

Motorized/Power Wheelchair Bases

Tricenturion

Contractor Information	
Contractor Name	Tricenturion
Contractor Number	77011
Contractor Type	DMERC
LMRP Information	
LMRP Database ID Number	L11466
LMRP Version Number	4
LMRP Title	Motorized/Power Wheelchair Bases
Contractor's Policy Number	WCB20030401
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CMS National Coverage Policy	Coverage Issues Manual 60-6, 60-9
Primary Geographic Jurisdiction	CT DE MA ME NH NJ NY PA RI VT
Oversight Region	Region III
CMS Consortium	Northeast
DMERC Region LMRP Covers	Region A
Original Policy Effective Date	For claims received on or after 10/01/1993
Original Policy Ending Date	
Revision Effective Date	For services performed on or after 04/01/2003
Revision Ending Date	
LMRP Description	Motorized/Power Wheelchair Bases
Indications and Limitations of Coverage and/or Medical Necessity	<p>COVERAGE AND PAYMENT RULES:</p> <p>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 medical policy, the criteria for "reasonable and necessary" are defined by the following indications</p>

	<p>and limitations of coverage and/or medical necessity.</p> <p>For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.</p> <p>A power wheelchair is covered when all of the following criteria are met:</p> <ol style="list-style-type: none"> 1) The patient's condition is such that without the use of a wheelchair the patient would otherwise be bed or chair confined, and; 2) The patient's condition is such that a wheelchair is medically necessary and the patient is unable to operate a wheelchair manually and; 3) The patient is capable of safely operating the controls for the power wheelchair. <p>A patient who requires a power wheelchair usually is totally nonambulatory and has severe weakness of the upper extremities due to a neurologic or muscular disease/condition.</p> <p>If the documentation does not support the medical necessity of a power wheelchair but does support the medical necessity of a manual wheelchair, payment is based on the allowance for the least costly medically appropriate alternative. However, if the power wheelchair has been purchased, and the manual wheelchair on which payment is based is in the capped rental category, the power wheelchair will be denied as not medically necessary.</p> <p>Options that are beneficial primarily in allowing the patient to perform leisure or recreational activities are noncovered.</p> <p>If the length of need for a power wheelchair is 6 months or less, only rental will be covered. In this situation, purchase will be denied as not medically necessary.</p> <p>Payment is made for only one wheelchair at a time. Backup chairs are denied as not medically necessary. One month's rental of a wheelchair is covered if a patient-owned wheelchair is being repaired.</p> <p>Reimbursement for the wheelchair codes includes all labor charges involved in the assembly of the wheelchair and all covered additions or modifications. Reimbursement also includes support services, such as emergency services, delivery, set-up, education, and on-going assistance with use of the wheelchair.</p>
CPT/HCPCS Section	Durable Medical Equipment Regional DMERCs-Wheelchairs
Benefit Category	Durable Medical Equipment
Coverage Topic	Durable Medical Equipment Wheelchairs
Coding Information	
CPT/HCPCS Codes	The appearance of a code in this section does not necessarily indicate coverage.

	<p>HCPCS MODIFIERS:</p> <p>EY – No physician or other licensed health care provider order for this item or service</p> <p>K0010 STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR</p> <p>K0011 STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING</p> <p>K0012 LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR</p> <p>K0014 OTHER MOTORIZED/POWER WHEELCHAIR BASE</p> <p>K0460 POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL</p>
Not Otherwise Classified (NOC)	
ICD-9 Codes that Support Medical Necessity	Not specified.
Diagnoses that Support Medical Necessity	Not specified.
ICD-9 Codes that DO NOT Support Medical Necessity	Not specified.
Non-Medical Necessity ICD-9 Codes Asterisk Explanation	
Diagnoses that DO NOT Support Medical Necessity	Not specified.
Reasons for Denials	Items listed in this policy will be denied as not medically necessary when provided for conditions other than those listed in the "Indications and Limitations of Coverage and/or Medical Necessity" section unless it specifically states in that section that they will be denied as noncovered.
Non-covered ICD-9 Codes	
Non-covered Diagnoses	Not specified.
Coding Guidelines	<p>Motorized/power wheelchairs (K0010, K0011, K0012) are characterized by:</p> <p>Seat Width: 14" - 18"</p> <p>Seat Depth: 16"</p> <p>Seat Height: greater than or equal to 19 and less than or equal to 21"</p> <p>Back Height: Sectional 16" or 18"</p> <p>Arm Style: Fixed height, detachable</p> <p>Footplate Extension: 16" - 21"</p> <p>Footrests: Fixed or swingaway detachable</p> <p>In addition, a lightweight power wheelchair (K0012) is characterized by:</p>

