Medicare Power Wheelchair Codes

Basic Power Mobility Device (PMD) Coverage Criteria

Patient has mobility limitation that significantly impairs MRADL abilities –
- Prevents ability to accomplish
- Can’t accomplish safely
- Can’t accomplish in reasonable time
- Limitation not resolved by cane or walker
- Limitation not resolved by optimally configured manual wheelchair

All Power Operated Vehicles (POV)

Patient meets basic PMD coverage criteria and:
- Patient able to:
  - Transfer to/from POV
  - Operate tiller system
  - Maintain postural stability while operating POV in home
  - Home is accessible to POV
  - Patient weight is within limit of device.
  - Patient is willing to use

All Power Wheelchairs (PWC)

Patient meets basic PMD coverage criteria and:
- Patient does not meet coverage criteria for POV
- Patient or caregiver has ability to operate PWC
- Home is accessible to PWC
- Patient weight is within limit of device
- PWC significantly improves MRADL participation
- Patient is willing to use

Power Wheelchair Categories

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<th>Weight Capacity</th>
<th>Seating System/Power Options</th>
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<td>Group 1: K0813 – K0816</td>
<td>Standard: &lt; 300 lbs.</td>
<td>Captains seat</td>
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<td>Heavy Duty: 301–450 lbs.</td>
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<td>Group 3: K0848 – K0864</td>
<td>Very Heavy Duty: 450-600 lbs.</td>
<td>Single power option</td>
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<td>Group 4: K0868 – K0886</td>
<td>Extra Heavy Duty: &gt; 601 lbs.</td>
<td>Multi-power option</td>
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Power Wheelchair Group 1

Coverage Criteria
- Patient meets basic PMD coverage criteria and
- Patient meets additional criteria for PWC

Power Wheelchair Group 2—Captains Seat

Coverage Criteria
- Patient meets basic PMD coverage criteria and
- Patient meets additional criteria for PWC

Power Wheelchair Group 2—Rehab Seat

Coverage Criteria
- Patient meets Group 2 criteria and
- Patient meets coverage criteria for pressure relief and/or positioning cushion:
  **For Pressure Relief:** Current pressure ulcer (707.03, 707.04, 707.05) or past history of a pressure ulcer (707.03, 707.04, 707.05) on the area of contact with the seating surface or absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia (344.00-344.1), other spinal cord disease (336.0-336.3), multiple sclerosis (340), other demyelinating disease (341.0-341.9), cerebral palsy (343.0-343.9), anterior horn cell diseases including amyotrophic lateral sclerosis (335.0-335.21, 335.23-335.9), post polio paralysis (138), traumatic brain injury resulting in quadriplegia (344.09), spina bifida (741.00-741.93), childhood cerebral degeneration (330.0-330.9), alzheimer's disease (331.0), Parkinson's disease (332.0)
  **For Positioning:** The patient has any significant postural asymmetries that are due to one of the diagnoses listed in criterion 2b above or to one of the following diagnoses: monoplegia of the lower limb (344.30-344.32, 438.40-438.42) or hemiplegia (342.00-342.92, 438.20-438.22) due to stroke, traumatic brain injury, or other etiology, muscular dystrophy (359.0, 359.1), torsion dystonias (333.4, 333.6, 333.71), spinocerebellar disease (334.0-334.9)

Power Wheelchair Group 2—Single Power Option

Patient meets Group 2 criteria and
- Patient requires an alternate drive control interface or
- Patient meets coverage criteria for a power tilt or a power recline seating system and
- Evaluation performed by PT, OT, Physician with specific training/experience in rehabilitation wheelchair evaluations

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## Medicare Power Wheelchair Codes

### Power Wheelchair Group 2 multiple power option—K0841 $4551.50
**Coverage Criteria**
- Patient meets Group 2 criteria and
- Patient uses a ventilator which is mounted on the wheelchair or
- Patient meets coverage criteria for 2 power seating systems and
- Evaluation performed by PT, OT, Physician with specific training/ experience in rehabilitation wheelchair evaluations

### Power Wheelchair Group 3—K0848 $5173.10
**Coverage Criteria**
- Patient meets basic coverage criteria PMD and
- Patient meets additional criteria for PWC
- Patient limitation due to neurologic, myopathic or congenital skeletal abnormality and evaluation performed by PT, OT, Physician with specific training/ experience in rehabilitation wheelchair evaluations

### Power Wheelchair Group 3 Single Power Option—K0856 $5561.30
**Coverage Criteria**
- Patient meets Group 3 criteria and
- Patient requires an alternate drive control interface or
- Patient meets coverage criteria for a power tilt or a power recline seating system and
- Evaluation performed by PT, OT, Physician with specific training/ experience in rehabilitation wheelchair evaluations

