed by authorized technicians, is covered as repairs for medically necessary equipment which a beneficiary owns. This might include, for example, breaking down sealed components and performing tests which require specialized testing equipment not available to the beneficiary. UHC will not pay for maintenance of purchased items that require frequent and substantial servicing.

Since renters of equipment recover from the rental charge the expenses they incur in maintaining in working order the equipment they rent out, separately itemized charges for maintenance of rented equipment are generally not covered. Payment may not be made for maintenance of rented equipment other than the maintenance and servicing fee established for capped rental items. For capped rental items which have reached the 15-month rental cap, contractors pay claims for maintenance and servicing fees after 6 months have passed from the end of the final paid rental month or from the end of the period the item is no longer covered under the supplier's or manufacturer's warranty, whichever is later.

B. Repairs

To repair means to fix or mend and to put the equipment back in good condition after damage or wear.

Repairs to equipment which a beneficiary owns are covered when necessary to make the equipment serviceable. However, do not pay for repair of previously denied equipment or equipment in the frequent and substantial servicing or oxygen equipment payment categories. If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment can be made for the amount of the excess. (See subsection C (Replacement) where claims for repairs suggest malicious damage or culpable neglect.)

Since renters of equipment recover from the rental charge the expenses they incur in maintaining in working order the equipment they rent out, separately itemized charges for repair of rented equipment are not covered. This includes items in the frequent and substantial servicing, oxygen equipment, capped rental and inexpensive or routinely purchased payment categories which are being rented. For replacement items, see Subsection C below.

C. Replacement

Replacement refers to the provision of an identical or nearly identical item. Situations involving the provision of a different item because of a change in medical condition are not addressed in this section.

Equipment which the beneficiary owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood). A physician's order is needed to reaffirm the medical necessity of the item.

Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable useful lifetime of the equipment. If the item of equipment has been in continuous use by the patient on either a rental or purchase basis for the equipment's useful lifetime, the beneficiary may elect to obtain a new piece of equipment. Replacement may be reimbursed when a new physician order is needed to reaffirm the medical necessity of the item.

The reasonable useful lifetime of durable medical equipment is determined through program instructions. In the absence of program instructions, carriers may determine the reasonable useful lifetime of equipment, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment is delivered to the beneficiary, not the age of the equipment. Replacement due to wear is not covered during the reasonable useful lifetime of the equipment. During the reasonable useful lifetime, Medicare does cover repair up to the cost of replacement (but not actual replacement) for medically necessary equipment owned by the beneficiary.

Charges for the replacement of items that require frequent and substantial servicing or inexpensive or routinely purchased items which are being rented are not covered.

Cases suggesting malicious damage, culpable neglect, or wrongful disposition of equipment should be investigated and denied where UHC determines that it is unreasonable to make program payment under the circumstances.

Reimbursement Guidelines

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Power mobility devices are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determinations must be met.

Miscellaneous

If a POV is only for use outside the home, it will be denied as noncovered.

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

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 Pricing, Data Analysis, and Coding (PDAC) contractor. Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Review can be found on the PDAC web site or by contacting the PDAC. A Product Classification List with devices which have received a coding verification determination can be found on the PDAC web site.

Manufacturers and suppliers should refer to the PDAC web site or contact the PDAC for information concerning testing requirements.

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.

Suppliers should contact the Pricing, Data Analysis, and Coding (PDAC) contractor for guidance on the correct coding of these items.

A POV with Captain's Chair is not appropriate for a beneficiary 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 with Captain's Chair, the POV will be denied as not reasonable and necessary.

If a heavy duty, very heavy duty, or extra heavy duty POV is provided and if the beneficiary's weight is outside the range listed in criterion G or L above (i.e., for heavy duty – 285 – 400 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.

The delivery of the PMD must be within 120 days following completion of the face-to face examination. (Exception: For PWCs that go through the Advance Determination of Medicare Coverage (ADMC) process and receive an affirmative determination, the delivery must be within 6 months following the determination.)

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 POV (**K0462**) is covered if a beneficiary-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.

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).

A POV 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 reasonable and necessary.

Patient Costs Summary

The following table summarizes the patient costs for purchasing or renting a POV.

If the patient...	Then Medicare Part B pays...	And the patient pays*...
Chooses to purchase the power wheelchair, if applicable, or POV...	80% of the allowed purchase price in one lump sum payment...	20% of the allowed purchase price.
Chooses to rent the POV...	80% of the allowed rental price. Total Medicare payments cannot exceed 80% of the allowed purchase price...	20% of the allowed rental charge.

* Patient costs increase when obtaining wheelchairs from suppliers that do not accept assignment. If the patient is enrolled in a Medicare Advantage (MA) Plan, the patient needs to contact the MA Plan to determine the costs. The MA Plan may also require preauthorization and have a limited number of participating DME suppliers.

NOTE: If the POV is purchased, Medicare pays 80 percent of the allowable service and maintenance charge each time the equipment is actually serviced.

Power Wheelchair

Basic Coverage Criteria

All of the following basic criteria (A-C) must be met 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 below.

A. The beneficiary 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 beneficiary from accomplishing an MRADL entirely, or
- Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
- Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary 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 nonpowered accessories.

A power wheelchair is **covered** if:

a) All of the basic coverage criteria (A-C) are met; and
b) The beneficiary does not meet coverage criterion D, E, or F for a POV; and
c) Either criterion J or K is met; and
d) Criteria L, M, N, and O are met; and
e) Any coverage criteria pertaining to the specific wheelchair type (see below) are met.

D. The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; or

E. If the beneficiary is unable to safely operate the power wheelchair, the beneficiary 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

F. The beneficiary'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 beneficiary weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a beneficiary weighing 428 – 600 pounds; an Extra Heavy Duty PWC is covered for a beneficiary weighing 570 pounds or more.

G. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.

H. Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home. For beneficiaries with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.

I. The beneficiary 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.

If a PWC will only be used outside the home, see related Policy Article for information concerning non-coverage.

Specific Types of Power Wheelchairs

I. A Group 1 PWC **(K0813-K0816)** or a Group 2 PWC **(K0820-K0829)** is covered if all of the coverage criteria (a)-(e) for a PWC are met and the wheelchair is appropriate for the beneficiary's weight.

II. A Group 2 Single Power Option PWC **(K0835 – K0840)** is covered if all of the coverage criteria (a)-(e) for a PWC are met and if:
   A. Criterion 1 or 2 is met; and
   B. Criteria 3 and 4 are met.
      1. The beneficiary 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 beneficiary meets coverage criteria for a power tilt or a power recline seating system (see Wheelchair Options and Accessories policy for coverage criteria) and the system is being used on the wheelchair.
      3. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or 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 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 beneficiary.

If a Group 2 Single Power Option PWC is provided and if criterion II(A) or II(B) 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 power elevating legrests), it will be denied as not reasonable and necessary.

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

A. Criterion 1 or 2 is met; and

B. Criteria 3 and 4 are met.

1. The beneficiary meets coverage criteria for a power tilt and recline seating system (see Wheelchair Options and Accessories policy) and the system is being used on the wheelchair.
2. The beneficiary uses a ventilator which is mounted on the wheelchair.
3. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or 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 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 beneficiary.

If a Group 2 Multiple 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. A Group 3 PWC with no power options **(K0848-K0855)** is covered if:

A. All of the coverage criteria (a)-(e) for a PWC are met; and

B. The beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and

C. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or 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 and

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 beneficiary.

If a Group 3 PWC is provided and if criteria (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-K0860)** or with Multiple Power Options **(K0861-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 if criterion V(A) or (V)(B) is not met, it will be denied as not reasonable and necessary.

VI. Group 4 PWCs **(K0868-K0886)** have added capabilities that are not needed for use in the home. Therefore, if these wheelchairs are provided they will be denied as not reasonable and necessary.

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

A. All the coverage criteria (a)-(e) for a PWC are met; and

B. The beneficiary is expected to grow in height; and

C. 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 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 beneficiary has been self-propelling in a manual wheelchair for at least one year; and

C. The beneficiary has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the beneficiary's home. The PT, OT, or physician may have no financial relationship with the supplier; and

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 beneficiary.

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

A custom motorized/power wheelchair base (**K0013**) will be covered if:

1. The beneficiary meets the general coverage criteria for a power wheelchair; and
2. The specific configurational needs of the beneficiary 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.

If coverage criterion 1 for **K0013** is not met, the claim will be denied as not reasonable and necessary.

If coverage criterion 2 for **K0013** is not met, the claim will be denied for incorrect coding (see related Policy Article for additional information).

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).

If the PWC base is not covered, then related accessories will be denied.

Power Wheelchair Groups

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

Items provided to the beneficiary 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.

All PWCs **(K0813 – 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 – 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 crossbrace construction
- Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating legrests) (except captains chairs)
- 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 wheelchair **(K0813, K0814**), the largest single component may not exceed 55 pounds.

