

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

Code Groupings

Group 1: K0813 – K0816
Group 2: K0820 – K0843
Group 3: K0848 – K0864
Group 4: K0868 – K0886

Weight Capacity

Standard: < 300 lbs.
Heavy Duty: 301–450 ls.
Very Heavy Duty: 450-600 lbs.
Extra Heavy Duty: > 601 lbs.

Seating System/Power Options

Captains seat
Rehab seat
Single power option
Multi-power option

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

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/chrge...) 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

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, step 2 – 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.