### Power Wheelchair Group 3 Multiple Power Option—K0861 $5570.10
**Coverage Criteria**
- Patient meets Group 3 criteria and
- Patient uses a ventilator which is mounted on the wheelchair; or
- Patient meets coverage criteria for 2 power seating systems and
- Evaluation performed by PT, OT, Physician with specific training and experience in rehabilitation wheelchair evaluations

### Power Wheelchair Group 4—No Set Allowable
**Coverage Criteria**
Medicare considers Group 4 devices to have additional capabilities that are not necessary for use within the home (e.g. speed 6mph, curb climb 75mm, range 16miles/charge... ) Group 4 products billed to Medicare – standard (captain’s and sling/rehab seat), single power option, multi-power option and all weight ranges) will be down coded to either Group 2 or Group 3, depending on which Group 2 or Group 3 coverage criteria are met.

### Power Wheelchair Group 5
**Coverage Criteria**
- Patient meets basic coverage criteria and
- Patient is expected to grow; and weight ≤125 lbs.
- Evaluation performed by PT, OT, Physician with specific training/ experience in rehabilitation wheelchair evaluations

### Power Wheelchair Group 5 single power option
**Coverage Criteria**
- Patient meets Group 5 and
- Patient requires an alternate drive control interface or
- Patient meets coverage criteria for a power tilt or a power recline seating system and
- Evaluation performed by PT, OT, Physician with specific training/ experience in rehabilitation wheelchair evaluations

### Power Wheelchair Group 5 multiple power option
**Coverage Criteria**
- Patient meets Group 5 criteria and
- Patient uses a ventilator which is mounted on the wheelchair; or
- Patient meets coverage criteria for 2 power seating systems and
- Evaluation performed by PT, OT, Physician with specific training and experience in rehabilitation wheelchair evaluations
Code allowances include all related electronics

E2399 (Will become 2377 in Jan 1, 2007) Not otherwise classified interface, including all related electronics and any type mounting. This is used for the Group 2 SPO/MPO, Group 3, Group 4 – in particular MPO, to cover the step to expandable controls. This can be used multiple times on one chair as it also covers non-standard specialty hand controls. For example, step 1 – 2399 for expandable control, step2 – 2399 for non-proportional kit, then add the below code for the specialty input

E2321 Hand control interface, remote joystick, non-proportional, includes mechanical stop switch – the joystick itself is separate from the controller. Includes remote joysticks used for hand control and those used for chin control

E2322 Hand control interface, multiple mechanical switches, non-proportional, includes mechanical stop switch and direction control switch - a system of 3–5 switches that are activated by the patient touching the switch. Switches are direction specific.

E2323 Specialty joystick handle for hand control interface - prefabricated U or T shape or those that have another nonstandard feature (flexible shaft).

E2324 Chin cup - for chin control interface: separately billable at initial prescription

E2325 Sip and puff interface, non-proportional and manual swing-away mounting hardware, includes mechanical stop switch: non-proportional interface in which users hold a tube in their mouth and control the wheelchair by sucking in (sip) or blowing out (puff).

E2326 Breath tube kit for sip and puff interface – separately billable at initial prescription

E2327 Head control interface, mechanical, proportional, includes mechanical direction change switch, and fixed mounting hardware: head control in which a headrest is attached to a joystick-like device. The direction and amount of movement of the user's head pressing on the headrest control the direction and speed of the wheelchair.

E2328 Head control or extremity control interface, electronic, proportional, includes fixed mounting hardware: a head control in which a user's head movements are sensed by a box placed behind the user's head. The direction and amount of movement of the user's head (which does not come in contact with the box) control the direction and speed of the wheelchair.

E2329 Head control interface, contact switch mechanism, non-proportional, includes mechanical stop switch, mechanical direction change switch and fixed mounting hardware: head control in which a user activates one of three mechanical switches placed around the back and sides of the head by pressing the head against the switch. The switch that is selected determines the direction of the wheelchair.

E2330 Head control interface, proximity switch mechanism, non-proportional, includes mechanical stop switch, mechanical direction change switch, and fixed mounting hardware: head control in which a user activates one of three switches by moving the head toward the switch without actually touching the switch. The selected switch determines the direction of the wheelchair.

E2331 Attendant control, proportional, includes fixed mounting hardware: interface allows a caregiver to drive the wheelchair instead of the user - limited to proportional control devices, usually a joystick

E2351 Electronic interface – an electronic interface that allows a speech-generating device to be operated by the wheelchair control interface. This is covered if the user has a covered speech-generating device.

E2310 One actuator control through driver control – can be added to any powered seating chair to allow consumer to operate a single actuator through their input

E2311 2 or More actuators controlled through driver control - can be added to any powered seating chair to allow consumer to operate a single actuator through their input

Interfaces described by codes E2320-E2322, E2325, and E2327-E2330 must have programmable control parameters for speed adjustment, tremor dampening, acceleration control, and braking.