All Group 2 PWCs **(K0820 – K0843):** Must have the specified components and meet the following requirements:

- Standard integrated or remote proportional joystick
- May have crossbrace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains 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 – K0829)** 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
- 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 captains 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 – 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 – 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

Mobility Devices (Non-Ambulatory) and Accessories

All Group 3 PWCs **(K0848 – 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 crossbrace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains 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 – 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 crossbrace construction
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains 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 – K0855, K0868 – 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 leg-rests)

Group 3 and 4 single power option PWCs **(K0856 – K0860, K0877 – 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 – K0864, K0884 – 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 joystick
- 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

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

Power Wheelchair 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
- Legrests. There is no separate billing/payment if fixed, swingaway, 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, swingaway, 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, swingaway, 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 beneficiary 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:
  a) For Standard Duty, seat width and/or depth greater than 20 inches;
  b) For Heavy Duty, seat width and/or depth greater than 22 inches;
  c) For Very Heavy Duty, seat width and/or depth greater than 24 inches;
  d) 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:
  a) For Standard Duty, back width greater than 20 inches;
  b) For Heavy Duty, back width greater than 22 inches;
  c) For Very Heavy Duty, back width greater than 24 inches;
  d) 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.

NOTE: 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.

Bundling Guide

See Table 1 as it defines the bundling guidelines for PWCs. Codes listed in Column II are not separately payable from the wheelchair base and must not be billed separately at the time of initial purchase or rental of the wheelchair.

Options and Accessories Payment Rules

Wheelchair options and accessories are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.

For an option or accessory for a power wheelchair to be covered by Medicare, a written signed and dated order must be received by the supplier prior to delivery of the item. If the supplier delivers the item prior to the receipt of a written order, it will be denied as noncovered. If the written order is not obtained prior to delivery, payment will not be made for that item even if a written order is subsequently obtained. If a similar item is subsequently provided by an unrelated supplier who has obtained a written order prior to delivery, it will be eligible for coverage.

The allowance for a rollabout chair includes all options and accessories that are provided at the time of initial issue. The allowance for a transport chair includes all options and accessories that are provided at the time of initial issue except for elevating legrests **(E0990, K0195).** If a rollabout chair or transport chair are covered, medically necessary replacement items are covered.

An option/accessory that is beneficial primarily in allowing the beneficiary to perform leisure or recreational activities is noncovered.

If an option or accessory that is included in another code is billed separately, the claim line will be denied as not separately payable.

Accessories provided at the time of initial issue of a rollabout chair are not separately billable. Accessories provided with the initial issue of a transport chair are not separately billable with the exception of elevating legrests **(E0990, K0195).** A replacement accessory for a rollabout or transport chair is billed using code **E1399**.

The RB modifier is used when an option or accessory is provided as a replacement for the same part which has been worn or damaged (e.g., replacing a tire of the same type). The RB modifier must not be used for an upgrade subsequent to providing the wheelchair base (e.g., replacing a standard seat of a power wheelchair with a power seating system). The RB modifier must not be used if the accessory is provided at the same time as the wheelchair base, even if the option/accessory is the same as one that the beneficiary had on a prior wheelchair. (See section on Power Wheelchair Drive Control Systems for instructions on the use of the KC replacement modifier.)

Miscellaneous options, accessories, or replacement parts for wheelchairs that do not have a specific HCPCS code and are not included in another code should be coded **K0108**. If multiple miscellaneous accessories are provided, each should be billed on a separate claim line using code **K0108**. When billing more than one line item with code **K0108**, ensure that the additional information can be matched to the appropriate line item on the claim. It is also helpful to reference the line item to the submitted charge. If a supplier chooses to bill separately for a component that is included in another code, code **A9900** must be used.

The right (RT) and left (LT) modifiers must be used when appropriate. If bilateral items (left and right) are provided as a purchase and the unit of service of the code is "each" bill both items on the same claim line using the LTRT modifiers and 2 units of service. If bilateral items are provided as a rental and the unit of service is "each", bill the items on two separate claim lines with the RT modifier on one line and the LT modifier on the other. If bilateral items are provided and the unit of service is "pair", the LT and RT modifiers do not need to be reported.

Mobility Devices (Non-Ambulatory) and Accessories

Codes **E0968, E0969, E0970, E0980, E0994, E1227, E1228, E1296-E1298, and E2340-E2343** are not valid for claim submission.

Batteries/Chargers

A sealed battery **(E2359, E2361, E2363, E2365, E2371, E2397, K0733)** is separately payable from a power wheelchair base.

There is no additional/separate payment when a dual mode battery charger is provided at the time of initial issue of a power wheelchair.

A battery charger **(E2366, E2367)** is included in the allowance for a power wheelchair base.

Power Seating Systems

A power tilt seating system **(E1002)** includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; back height of at least 20 inches; ability for the supplier to adjust the seat to back angle; ability to support beneficiary weight of at least 250 pounds.

A power recline seating system **(E1003-E1005)** includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height arm rests; fixed or swingaway detachable legrests; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support beneficiary weight of at least 250 pounds.

A power tilt and recline seating system **(E1006-E1008)** includes: a solid seat platform and a solid back; any frame width and depth; detachable or flip-up fixed height or adjustable height armrests; fixed or swingaway detachable legrests; fixed or flip-up footplates; two motors and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to tilt to greater than or equal to 20 degrees from horizontal; ability to recline to greater than or equal to 150 degrees from horizontal; back height of at least 20 inches; ability to support beneficiary weight of at least 250 pounds.

Coding for a power tilt system **(E1002),** power recline system **(E1003, E1004 and E1005),** and tilt/recline system **(E1006, E1007 and E1008)** are all-inclusive. Usage of **K0108** to bill for additional heavy duty or bariatric features is considered unbundling and is not allowed.

A power tilt seating system or power tilt and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees is considered to be the same as the standard seat included in the base wheelchair. Codes **E1002 – E1008** must not be used to describe a power tilt seating system or a power tile and recline seating system which does not achieve a tilt of greater than or equal to 20 degrees. These seating systems must be coded as A9900 and are not separately payable.

A mechanical shear reduction feature **(E1004 and E1007)** consists of two separate back panels. As the posterior back panel reclines or raises there is a mechanical linkage between the two panels which allows the beneficiary's back to stay in contact with the anterior panel without sliding along that panel.

A power shear reduction feature **(E1005 and E1008)** consists of two separate back panels. As the posterior back panel reclines or raises there is a separate motor which controls the linkage between the two panels and allows the beneficiary's back to stay in contact with the anterior panel without sliding along that panel.

A mechanically linked leg elevation feature **(E1009)** involves a pushrod which connects the legrest to a power recline seating system. With this feature, when the back reclines, the legrest elevates; when the back raises, the legrest lowers.

A power leg elevation feature **(E1010)** involves a dedicated motor and related electronics with or without variable speed programmability which allows the legrest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not be integrated with the power tilt and/or recline control(s). It includes either articulating or non-articulating legrests. The unit of

service of code **E1010** is a pair.

A power seat elevation system **(E2300)** includes: a motor and related electronics with or without variable speed programmability; a switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It must provide a seat elevation of at least 6 inches.

A power standing system **(E2301)** includes: a solid seat platform and a solid back; detachable or flip-up fixed height armrests; hinged legrests; anterior knee supports; fixed or flip-up footplates; a motor and related electronics with or without variable speed programmability; a basic switch control which is independent of the power wheelchair drive control interface; any hardware that is needed to attach the seating system to the wheelchair base. It does not include a headrest. It must have the following features: ability to move the beneficiary to a standing position; ability to support beneficiary weight of at least 250 pounds.

Codes **E2310** and **E2311** describe the electronic components that allow the beneficiary to control two or more of the following motors from a single interface (e.g., proportional joystick, touchpad, or nonproportional interface): power wheelchair drive, power tilt, power recline, power shear reduction, power leg elevation, power seat elevation, power standing. It includes a function selection switch which allows the beneficiary to select the motor that is being controlled and an indicator feature to visually show which function has been selected. When the wheelchair drive function has been selected, the indicator feature may also show the direction that has been selected (forward, reverse, left, right). This indicator feature may be in a separate display box or may be integrated into the wheelchair interface. Payment for the code includes an allowance for fixed mounting hardware for the control box and for the display box (if present).

A power seat elevation feature **(E2300)** and power standing feature **(E2301)** are noncovered because they are not primarily medical in nature. If a wheelchair has an electrical connection device described by code **E2310** or **E2311** and if the sole function of the connection is for a power seat elevation or power standing feature, it will be denied as noncovered.

Power Wheelchair Drive Control Systems

The term interface in the code narrative and definitions describes the mechanism for controlling the movement of a power wheelchair. Examples of interfaces include, but are not limited to, joystick, sip and puff, chin control, head control, etc. (Note: In the Power Mobility Devices policy, the term "control input device" is used instead of "interface".)

A proportional interface is one in which the direction and amount of movement by the beneficiary controls the direction and speed of the wheelchair. One example of a proportional interface is a standard joystick.

A nonproportional interface is one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is pre-programmed. One example of a nonproportional interface is a sip-and-puff mechanism.

The term controller describes the microprocessor and other related electronics that receive and interpret input from the joystick (or other drive control interface) and convert that input into power output which controls speed and direction. A high power wire harness connects the controller to the motor and gears.

