

## LCD for Motorized/Power Wheelchair Bases (L11466)

### Contractor Information

<b>Contractor Name</b>	<a href="#">Tricenturion</a>
<b>Contractor Number</b>	77011
<b>Contractor Type</b>	DMERC

### LCD Information

<b>LCD Database ID Number</b>	L11466
<b>LCD Title</b>	Motorized/Power Wheelchair Bases
<b>Contractor's Determination Number</b>	WCB20050401
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<b>CMS National Coverage Policy</b>	CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Sections 280.1, 280.3
<b>Primary Geographic Jurisdiction</b>	CT DE MA ME NH NJ NY PA RI VT
<b>Oversight Region</b>	Region III
<b>CMS Consortium</b>	Northeast
<b>DMERC Region LCD Covers</b>	Region A

**Original Determination Effective Date** For services performed on or after 10/01/1993

**Original Determination Ending Date**

**Revision Effective Date** For services performed on or after 04/01/2005

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

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 and limitations of coverage and/or medical necessity.

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.

A power wheelchair is covered when all of the following criteria are met:

- 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.

A patient who requires a power wheelchair usually is totally nonambulatory and has severe weakness of the upper extremities due to a neurologic, muscular, or cardiopulmonary disease/condition.

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.

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.

**Coverage Topic**

Durable Medical Equipment  
Wheelchairs

**Coding Information****Type of Bill Code****Revenue Codes****CPT/HCPCS Codes**

**The appearance of a code in this section does not necessarily indicate coverage.**

**HCPCS MODIFIERS:**

**EY – No physician or other licensed health care provider order for this item or service**

**HCPCS CODES:**

E0983 MANUAL WHEELCHAIR ACCESSORY, POWER ADD-ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK CONTROL

E1239 POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED

K0010 STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR

K0011 STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROGRAMMABLE CONTROL PARAMETERS FOR SPEED ADJUSTMENT, TREMOR DAMPENING, ACCELERATION CONTROL AND BRAKING

K0012 LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR

K0014 OTHER MOTORIZED/POWER WHEELCHAIR BASE

**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.**

**ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

**Diagnoses that DO NOT Support Medical Necessity**

**Not specified.**

### **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 CMS Form 843. This applies to the power add-on code E0983 as well as to the power wheelchair bases E1239 and 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.

When billing E1239, the claim must include the manufacturer and product name/ number of the wheelchair that was provided.

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.

Refer to the Supplier Manual for more information on documentation requirements.

## Appendices

### Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

### 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

WCB005

#### Revision History Explanation

Revision effective date: 04/01/2005  
LMRP converted to LCD and Policy Article  
HCPCS CODES AND MODIFIERS:  
Added: E1239  
DOCUMENTATION REQUIREMENTS:  
Specified that E1239 requires a CMN and product information

Revision effective date: 04/01/2004  
HCPCS CODES AND MODIFIERS:  
Added: E0983  
Discontinued: K0460  
CODING GUIDELINES: Revises definition of codes K0010, K0011, and K0012, especially seat width and depth.  
Adds definition of code K0014.  
Substitutes code E0983 for K0460.  
DOCUMENTATION REQUIREMENTS:  
Substitutes code E0983 for K0460.

Revision effective date: 10/01/2003  
INDICATIONS AND LIMITATIONS OF COVERAGE:

Deleted statement requiring rental if length of need is less than 6 months.

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.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

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.

06/01/1997 – Revised Coverage and Payment Rules and Coding Guidelines sections.

12/01/1993 – Corrected HAO to HA0 in the Documentation section.

**Last Reviewed On**

**Related Documents**

**Article(s)**

[A25312 - Motorized/Power Wheelchair Bases - Policy Article - Effective April 2005](#)

**LCD Attachments**

[WCB CMN 843](#) (69,144 bytes)

[CMN Continuation Form](#) (22,901 bytes)

**Article for Motorized/Power Wheelchair Bases - Policy Article - Effective April 2005 (A25312)**

**Contractor Information**

<b>Contractor Name</b>	<a href="#">Tricenturion</a>
<b>Contractor Number</b>	77011
<b>Contractor Type</b>	DMERC

**Article Information**

<b>Article Database ID Number</b>	A25312
<b>Article Type</b>	Article
<b>Key Article</b>	Yes
<b>Article Title</b>	Motorized/Power Wheelchair Bases - Policy Article - Effective April 2005
<b>Primary Geographic Jurisdiction</b>	CT DE MA ME NH NJ NY PA RI VT
<b>DMERC Region Article Covers</b>	Region A
<b>Original Article Effective Date</b>	04/01/2005
<b>Article Revision Effective Date</b>	

**Article Text NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

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.

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

**CODING GUIDELINES**

Motorized/power wheelchair bases K0010, K0011, K0012, and K0014 are characterized by a seat width and a seat depth of 15" or greater.

In addition, a lightweight power wheelchair (K0012) is characterized by:

Weight less than 80 lbs. with back and seat but without frontriggings or battery  
Folding back or collapsible frame

Code K0014 is used for a power wheelchair base if it has a patient weight capacity of greater than or equal to 350 pounds and has programmable controls.

A power wheelchair with a seat width or depth of 14" or less is considered a pediatric power wheelchair base and is coded E1239.

The following features are included in the allowance for K0010-K0012 and K0014 power wheelchair bases:

Seat Width: 15"-19"

Seat Depth: 15"-19"

Arm Style: Fixed, swingaway, or detachable; fixed height

Footrests: Fixed, swingaway, or detachable

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 E0983.

Codes E1210 - E1220 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 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.

**Coverage Topic** Durable Medical Equipment  
Wheelchairs

### Coding Information

**No Coding Information has been entered in this section of the article.**

### Other Information

#### Revision History Explanation

Effective date: 04/01/2005  
LMRP converted to LCD and Policy Article  
CODING GUIDELINES:  
Revised definition of code K0014 to exclude pediatric wheelchairs  
Added a definition for E1239

#### Related Documents

**LCD(s)**  
[L11466 - Motorized/Power Wheelchair Bases](#)