Weight less than 80 lbs. without battery
 Folding back or collapsible frame

Wheelchair "poundage" (lbs.) represents the weight of the usual configuration of the wheelchair without frontriggings.

Wheelchairs with individualized features which meet the needs of a particular patient 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 patient, bill the code for the wheelchair base and bill the modification with code K0108 (wheelchair component or accessory, not otherwise specified).

Codes K0010 - K0014 are not used for manual wheelchairs with add-on power packs. Use the appropriate code for the manual wheelchair base provided (K0001 - K0009) and code K0460.

Codes E1210 - E1220 should only be used to bill for maintenance and service for an item for which the initial claim was paid to the local carrier prior to the transition to the DMERC.

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

General Information

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" (42 U.S.C. section 13951(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient'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 to the DMERC upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

A Certificate of Medical Necessity (CMN), which has been completed, signed, and dated by the treating physician, must be kept on file by the supplier and made available to the DMERC on request. The CMN for power wheelchairs is HCFA Form 843. This applies to the power add-on code K0460 as well as to the power wheelchair bases K0010-K0014. The initial claim must include a copy of the CMN.

Power wheelchairs described by codes K0011 and K0014 are eligible for Advance Determination of Medicare Coverage (ADMC) only when a power tilt and/or power recline seating system or a non-joystick control device (e.g., head control, sip and puff, switch control) is ordered. Refer to the ADMC section in the Supplier Manual for details concerning the ADMC process.

When billing K0014, the claim must include documentation indicating the brand name and model name/number of the base, and a statement documenting the medical necessity of this base for the particular patient including why another base (K0010-K0012) was not acceptable.

	<p>Accessories to the wheelchair base should be billed on the same claim. If additional claim forms are needed, charges should be carried over and the total should be entered on the last page.</p> <p>Refer to the Supplier Manual for more information on documentation requirements.</p>
Appendices	
Footnotes	
Utilization Guidelines	Refer to Indications and Limitations of Coverage and/or Medical Necessity.
Other Comments	
Sources of Information and Basis for Decision	Reserved for future use.
Advisory Committee Meeting Notes	
Start Date of Comment Period	04/16/1993
End Date of Comment Period	05/31/1993
Start Date of Notice Period	08/01/1993
Revision History Number	WCB002
Revision History Explanation	<p>Revision effective date: 04/01/2003 HCPCS CODES AND MODIFIERS: Added: EY INDICATIONS AND LIMITATIONS OF COVERAGE: Adds standard language concerning coverage of items without an order. Revises the statement concerning coverage if the length of need is 6 months or less. CODING GUIDELINES: Moves Definitions section to this section. DOCUMENTATION REQUIREMENTS: Adds standard language concerning use of EY modifier for items without an order. Revises standard language concerning use of a CMN.</p> <p>The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.</p> <p>01/01/2002 - The revisions include changes in codes, coverage and payment rules, coding guidelines, and documentation requirements, including Advance Determination of Medicare Coverage (ADMC), which have occurred since the policies were last published.</p> <p>06/01/1997 – Revised Coverage and Payment Rules and Coding Guidelines sections.</p> <p>12/01/1993 – Corrected HAO to HA0 in the Documentation section.</p>
Disclaimer Specialty Name	
LMP Attachments	WCB CMN 843 CMN Continuation Form