A non-expandable controller has the following features:

- 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 though the Control Input Device would require the use of an additional component, **E2310** or **E2311**.)
- Can accommodate only an integral joystick or a standard proportional remote joystick.
- May allow for the incorporation of an attendant control.

An expandable controller is capable of accommodating one or more of the following additional functions:

- Other types of proportional input devices (e.g., mini-proportional or compact joysticks, touchpads, chin control, head control, etc.)
- Non-proportional input devices (e.g., sip and puff, head array, etc.)
- Operate 3 or more powered seating actuators through the drive control. (Note: Control of the power seating actuators though 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 separate display (i.e., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's

drive control)

- An attendant control

For power wheelchairs which are capable of being upgraded to an expandable controller **(K0835 -K0891), E2377** is used if an expandable controller is provided at the time of initial issue. Code **E2376** is used with complete replacement of an expandable controller.

A harness (**E2313**) describes all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware. Code **E2313** is separately billable in addition to an expandable controller both at initial issue and with complete replacement of the expandable controller. Code **K0108** must not be used for any component or feature of an expandable controller at the time of initial issue. The reimbursement for any type of complete expandable controller is included in the allowance for codes **E2377**/**E2376** plus **E2313**. However, if individual components of the harness are replaced, code **K0108** should be used.

A switch is an electronic device which turns power to a particular function either "on" or "off". The external component of a switch may be either mechanical or nonmechanical. Mechanical switches involve physical contact in order to be activated. Examples of the external components of mechanical switches include, but are not limited to, toggle, button, ribbon, etc. Examples of the external components of nonmechanical switches include, but are not limited to, proximity, infrared, etc. Some of the codes include multiple switches. In those situations, each functional switch may have its own external component or multiple functional switches may be integrated into a single external switch component or multiple functional switches may be integrated into the wheelchair control interface without having a distinct external switch component.

A stop switch allows for an emergency stop when a wheelchair with a nonproportional interface is operating in the latched mode. (Latched mode is when the wheelchair continues to move without the beneficiary having to continually activate the interface.) This switch is sometimes referred to as a kill switch.

A direction change switch allows the beneficiary to change the direction that is controlled by another separate switch or by a mechanical proportional head control interface. For example, it allows a switch to initiate forward movement one time and backward movement another time.

A function selection switch allows the beneficiary to determine what operation is being controlled by the interface at any particular time. Operations may include, but are not limited to, drive forward, drive backward, tilt forward, recline backward, etc.

An integrated proportional joystick and controller is an electronics package in which a joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.

The interfaces described by codes **E2312, E2321, E2322, E2325, E2327-E2330, and E2373-E2377** must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.

A remote joystick is one in which the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.

A standard proportional remote joystick is one which requires approximately 340 grams of force to activate and which has an excursion (length of throw) of approximately 25 mm from neutral position. It can be used with a non-expandable or an expandable controller. There is no separate billing for a standard proportional remote joystick when it is provided at the time of initial issue of a power wheelchair whether it is used for hand or chin control by the beneficiary or whether it is used as an attendant control in place of a beneficiary-operated drive control interface.

A mini-proportional (short throw) remote joystick (**E2312**) is one which can be activated by a very low force (approximately 25 grams) and which has a very short displacement (a maximum excursion of approximately 5 mm from neutral). It can only be used with an expandable controller. It can be used for hand or chin control or control by other body part (e.g., tongue, lip, finger tip, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A compact proportional remote joystick (**E2373**) is one which has a maximum excursion of about 15 mm from neutral position but requires approximately 340 grams of force to activate. It can only be used with an expandable controller. It can be used for hand or chin control or control by other body part (e.g., foot, amputee stump, etc.) There is no separate billing for control buttons, displays, switches, etc. There is no separate billing for fixed mounting hardware, regardless of the body part used to activate the joystick.

A touchpad is an interface similar to the pad-type mouse found on portable computers. It is billed with code **K0108**.

Code **E2321** is used for a nonproportional remote joystick, regardless of whether it is used for hand or chin control.

When code **E2312, E2321, E2373, or E2374** is used for a chin control interface, the chin cup is billed separately with code E2324.

Code **E2322** describes a system of 3-5 mechanical switches which are activated by the beneficiary touching the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch, if provided, are included in the allowance for the code.

Code **E2323** includes prefabricated joystick handles that have shapes other than a straight stick - e.g., U shape or T shape - or that have some other nonstandard feature - e.g., flexible shaft.

A sip and puff interface (**E2325**) is a nonproportional interface in which the beneficiary holds a tube in their mouth and controls the wheelchair by either sucking in (sip) or blowing out (puff). A mechanical stop switch is included in the allowance for the code. E2325 does not include the breath tube kit which is described by code **E2326**.

A proportional, mechanical head control interface **(E2327)** is one in which a headrest is attached to a joystick-like device. The direction and amount of movement of the beneficiary's head pressing on the headrest control the direction and speed of the wheelchair. A mechanical direction control switch is included in the code.

A proportional, electronic head control interface **(E2328)** is one in which a beneficiary's head movements are sensed by a box placed behind the beneficiary's head. The direction and amount of movement of the beneficiary's head (which does not come in contact with the box) control the direction and speed of the wheelchair. A proportional, electronic extremity control interface **(E2328)** is one in which the direction and amount of movement of the beneficiary's arm or leg control the direction and speed of the wheelchair.

A nonproportional, contact switch head control interface **(E2329)** is one in which a beneficiary activates one of three mechanical switches placed around the back and sides of their head. These switches are activated by pressure of the head against the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

A nonproportional, proximity switch head control interface (**E2330**) is one in which a beneficiary activates one of three switches placed around the back and sides of their head. These switches are activated by movement of the head toward the switch, though the head does not touch the switch. The switch that is selected determines the direction of the wheelchair. A mechanical stop switch and a mechanical direction change switch is included in the allowance for the code.

An attendant control is one which allows a caregiver to drive the wheelchair instead of the beneficiary. The attendant control is usually mounted on one of the rear canes of the wheelchair. This code is limited to proportional control devices, usually a joystick. Code **E2331** is used when an attendant control is provided in addition to a beneficiary-operated drive control interface.

Codes **E2374-E2376** describe components of drive control systems. They may only be used for replacements other than at the time of initial issue.

Code **K0108** is appropriately used at the time of initial issue only when the drive control interface that is provided is not included in the base code and there is no specific E code which describes it. **K0108** must not be used for additional features of a joystick.

Code **K0108** is appropriately used at the time of replacement in the following situations:

1. An integrated proportional joystick and controller box are being replaced due to damage; or
2. An interface other than a remote joystick (e.g. sip and puff, head control)is being replaced but the controller is not being replaced; or
3. There is no specific E code which describes the type of drive control interface system which is provided.

The KC modifier (replacement of special power wheelchair interface) is used in the following situations:

1. Due to a change in the beneficiary's condition an integrated joystick and controller is being replaced by another drive control interface - e.g., remote joystick, head control, sip and puff, etc.; or
2. The beneficiary had a drive control interface described by codes **E2321-E2322, E2325, E2327-E2330, or E2373** and both the interface (e.g., joystick, head control, sip and puff) and the controller electronics are being replaced due to irreparable damage.

The KC modifier would never be used at the time of initial issue of a wheelchair. The KC modifier specifically states replacement, therefore, the RB modifier is not required.

If an attendant control (**E2331**) is provided in addition to a beneficiary-operated drive control system, it will be denied as noncovered.

Nonstandard Seat Frame Dimensions (PWC)

For power wheelchairs, there is no separate billing for nonstandard seat frame dimensions (width, depth, or height) with the following exceptions: For Group 3 and 4 power wheelchairs, with a sling/solid seat/back, the following items may be billed separately using code **K0108:**

- 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.

For Group 3 and 4 PWCs with a sling/solid seat/back, the following items may be billed separately using code **K0108:**

- 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.

Other Power Wheelchair Accessories

A drive wheel is one which is directly controlled by the motor of the power wheelchair. It may be either a rear wheel, mid wheel, or front wheel, depending on the model of the power wheelchair.

A caster is a smaller wheel that is in contact with the ground during normal operation of the wheelchair and which not directly controlled by the motor. It may be in the front and/or rear, depending on the location of the drive wheel.

A pneumatic tire (**E2381**, **E2384**) is a rubber tire which is used in conjunction with a separate tube (**E2382**, **E2385**) which is filled with air.

A flat free insert (**E2383**) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A foam filled tire (**E2386**, **E2387**) is one in which a rubber tire shell has been filled with foam which is nonremovable.

A foam tire (**E2388**, **E2389**) is one which is made entirely of self-skinning urethane.

A solid tire (**E2390, E2391, E2392**) is one which is made of hard plastic or rubber.

All types of tires and wheels are included in the code for a power mobility base. Codes **E2381-E2396** may only be used for replacements other than at the time of initial issue.

Code **E2351** describes an electronic interface used with a speech generating device. An electronic interface that is used to allow lights or other electrical devices to be operated using the power wheelchair control interface must be billed with code **A9270** (non-covered item).

Codes **E2368-E2370** are for a replacement motor and/or gearbox. These codes are not used at the time of initial issue. If the item is a rebuilt component, the UE (used DME) modifier must be added to the code.

An electronic interface used to control lights or other electrical devices is noncovered because it is not primarily medical in nature.

The following features of a power wheelchair will be denied as noncovered: stair climbing (**A9270**), electronic balance (**A9270**), ability to elevate the seat by balancing on two wheels (**A9270**), and remote operation (**A9270**).

Miscellaneous

Code **E1028** is used for

1. Swingaway hardware used with remote joysticks or touchpads,
2. Swingaway or flip-down hardware for head control interfaces **E2327-E2330**, and
3. Swingaway hardware for an indicator display box that is related to the multi-motor electronic connection codes **E2310 or E2311**.

Code **E1028** is not to be used for swingaway hardware used with a sip and puff interface (**E2325**) because swingaway hardware is included in the allowance for that code. Code **E1028** is not to be used for hardware on a wheelchair tray(**E0950**). Do not use **E1028** in addition to **E1020** (Residual limb support system) as it

includes swingaway hardware.

Code **E1029** describes a ventilator tray which is attached in a fixed position to the wheelchair base or back. Code **E1030** describes a ventilator tray which is attached to the seat back and is articulated so that the tray will remain horizontal when the seat back is raised or lowered.

Code **E1225** describes a manually operated reclining back that can recline greater than 15 degrees but less than 80 degrees. Code **E1226** describes a manually operated reclining back that reclines 80 degrees or greater.

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include 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 upon request.

General Prescription (Order) Requirements

All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items dispensed and/or billed that do not meet these prescription requirements and those below must be submitted with an EY modifier added to each affected HCPCS code.

7-Element Orders

The order, referred to as the 7-element order, that the supplier must receive within 45 days after completion of the face-to-face examination must contain all of the following elements:

1. Beneficiary's name
2. Description of the item that is ordered. This may be general – e.g., "power operated vehicle", "power wheelchair", or "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

The Supplier may provide a template order listing the seven required elements but is prohibited from completing any part of it. The treating physician completing the face-to-face requirements must write the 7-element order. The 7-element order may only be written after the completion of the face-to-face exam requirements. Refer to the Policy Article NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES section for information regarding the statutory requirements for PMDs.

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

Detailed Product Description

Once the supplier has determined the specific power mobility device that is appropriate for the beneficiary based on the physician's 7-element order, the supplier must prepare a written document (termed a detailed product description). This detailed product description (DPD) must comply with the requirements for a detailed written order as outlined in the Supplier Manual and CMS' Program Integrity Manual (Internet-Only Manual, Pub. 100-8), Chapter 5. Regardless of the form of the description, there must be sufficient detail to identify the item(s) in order to determine that the item(s) dispensed is properly coded.

The physician must sign and date the detailed product description and the supplier must receive it prior to delivery of the PWC. A date stamp or equivalent must be used to document the supplier receipt date. The detailed product description must be available on request.

Face-To-Face Examination

For a power wheelchair (PWC) to be covered, the treating physician must conduct a face-to-face examination of the beneficiary before writing the order and the supplier must receive a written report of this examination within 45 days after completion of the face-to-face examination and prior to delivery of the device. If this requirement is not met, the claim will be denied as noncovered. (Exceptions: If this examination is performed during a hospital or nursing home stay, the supplier must receive the report of the examination within 45 days

after discharge. If the PWC is a replacement during the 5 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.].)

The physician may refer the beneficiary to a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), who has experience and training in mobility evaluations to perform part of the face-to-face examination. This person 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.)

If the beneficiary was referred before being seen by the physician, then once the physician has received and reviewed the written report of this examination, the physician must see the beneficiary and perform any additional examination that is needed. The report of the physician's visit shall state concurrence or any disagreement with the LCMP examination. In this situation, the physician must provide the supplier with a copy of both examinations within 45 days after the face-to-face examination with the physician.

If the physician saw the beneficiary to begin the examination before referring the beneficiary to an LCMP, then if the physician sees the beneficiary again in person after receiving the report of the LCMP examination, the 45-day period begins on the date of that second physician visit. However, it is also acceptable for the physician to review the written report of the LCMP examination, to sign and date that report, and to state concurrence or any disagreement with that examination. In this situation, the physician must send a copy of the note from his/her initial visit to evaluate the beneficiary plus the annotated, signed, and dated copy of the LCMP examination to the supplier. The 45-day period begins when the physician signs and dates the LCMP examination.

The report of the face-to-face examination should provide information relating to the following questions:

PWCs	What is this beneficiary's mobility limitation and how does it interfere with the performance of activities of daily living?
PWCs	Why can't a cane or walker meet this beneficiary's mobility needs in the home?
PWCs	Why can't a manual wheelchair meet this beneficiary's mobility needs in the home?
For PWCs	Why can't a POV (scooter) meet this beneficiary's mobility needs in the home?
For PWCs	Does this beneficiary have the physical and mental abilities to operate a power wheelchair safely in the home?

The report 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 beneficiary 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

Mobility Devices (Non-Ambulatory) and Accessories

The evaluation should be tailored to the individual beneficiary's conditions. The history should paint a picture of the beneficiary's functional abilities and limitations on a typical day. It should contain as much objective data as possible. The physical examination should be focused on the body systems that are responsible for the beneficiary's ambulatory difficulty or impact on the beneficiary's ambulatory ability.

A date stamp or equivalent must be used to document the date that the supplier receives the report of the face-to-face examination The written report of this examination must be available upon request.

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

Specialty Evaluation Requirements

The specialty evaluation that is required for patients who receive a Group 2 Single Power Option or Multiple Power Options PWC, any Group 3 PWC, 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 available on request.

Home Assessment Prior to or at the time of delivery of a PWC, the supplier or practitioner must perform an on-site evaluation of the patient's home to verify that the patient can adequately maneuver the device that is provided considering physical layout, doorway width, doorway thresholds, and surfaces. There must be a written report of this evaluation available on request.

Warranty, Maintenance, Repairs and Replacements

When defective equipment or a defective medical device is replaced under a warranty, hospital or other provider services rendered by parties other than the warrantor are covered despite the warrantor's liability. However, see the Medicare MSP Manual (CMS Pub. 100-05) for requirements for recovery under the liability insurance provisions.

With respect to payment for the device itself under cost reimbursement, the following rules apply:

- If equipment or a device is replaced free of charge by the warrantor, no program payment may be made, since there was no charge involved.
- If replacement equipment or device from another manufacturer had to be substituted because the replacement offered under the warranty was not acceptable to the beneficiary or the beneficiary's physician, payment may be made for the replaced device.
- If the warrantor supplied the replaced equipment or device, but some charge or a pro rata payment was imposed, program payment may be made for the partial payment imposed for the device furnished by the warrantor.
- If an acceptable replacement could have been obtained free of charge under a warranty but the provider chose to purchase one instead, payment cannot be made for the purchased device under the prudent buyer rules. (See Provider Reimbursement Manual, Part 1, §2103.)
- If an acceptable replacement could have been purchased at a reduced price under a warranty but the full price was paid to the original manufacturer or a new replacement was purchased from a different manufacturer or other source, coverage is limited to the amount that would have been paid under the warranty.

A. Maintenance

Routine periodic servicing, such as testing, cleaning, regulating, and checking of the beneficiary's equipment, is not covered. The owner is expected to perform such routine maintenance rather than a retailer or some other person who charges the beneficiary. Normally, purchasers of DME are given operating manuals which describe the type of servicing an owner may perform to properly maintain the equipment. It is reasonable to expect that beneficiaries will perform this maintenance. Thus, hiring a third party to do such work is for the convenience of the beneficiary and is not covered. However, more extensive maintenance which, based on the manufacturers' recommendations, is to be performed by authorized technicians, is covered as repairs for medically necessary equipment which a beneficiary owns. This might include, for example, breaking down sealed components and performing tests which require specialized testing equipment not available to the beneficiary. UHC will not pay for maintenance of

purchased items that require frequent and substantial servicing.

Since renters of equipment recover from the rental charge the expenses they incur in maintaining in working order the equipment they rent out, separately itemized charges for maintenance of rented equipment are generally not covered. Payment may not be made for maintenance of rented equipment other than the maintenance and servicing fee established for capped rental items. For capped rental items which have reached the 15-month rental cap, contractors pay claims for maintenance and servicing fees after 6 months have passed from the end of the final paid rental month or from the end of the period the item is no longer covered under the supplier's or manufacturer's warranty, whichever is later.

B. Repairs

To repair means to fix or mend and to put the equipment back in good condition after damage or wear. Repairs to equipment which a beneficiary owns are covered when necessary to make the equipment serviceable. However, do not pay for repair of previously denied equipment or equipment in the frequent and substantial servicing or oxygen equipment payment categories. If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment can be made for the amount of the excess. (See subsection C (Replacement) where claims for repairs suggest malicious damage or culpable neglect.)

Since renters of equipment recover from the rental charge the expenses they incur in maintaining in working order the equipment they rent out, separately itemized charges for repair of rented equipment are not covered. This includes items in the frequent and substantial servicing, oxygen equipment, capped rental and inexpensive or routinely purchased payment categories which are being rented. For replacement items, see Subsection C below.

C. Replacement

Replacement refers to the provision of an identical or nearly identical item. Situations involving the provision of a different item because of a change in medical condition are not addressed in this section.

Equipment which the beneficiary owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood). A physician's order is needed to reaffirm the medical necessity of the item.

Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable useful lifetime of the equipment. If the item of equipment has been in continuous use by the patient on either a rental or purchase basis for the equipment's useful lifetime, the beneficiary may elect to obtain a new piece of equipment. Replacement may be reimbursed when a new physician order is needed to reaffirm the medical necessity of the item.

The reasonable useful lifetime of durable medical equipment is determined through program instructions. In the absence of program instructions, carriers may determine the reasonable useful lifetime of equipment, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment is delivered to the beneficiary, not the age of the equipment. Replacement due to wear is not covered during the reasonable useful lifetime of the equipment. During the reasonable useful lifetime, Medicare does cover repair up to the cost of replacement (but not actual replacement) for medically necessary equipment owned by the beneficiary. (See subsection B.)

Charges for the replacement of items that require frequent and substantial servicing or inexpensive or routinely purchased items which are being rented are not covered.

Cases suggesting malicious damage, culpable neglect, or wrongful disposition of equipment should be investigated and denied where UHC determines that it is unreasonable to make program payment under the circumstances.

Reimbursement Guidelines

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. Information provided relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Power mobility devices are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a beneficiary's equipment to be eligible for reimbursement the reasonable and

necessary (R&N) requirements set out in the related Local Coverage Determinations must be met.

Miscellaneous

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 noncovered.

PWC is only for use outside the home, it will be denied as noncovered.

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 beneficiary to perform leisure or recreational activities are noncovered.

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 Pricing, Data Analysis, and Coding (PDAC) contractor. Information concerning the documentation that must be submitted to the PDAC for a Coding Verification Review can be found on the PDAC web site or by contacting the PDAC. A Product Classification List with devices which have received a coding verification determination can be found on the PDAC web site.

Manufacturers and suppliers should refer to the PDAC web site or contact the PDAC for information concerning testing requirements.

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**.

Suppliers should contact the Pricing, Data Analysis, and Coding (PDAC) contractor for guidance on the correct coding of these items.

A power wheelchair with Captain's Chair is not appropriate for a beneficiary 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 PWC will be denied as not reasonable and necessary.

For beneficiaries 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 – 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 reasonable and necessary.

If a heavy duty, very heavy duty, or extra heavy duty PWC is provided and if the beneficiary's weight is outside the range listed in criterion G or L above (i.e., for heavy duty – 285 – 400 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.

The delivery of the PMD must be within 120 days following completion of the face-to face examination. (Exception: For PWCs that go through the Advance Determination of Medicare Coverage (ADMC) process and receive an affirmative determination, the delivery must be within 6 months following the determination.)

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 (**K0462**) is covered if a beneficiary-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.

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).

A 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 reasonable and necessary.

Patient Costs Summary

The following table summarizes the patient costs for purchasing or renting a power wheelchair.

If the patient...	Then Medicare Part B pays...	And the patient pays*...
Chooses to purchase the power wheelchair, if applicable, or POV…	80% of the allowed purchase price in one lump sum payment…	20% of the allowed purchase price.
Chooses to rent the power wheelchair…	80% of the allowed rental price for months 1 through 13…	20% of the allowed rental charge.

* Patient costs increase when obtaining wheelchairs from suppliers that do not accept assignment. If the patient is enrolled in a Medicare Advantage (MA) Plan, the patient needs to contact the MA Plan to determine the costs. The MA Plan may also require preauthorization and have a limited number of participating DME suppliers.

NOTE: If the power wheelchair is purchased, Medicare pays 80 percent of the allowable service and maintenance charge each time the equipment is actually serviced.

Manual Wheelchair

Basic Coverage Criteria

A manual wheelchair for use inside the home (**E1161, K0001 – K0007, K0009**) is covered if:

- Criteria A, B, C, D, and E are met; and
- Criterion F or G is met.

A. The beneficiary 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:
   1. Prevents the beneficiary from accomplishing an MRADL entirely, or
   2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
   3. Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.

D. Use of a manual wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it on a regular basis in the home.

E. The beneficiary has not expressed an unwillingness to use the manual wheelchair that is provided in the home.

F. The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home 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.

G. The beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

If the manual wheelchair will be used inside the home and the coverage criteria are not met, it will be denied as not reasonable and necessary.

If the manual wheelchair is only for use outside the home, it will be denied as noncovered.

A custom manual wheelchair is not reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

Adult manual wheelchairs (**K0001-K0009, E1161**) are those which have a seat width and a seat depth of 15" or greater. For codes K0001-K0009, the wheels must be large enough and positioned such that the wheelchair could be propelled by the user. In addition, specific codes are defined by the following characteristics:

Mobility Devices (Non-Ambulatory) and Accessories

Standard wheelchair (**K0001**)

- Weight: Greater than 36 lbs.
- Seat Height: 19” or greater
- Weight capacity: 250 pounds or less

Standard hemi (low seat) wheelchair (**K0002**)

- Weight: Greater than 36 lbs
- Seat Height: Less than 19”
- Weight capacity: 250 pounds or less

Lightweight wheelchair (**K0003**)

- Weight: 34-36 lbs
- Weight capacity: 250 pounds or less

High strength, lightweight wheelchair (**K0004**)

- Weight: Less than 34 lbs
- Lifetime Warranty on side frames and crossbraces

Ultralightweight wheelchair (**K0005**)

- Weight: Less than 30 lbs
- Adjustable rear axle position
- Lifetime Warranty on side frames and crossbraces

Heavy duty wheelchair (**K0006**)

- Weight capacity: Greater than 250 pounds

Extra heavy duty wheelchair (**K0007**)

- Weight capacity: Greater than 300 pounds

Adult tilt-in-space wheelchair (**E1161**)

- Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle.

Lifetime Warranty: On side frames and crossbraces

Wheelchairs with less than 20 degrees of tilt must not to be coded based upon the tilt feature. The appropriate based product must be coded as **K0001 – K0007**. The product must not be coded as **E1161 or K0108**.

“Weight” represents the weight of the wheelchair itself in pounds without the front rigging as in the case of the **K0001, K0002, K0003, K0004, and K0005**. ”Weight capacity” represents the carrying capacity or the amount of weight (beneficiary plus all accessories) that the wheelchair can carry for safe operation as in the case of the **K0001, K0002, K0003, K0006 and K0007**.

The following features are included in the allowance for all adult manual wheelchairs:

- Seat Width: 15" - 19"
- Seat Depth: 15" – 19”
- Arm Style: Fixed, swingaway, or detachable; fixed height
- Footrests: Fixed, swingaway, or detachable

Codes **K0003-K0007** and **E1161** include any seat height.

A manual wheelchair with a seat width and/or depth of 14” or less is considered a pediatric size wheelchair and is billed with codes **E1231-E1238** or **E1229**.

Codes **E1050-E1060, E1070–E1160, E1170-E1200, E1220-E1224, E1240-E1295** should only be used to bill for maintenance and service for an item for which the initial claim was paid by the local carrier prior to transition to the DME MAC.

Manual wheelchairs with additional options and accessories, other than tilt, are billed by selecting the correct code for the wheelchair base and then using appropriate codes for wheelchair options and accessories. (Refer to the Wheelchair Options and Accessories policy.)

If the frame of the wheelchair is modified in a unique way to accommodate the beneficiary, bill the code for the wheelchair base and bill the modification with code **K0108** (wheelchair component or accessory, not otherwise specified).

Mobility Devices (Non-Ambulatory) and Accessories

Additional Coverage Criteria for Specific Manual Wheelchairs (E1037, E1038, E1039, E1161, K0002 – K0008)

In addition to the general manual wheelchair criteria above, the specific criteria below must be met for each manual wheelchair. If the specific criteria are not met, the manual wheelchair will be denied as not reasonable and necessary.

A transport chair (**E1037, E1038 or E1039**) is covered as an alternative to a standard manual wheelchair (**K0001**) and if basic coverage criteria A-E and G above are met.

standard hemi-wheelchair (**K0002**) is covered when the beneficiary requires a lower seat height (17" to 18") because of short stature or to enable the beneficiary to place his/her feet on the ground for propulsion.

A lightweight wheelchair (**K0003**) is covered when a beneficiary meets both criteria:

1. Cannot self-propel in a standard wheelchair in the home; and
2. The beneficiary can and does self-propel in a lightweight wheelchair.

A high strength lightweight wheelchair (**K0004**) is covered when a beneficiary meets the criteria in (1) or (2):

1. The beneficiary self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
2. The beneficiary requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least two hours per day in the wheelchair.

A high strength lightweight wheelchair is rarely reasonable and necessary if the expected duration of need is less than three months (e.g., post-operative recovery).

An ultra-lightweight manual wheelchair (**K0005**) is covered for a beneficiary if criteria (1) or (2) is met and (3) & (4) are met:

1. The beneficiary must be a full-time manual wheelchair user.
2. The beneficiary must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a **K0001** through **K0004** manual wheelchair.
3. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or 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 LCMP may have no financial relationship with the supplier.
4. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) 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 patient.

A heavy duty wheelchair (**K0006**) is covered if the beneficiary weighs more than 250 pounds or the beneficiary has severe spasticity.

An extra heavy duty wheelchair (**K0007**) is covered if the beneficiary weighs more than 300 pounds.

A manual wheelchair with tilt in space (**E1161**) will be covered if the beneficiary meets the general coverage criteria for a manual wheelchair above, and if criteria (1) and (2) are met:

1. The beneficiary must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or 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 LCMP may have no financial relationship with the supplier.
2. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) 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 patient.

A custom manual wheelchair base (**K0008**) is covered if, in addition to the general coverage criteria above, the specific configuration required to address the beneficiary's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual manual wheelchair base is required.

If **K0008** is used to describe a prefabricated manual wheelchair base, even one that has been modified in any

fashion, the claim will be denied for incorrect coding. Refer to the respective Coding Guidelines section of the related CMS Policy Article for additional information about correct coding of **K0008**.

Miscellaneous

Payment is made for only one wheelchair at a time. Backup chairs are denied as not reasonable and necessary. One month's rental for a standard manual wheelchair (**K0001**) is covered if a beneficiary-owned wheelchair is being repaired.

Nonstandard Seat Frame Dimensions (Manual W/C)

For all adult manual wheelchairs **(E1161, K0001-K0009),** payment for seat widths and/or seat depths of 15-19 inches is included in the payment for the base code. These seat dimensions should not be billed separately. Codes **E2201-E2204** describes seat widths and/or depths of 20 inches or more for manual wheelchairs.

Footrest/Legrest

Elevating legrests that are used with a wheelchair that is purchased or owned by the beneficiary are coded **E0990**. This code is per legrest. Elevating legrests that are used with a capped rental wheelchair base are coded **K0195**. This code is per pair of legrests.

Wheels/Tires for Manual Wheelchairs

A propulsion wheel is a large wheel which can be used by a beneficiary to propel the wheelchair with his/her arms.

A caster is a small wheel that is in contact with the ground during normal operation of the wheelchair and which cannot be used for arm propulsion. This includes rear tires on tilt-in-space wheelchairs that are not used for arm propulsion.

A lever activated drive (**E0988**) is an alternative drive mechanism for propulsion of a manual wheelchair. It includes a user-powered lever-arm mechanism attached to one or both wheel hub(s). The lever activates adjustable-ratio gears and has the capability to shift between forward, reverse and braking.

A pneumatic tire (**E2211, E2214**) is a rubber tire which is used in conjunction with a separate tube (**E2212, E2215**) which is filled with air.

A flat free insert (**E2213**) is a removable ring of firm material that is placed inside of a pneumatic tire to allow the wheelchair to continue to move if the pneumatic tire is punctured. This code may not be used for a foam filled tire.

A foam filled tire (**E2216, E2217**) is one in which a rubber tire shell has been filled with foam which is nonremovable.

A foam tire (**E2218, E2219**) is one which is made entirely of self-skinning urethane.

A solid tire (**E2220, E2221, E2222**) is one which is made of hard plastic or rubber.

A gear reduction drive wheel (**E2227**) is one that has more than one gear ratio option. Pushing on the rim allows the user to manually shift between the gears in order to provide additional leverage to assist propulsion of a manual wheelchair.

A wheel braking and lock system (**E2228**) is a caliper or disc type braking system that permits the controlled slowing of a manual wheelchair or the controlled descent on inclines. It also has full wheel lock capability.

A rear wheel assembly (**K0069, K0070**) includes a wheel rim plus a tire. For pneumatic tires, it also includes the tire tube, but not a flat free insert.

A caster assembly (**K0071, K0072, K0077**) includes a caster fork, wheel rim, and tire.

For information concerning a push-rim activated power assist device for a manual wheelchair, refer to the Power Mobility Devices medical policy.

Miscellaneous Accessories

Swingaway, retractable, or removable hardware (**E1028**) is noncovered if the primary indication for its use is to allow the beneficiary to move close to desks or other surfaces. If it ordered for this indication, a GY modifier must be added to the code.

A manual standing system for a manual wheelchair (**E2230**) is noncovered (no benefit category) because it is not primarily medical in nature.

Bundling Guide

See Table 1 as it defines the bundling guidelines for manually wheelchairs.

Mobility Devices (Non-Ambulatory) and Accessories

Documentation Guidelines

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include 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 upon request.

Prescription (Order) Requirements

All items billed to Medicare require a prescription. An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items dispensed and/or billed that do not meet these prescription requirements and those below must be submitted with an EY modifier added to each affected HCPCS code.

Dispensing Orders

Equipment and supplies may be delivered upon receipt of a dispensing order except for those items that require a written order prior to delivery. A dispensing order may be verbal or written. The supplier must keep a record of the dispensing order on file. It must contain:

- Description of the item
- Beneficiary's name
- Prescribing Physician's name
- Date of the order and the start date, if the start date is different from the date of the order
- Physician signature (if a written order) or supplier signature (if verbal order)

For the "Date of the order" described above, use the date the supplier is contacted by the physician (for verbal orders) or the date entered by the physician (for written dispensing orders).

Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements.

The dispensing order must be available upon request.

For items that are provided based on a dispensing order, the supplier must obtain a detailed written order before submitting a claim.

Detailed Written Orders

A detailed written order (DWO) is required before billing. Someone other than the ordering physician may produce the DWO. However, the ordering physician must review the content and sign and date the document. It must contain:

- Beneficiary's name
- Physician's name
- Date of the order and the start date, if start date is different from the date of the order
- Detailed description of the item(s) (see below for specific requirements for selected items)
- Physician signature and signature date

For items provided on a periodic basis, including drugs, the written order must include:

- Item(s) to be dispensed
- Dosage or concentration, if applicable
- Route of Administration
- Frequency of use
- Duration of infusion, if applicable
- Quantity to be dispensed
- Number of refills

For the "Date of the order" described above, use the date the supplier is contacted by the physician (for verbal orders) or the date entered by the physician (for written dispensing orders).

Frequency of use information on orders must contain detailed instructions for use and specific amounts to be dispensed. Reimbursement shall be based on the specific utilization amount only. Orders that only state "PRN" or "as needed" utilization estimates for replacement frequency, use, or consumption are not acceptable.

The detailed description in the written order may be either a narrative description or a brand name/model number.

Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements.

The DWO must be available upon request.

A prescription is not considered as part of the medical record. Medical information intended to demonstrate

compliance with coverage criteria may be included on the prescription but must be corroborated by information contained in the medical record.

Medical Record Information

The Manual Wheelchair Coverage Criteria section contains numerous reasonable and necessary (R&N) requirements.

Suppliers are reminded that:

- Supplier-produced records, even if signed by the ordering physician, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.
- Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

Information contained directly in the contemporaneous medical record is the source required to justify payment except as noted elsewhere for prescriptions and CMNs. The medical record is not limited to physician's office records but may include records from hospitals, nursing facilities, home health agencies, other healthcare professionals, etc. (not all-inclusive). Records from suppliers or healthcare professionals with a financial interest in the claim outcome are not considered sufficient by themselves for the purpose of determining that an item is reasonable and necessary.

Continued Use

Continued use describes the ongoing utilization of supplies or a rental item by a beneficiary.

Suppliers are responsible for monitoring utilization of DMEPOS rental items and supplies. No monitoring of purchased items or capped rental items that have converted to a purchase is required. Suppliers must discontinue billing Medicare when rental items or ongoing supply items are no longer being used by the beneficiary.

Beneficiary medical records or supplier records may be used to confirm that a DMEPOS item continues to be used by the beneficiary. Any of the following may serve as documentation that an item submitted for reimbursement continues to be used by the beneficiary:

- Timely documentation in the beneficiary's medical record showing usage of the item, related option/accessories and supplies
- Supplier records documenting the request for refill/replacement of supplies in compliance with the Refill Documentation Requirements (This is deemed to be sufficient to document continued use for the base item, as well)
- Supplier records documenting beneficiary confirmation of continued use of a rental item
- Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in this policy.

Continued Medical Need

For all DMEPOS items, the initial justification for medical need is established at the time the item(s) is first ordered; therefore, beneficiary medical records demonstrating that the item is reasonable and necessary are created just prior to, or at the time of, the creation of the initial prescription. For purchased items, initial months of a rental item or for initial months of ongoing supplies or drugs, information justifying reimbursement will come from this initial time period. Entries in the beneficiary's medical record must have been created prior to, or at the time of, the initial DOS to establish whether the initial reimbursement was justified based upon the applicable coverage policy.

For ongoing supplies and rental DME items, in addition to information described above that justifies the initial provision of the item(s) and/or supplies, there must be information in the beneficiary's medical record to support that the item continues to be used by the beneficiary and remains reasonable and necessary. Information used to justify continued medical need must be timely for the DOS under review. Any of the following may serve as documentation justifying continued medical need:

- A recent order by the treating physician for refills
- A recent change in prescription
- A properly completed CMN or DIF with an appropriate length of need specified
- Timely documentation in the beneficiary's medical record showing usage of the item.

Timely documentation is defined as a record in the preceding 12 months unless otherwise specified elsewhere in the policy.

Proof Of Delivery

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. For medical review purposes, POD serves to assist in determining correct coding

and billing information for claims submitted for Medicare reimbursement. Regardless of the method of delivery, the contractor must be able to determine from delivery documentation that the supplier properly coded the item(s), that the item(s) delivered are the same item(s) submitted for Medicare reimbursement and that the item(s) are intended for, and received by, a specific Medicare beneficiary.

Suppliers, their employees, or anyone else having a financial interest in the delivery of the item are prohibited from signing and accepting an item on behalf of a beneficiary (i.e., acting as a designee on behalf of the beneficiary). The signature and date the beneficiary or designee accepted delivery must be legible.

For the purpose of the delivery methods noted below, designee is defined as any person who can sign and accept the delivery of durable medical equipment on behalf of the beneficiary.

Proof of delivery documentation must be available to the Medicare contractor on request. All services that do not have appropriate proof of delivery from the supplier will be denied and overpayments will be requested. Suppliers who consistently fail to provide documentation to support their services may be referred to the OIG for imposition of Civil Monetary Penalties or other administrative sanctions.

Suppliers are required to maintain POD documentation in their files. For manual wheelchairs there are two methods of delivery:

- Delivery directly to the beneficiary or authorized representative
- Delivery via shipping or delivery service

Method 1—Direct Delivery to the Beneficiary by the Supplier

Suppliers may deliver directly to the beneficiary or the designee. In this case, POD to a beneficiary must be a signed and dated delivery slip. The POD record must include:

- Beneficiary's name
- Delivery address
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Beneficiary (or designee) signature and date of signature

The date of signature on the delivery slip must be the date that the DMEPOS item was received by the beneficiary or designee. In instances where the supplies are delivered directly by the supplier, the date the beneficiary received the DMEPOS supply must be the date of service on the claim.

Method 2—Delivery via Shipping or Delivery Service Directly to a Beneficiary

If the supplier utilizes a shipping service or mail order, the POD documentation must be a complete record tracking the item(s) from the DMEPOS supplier to the beneficiary. An example of acceptable proof of delivery would include both the supplier's own detailed shipping invoice and the delivery service's tracking information. The supplier's record must be linked to the delivery service record by some clear method like the delivery service's package identification number or supplier's invoice number for the package sent to the beneficiary. The POD record must include:

- Beneficiary's name
- Delivery address
- Delivery service's package identification number, supplier invoice number or alternative method that links the supplier's delivery documents with the delivery service's records.
- Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
- Quantity delivered
- Date delivered
- Evidence of delivery

If a supplier utilizes a shipping service or mail order, suppliers must use the shipping date as the date of service on the claim.

Suppliers may also utilize a return postage-paid delivery invoice from the beneficiary or designee as a POD. This type of POD record must contain the information specified above.

Policy-Specific Documentation Requirements

Information showing that the coverage criteria in the Manual Wheelchair Coverage Criteria section have been met must be present in the beneficiary's medical record. Information about whether the beneficiary's home can accommodate the wheelchair (Criterion C), also called the home assessment, must be fully documented in the medical record or elsewhere by the supplier. For manual wheelchairs, the home assessment may be done

directly by visiting the beneficiary's home or indirectly based upon information provided by the beneficiary or their designee.. When the home assessment is based upon indirectly obtained information, the supplier must, at the time of delivery, verify that the item delivered meets the requirements specified in criterion C. Issues such as the physical layout of the home, surfaces to be traversed, and obstacles must be addressed by and documented in the home assessment. Information from the beneficiary's medical record and the supplier's records must be available upon request.

Manual wheelchairs described by codes **E1161, E1231-E1234, K0005, K0008** and **K0009** are eligible for Advance Determination of Medicare Coverage (ADMC). Refer to the ADMC chapter in the Supplier Manual for details concerning the ADMC process.

The following power wheelchairs are eligible for Advance Determination of Medicare Coverage (ADMC):

1. A Group 2, 3 or 5 Single Power Option or Multiple Power Options wheelchair (**K0835-K0843, K0856-K0864, K0890-K0891**) – whether or not a power seating system will be provided at the time of initial issue.
2. A Group 3 No Power Option wheelchair (**K0848-K0855**) that will be provided with an alternative drive control interface at the time of initial issue.
3. Custom motorized/power wheelchair base (**K0013**)

Refer to the ADMC section in the Supplier Manual for details concerning the ADMC process.

If documentation of the medical necessity for a **K0005** wheelchair is requested, it must include a description of the beneficiary's routine activities. This may include the types of activities the beneficiary frequently encounters and whether the beneficiary is fully independent in the use of the wheelchair. Describe the features of the K0005 base which are needed compared to the **K0004** base.

If documentation of the medical necessity for a **K0008** wheelchair is requested, contractors must be able to determine that the item delivered is a customized item. Documentation must include a description of the beneficiary's unique physical and functional characteristics that require a customized manual wheelchair base. This must include a detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it. The record must document that the needs of the beneficiary cannot be met using another manual wheelchair base that incorporates seating modifications or other options or accessories (prefabricated and/or custom). The documentation must demonstrate that the **K0008** is so different from another wheelchair base that the two items cannot be grouped together for pricing purposes.

If documentation of the medical necessity for a **K0013** wheelchair is requested, contractors must be able to determine that the item delivered is a customized item. Documentation must include a description of the beneficiary's unique physical and functional characteristics that require a custom motorized/power wheelchair base. This must include a detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it. The record must document that the needs of the beneficiary cannot be met using another power wheelchair base that incorporates seating modifications or other options or accessories (prefabricated and/or custom). *The documentation must demonstrate that the **K0013** is so different from another power wheelchair base that the two items cannot be grouped together for pricing purposes.*

If documentation of the medical necessity for a transport chair (**E1037, E1038 and E1039**) is requested, it must include a description of why the beneficiary is unable to make use of a standard manual wheelchair (**K0001-K0005**) on their own, and provide specific information that the beneficiary has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

Repairs and Replacements

A new physician's order is not needed for repairs.

The supplier must maintain detailed records describing the need for and nature of all repairs including a detailed explanation of the justification for any component or part replaced as well as the labor time.

A physician's order and/or new Certificate of Medical Necessity (CMN), when required, is needed to reaffirm the medical necessity of the item for replacement of an item.

Mobility Devices (Non-Ambulatory) and Accessories

Table 1- Bundling Rules

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time. When multiple codes are listed in column I, all the codes in column II relate to each code in column I.

Column I	Column II
Power Operated Vehicle (K0800-K0812)	All options and accessories
Rollabout Chair (E1031)	All options and accessories
Transport Chair (E1037, E1038, E1039)	All options and accessories except E0990, K0195
Manual Wheelchair Base (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009)	E0967, E0981, E0982, E0995, E2205, E2206, E2210, E2220, E2221, E2222, E2224, E2225, E2226, K0015, K0017, K0018, K0019, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0052, K0069, K0070, K0071, K0072
Power Wheelchair Base Groups 1 and 2 (K0813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848-K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline seating systems (E1002, E1003, E1004, E1005, E1006, E1007, E1008)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009, E1010	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226

Mobility Devices (Non-Ambulatory) and Accessories

K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

CPT / HCPCS Codes

Code	Description
Power Mobility Devices	
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
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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's chair, patient weight capacity 451 to 600 pounds

Mobility Devices (Non-Ambulatory) and Accessories

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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's chair, patient weight capacity up to and including 300 pounds

Mobility Devices (Non-Ambulatory) and Accessories

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, captain's 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, captain's 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, captain's 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, captain's 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
Manual Wheelchair Bases	
E1161	Manual adult size wheelchair, includes tilt in space
E1229	Wheelchair, pediatric size, not otherwise specified
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system

Mobility Devices (Non-Ambulatory) and Accessories

E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system
K0001	Standard wheelchair
K0002	Standard hemi (low seat) wheelchair
K0003	Lightweight wheelchair
K0004	High strength, lightweight wheelchair
K0005	Ultralightweight wheelchair
K0006	Heavy-duty wheelchair
K0007	Extra heavy-duty wheelchair
K0009	Other manual wheelchair/base
Customization Options	
K0008	Custom manual wheelchair/base
K0013	Custom motorized/power wheelchair base
K0900	Customized durable medical equipment, other than wheelchair
Seat Cushions	
E2601	General use wheelchair seat cushion, width less than 22 in, any depth
E2602	General use wheelchair seat cushion, width 22 in or greater, any depth
E2603	Skin protection wheelchair seat cushion, width less than 22 in, any depth
E2604	Skin protection wheelchair seat cushion, width 22 in or greater, any depth
E2605	Positioning wheelchair seat cushion, width less than 22 in, any depth
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in, any depth
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth
E2609	Custom fabricated wheelchair seat cushion, any size
E2610	Wheelchair seat cushion, powered
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in or greater, any depth
Back Cushions	
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware

Mobility Devices (Non-Ambulatory) and Accessories

E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware
Positioning Accessories	
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
E0966	Manual wheelchair accessory, headrest extension, each
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
Arm of Chair	
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
E2209	Accessory, arm trough, with or without hand support, each
K0015	Detachable, nonadjustable height armrest, each
K0017	Detachable, adjustable height armrest, base, each
K0018	Detachable, adjustable height armrest, upper portion, each
K0019	Arm pad, each
K0020	Fixed, adjustable height armrest, pair
Footrest/Legrest	
E0951	Heel loop/holder, any type, with or without ankle strap, each
E0952	Toe loop/holder, any type, each
E0990	Wheelchair accessory, elevating legrest, complete assembly, each
E0995	Wheelchair accessory, calf rest/pad, each
E1020	Residual limb support system for wheelchair, any type
K0037	High mount flip-up footrest, each
K0038	Leg strap, each
K0039	Leg strap, H style, each
K0040	Adjustable angle footplate, each
K0041	Large size footplate, each

Mobility Devices (Non-Ambulatory) and Accessories

K0042	Standard size footplate, each
K0043	Footrest, lower extension tube, each
K0044	Footrest, upper hanger bracket, each
K0045	Footrest, complete assembly
K0046	Elevating legrest, lower extension tube, each
K0047	Elevating legrest, upper hanger bracket, each
K0050	Ratchet assembly
K0051	Cam release assembly, footrest or legrest, each
K0052	Swingaway, detachable footrests, each
K0053	Elevating footrests, articulating (telescoping), each
K0195	Elevating legrests, pair (for use with capped rental wheelchair base)
Nonstandard Seat Frame Dimensions	
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in
K0056	Seat height less than 17 in or equal to or greater than 21 in for a high-strength, lightweight, or ultralightweight wheelchair
Rear Wheels For Manual Wheelchairs	
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0967	Manual wheelchair accessory, hand rim with projections, any type, each
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each
E2206	Manual wheelchair accessory, wheel Lock assembly, complete, each
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
E2219	Manual wheelchair accessory, foam caster tire, any size, each
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each

Mobility Devices (Non-Ambulatory) and Accessories

E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
E2227	Manual wheelchair accessory, gear reduction drive wheel, each
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
K0065	Spoke protectors, each
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each
K0071	Front caster assembly, complete, with pneumatic tire, each
K0072	Front caster assembly, complete, with semipneumatic tire, each
K0073	Caster pin lock, each
K0077	Front caster assembly, complete, with solid tire, each
Batteries/Chargers	
E2358	Power wheelchair accessory, group 3-4 nonsealed lead acid battery, each
E2359	Power wheelchair accessory, group 3-4 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or nonsealed, each
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
E2397	Power wheelchair accessory, lithium-based battery, each
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
Power Seating Systems	
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction

Mobility Devices (Non-Ambulatory) and Accessories

E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair
E2300	Power wheelchair accessory, power seat elevation system
E2301	Power wheelchair accessory, power standing system
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
Power Wheelchair Drive Control Systems	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated
E2324	Power wheelchair accessory, chin cup for chin control interface
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware

Mobility Devices (Non-Ambulatory) and Accessories

E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only
E2375	Power wheelchair accessory, nonexpandable controller, including all related electronics and mounting hardware, replacement only
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue
Other Power Wheelchair Accessories	
E1016	Shock absorber for power wheelchair, each
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
E2368	Power wheelchair component, drive wheel motor, replacement only
E2369	Power wheelchair component, drive wheel gear box, replacement only
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
E2378	Power wheelchair component, actuator, replacement only
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each
K0098	Drive belt for power wheelchair
Miscellaneous Accessories	
A9270	Noncovered item or service
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code
E0705	Transfer device, any type, each

Mobility Devices (Non-Ambulatory) and Accessories

E0950	Wheelchair accessory, tray, each
E0958	Manual wheelchair accessory, one-arm drive attachment, each
E0959	Manual wheelchair accessory, adapter for amputee, each
E0971	Manual wheelchair accessory, antitipping device, each
E0974	Manual wheelchair accessory, antirollback device, each
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each
E0981	Wheelchair accessory, seat upholstery, replacement only, each
E0982	Wheelchair accessory, back upholstery, replacement only, each
E0985	Wheelchair accessory, seat lift mechanism
E0992	Manual wheelchair accessory, solid seat insert
E1014	Reclining back, addition to pediatric size wheelchair
E1015	Shock absorber for manual wheelchair, each
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
E1029	Wheelchair accessory, ventilator tray, fixed
E1030	Wheelchair accessory, ventilator tray, gimbaled
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1399	Durable medical equipment, miscellaneous
E2207	Wheelchair accessory, crutch and cane holder, each
E2208	Wheelchair accessory, cylinder tank carrier, each
E2210	Wheelchair accessory, bearings, any type, replacement only, each
E2230	Manual wheelchair accessory, manual standing system
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features
E2619	Replacement cover for wheelchair seat cushion or back cushion, each
K0105	IV hanger, each
K0108	Wheelchair component or accessory, not otherwise specified
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC

Modifiers

Code	Description
EY	No physician or other licensed health care provider order for this item or service
GA	Waiver of liability statement issued as required by payer policy, individual case

Mobility Devices (Non-Ambulatory) and Accessories

GY	Item or service statutorily excluded, does not meet the definition of any Medicare benefit or for non-Medicare insurers, is not a contract benefit
GZ	Item or service expected to be denied as not reasonable and necessary
KC	Replacement of special power wheelchair interface
KX	Requirements specified in the medical policy have been met
RB	Replacement of a part of a DME, orthotic or prosthetic item furnished as part of a repair
TW	Back-up equipment

References Included (but not limited to):

CMS NCD

NCD 280.3 Mobility Assistive Equipment (MAE)

CMS LCD(s)

Numerous LCDs

CMS Article(s)

Numerous Articles

CMS Claims Processing Manual

Chapter 20; § 100.3 Limitations on DMERC Collection of Information

CMS Transmittals

Transmittal 1239, Change Request 8158, Dated 05/21/2013 (New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment)

UnitedHealthcare Medicare Advantage Coverage Summaries

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

Durable Medical Equipment, Prosthetics, Corrective Appliances/Orthotics and Medical Supplies

Mobility Assistive Equipment (MAE)

UnitedHealthcare Reimbursement Policies

Durable Medical Equipment Charges in a Skilled Nursing Facility

KX Modifier

Mobility Assistive Equipment (NCD 280.3)

Mobility Devices (Ambulatory)

MLN Matters

Article SE1112, Power Mobility Device Face-to-Face Examination Checklist

Article SE1231, Medicare Demonstration Allows for Prior Authorization for Certain Power Mobility Devices (PMDs)

Article MM7248, Calendar Year (CY) 2011 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule

Article MM8056, Payment Related to Prior Authorization for Power Mobility Devices (PMD)

Article MM8158, New Healthcare Common Procedure Coding System (HCPCS) Codes for Customized Durable Medical Equipment

Article MM8239, Denial for Power Mobility Device (PMD) Claim from a Supplier of Durable Medical, Orthotics, Prosthetics, and Supplies (DMEPOS) When Ordered By a Non-Authorized Provider

Articld MM8304, Detailed Written Orders and Face-to-Face Encounters

Others

AAPC Cutting Edge Healthcare Business Monthly, June 2013, AAPC Website

CMS Medicare's Wheelchair and Scooter Benefit

CMS Overview of Medicare Coverage of Power Mobility Devices (PMDs):Power Wheelchairs and Power Operated Vehicles (POVs)

The Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program: Repairs and Replacements, CMS Wesbite

Mobility Devices (Non-Ambulatory) and Accessories

Medicare Secondary Payer (MSP) Manual; Chapter 3 MSP Provider, Physician, and Other Supplier Billing Requirements

Power Mobility Devices (PMDs): Complying with Documentation & Coverage Requirements Fact Sheet, CMS Website

History

Date	Revisions
01/22/2014	Re-review presented to MRPC for approval
10/18/2013	Updated policy title
08/14/2013	Re-review presented to MRPC for approval
04/12/2012	New codes effective 07/01/2013: K0008, K0013, K0900 (Customization codes and narrative added)
02/09/2012	Will add Ambulatory Mobility Device & Accessories content to policy-will be presented at 08/28 MPRC
12/14/2011	Add the following codes: K0010, K0011, K0012, K0014, K0843, and K0899
10/06/2011	Removed non-covered status effective 02/02/2012 as this is contractor discretion for the following codes: E0983, E0984, E1030, K0830, and K0831
09/28/2011	Updated non-covered status of the following codes: E2230,E2300, E2301, E2360, E2362, E2364, E2367, E2372, E2610, K0806, K0807, K0808, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886

