

# Power Operated Vehicles

## Tricenturion

Contractor Information	
Contractor Name	Tricenturion
Contractor Number	77011
Contractor Type	DMERC
LMRP Information	
LMRP Database ID Number	L11469
LMRP Version Number	5
LMRP Title	Power Operated Vehicles
Contractor's Policy Number	POV20030401
AMA CPT Copyright Statement	CPT codes, descriptions and other data only are copyright 2002 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply.
CMS National Coverage Policy	Coverage Issues Manual 60-5, 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	Power Operated Vehicles
Indications and Limitations of Coverage and/or Medical Necessity	<p><b>COVERAGE AND PAYMENT RULES:</b></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>

and limitations of coverage and/or medical necessity.

For an item addressed in this policy 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 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.

A power operated vehicle (POV) 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 not be able to move around in their residence; and

2) The patient is unable to operate a manual wheelchair; and

3) The patient is capable of safely operating the controls for the POV; and

4) The patient can transfer safely in and out of the POV and has adequate trunk stability to be able to safely ride in the POV; and

5) It is ordered by a physician who is one of the following specialties: Physical Medicine, Orthopedic Surgery, Neurology, or Rheumatology. Exceptions: When such a specialist is not reasonably accessible (e.g., more than one day's round trip from the beneficiary's home or the patient's condition precludes such travel), an order from the beneficiary's physician may be acceptable.

A POV will be denied as not medically necessary when it is needed only for use outside the home. A POV that is beneficial primarily in allowing the patient to perform leisure or recreational activities will be denied as not medically necessary.

If a POV is covered, a wheelchair provided at the same time or subsequently will usually be denied as not medically necessary.

Vehicles that because of their size and/or other features are generally intended for use outdoors will be denied as noncovered.

The Medicare allowance for a 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, including but not limited to batteries, are covered.

**CPT/HCPCS Section**

Durable Medical Equipment  
Durable Medical Equipment Regional DMERCs

**Benefit Category**

Durable Medical Equipment

**Coverage Topic**

Durable Medical Equipment  
Wheelchairs

<b>Coding Information</b>	
<b>CPT/HCPCS Codes</b>	<p>The appearance of a code in this section does not necessarily indicate coverage.</p> <p>HCPCS MODIFIERS:</p> <p>EY – No physician or other licensed health care provider order for this item or service</p> <p>E1230 POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER</p> <p>K0461 POWER ADD-ON, TO CONVERT MANUAL WHEELCHAIR TO POWER OPERATED VEHICLE, TILLER CONTROL</p>
<b>Not Otherwise Classified (NOC)</b>	
<b>ICD-9 Codes that Support Medical Necessity</b>	Not specified.
<b>Diagnoses that Support Medical Necessity</b>	Not specified.
<b>ICD-9 Codes that DO NOT Support Medical Necessity</b>	Not specified.
<b>Non-Medical Necessity ICD-9 Codes Asterisk Explanation</b>	
<b>Diagnoses that DO NOT Support Medical Necessity</b>	Not specified.
<b>Reasons for Denials</b>	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.
<b>Non-covered ICD-9 Codes</b>	
<b>Non-covered Diagnoses</b>	Not specified.
<b>Coding Guidelines</b>	<p>If an option or accessory provided at the time of initial issue is billed separately, it must be coded A9900 (miscellaneous DME supply, accessory, and/or service component of another HCPCS code).</p> <p>A replacement item, including but not limited to replacement batteries, should be billed using the specific wheelchair option or accessory code if one exists. (Refer to the Wheelchairs Options &amp; Accessories medical policy.) If a specific code does not exist, use code K0108 (wheelchair component or accessory, not otherwise specified).</p> <p>Code E1230 should be used only for POVs that can be operated inside the home. Code A9270 (noncovered item or service) should be used for vehicles that cannot be operated inside the home.</p>

	<p>Code E1230 is not used for a manual wheelchair with an add-on tiller control power pack. Use the appropriate code for the manual wheelchair base provided (K0001-K0009) and code K0461.</p> <p>Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.</p>
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**General Information**

<p><b>Documentation Requirements</b></p>	<p>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.</p> <p>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 delivered before a signed written order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.</p> <p>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 POVs is HCFA Form 850. This applies to the power add-on code K0461 as well as to code E1230. The CMN may act as a substitute for a written order if it contains all the required elements of an order. The initial claim must include a copy of the CMN.</p> <p>When the ordering physician is not a specialist in Physical Medicine, Orthopedic Surgery, Neurology, or Rheumatology, additional documentation must be submitted with the claim which describes the reasons for not seeing one of these specialists.</p> <p>Refer to the Supplier Manual for more information on documentation requirements.</p>
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<p><b>Appendices</b></p>	
<p><b>Footnotes</b></p>	
<p><b>Utilization Guidelines</b></p>	<p>Refer to Indications and Limitations of Coverage and/or Medical Necessity.</p>
<p><b>Other Comments</b></p>	
<p><b>Sources of Information and Basis for Decision</b></p>	<p>Reserved for future use.</p>
<p><b>Advisory Committee Meeting Notes</b></p>	
<p><b>Start Date of Comment Period</b></p>	<p>04/16/1993</p>
<p><b>End Date of Comment Period</b></p>	<p>05/31/1993</p>
<p><b>Start Date of Notice Period</b></p>	<p>08/01/1993</p>

<b>Revision History Number</b>	POV002
<b>Revision History Explanation</b>	<p>Revision effective date: 04/01/2003</p> <p>HCPCS CODES AND MODIFIERS: Added: EY</p> <p>INDICATIONS AND LIMITATIONS OF COVERAGE: Adds standard language concerning coverage of items without an order.</p> <p>DOCUMENTATION REQUIREMENTS: Adds standard language concerning use of EY modifier for items without an order. Revises standard language concerning use of CMNs.</p> <p>The revision date listed below is the date the revision was published and not necessarily the effective date for the revision.</p> <p>01/01/2002 - The revisions include changes in codes, coverage and payment rules, coding guidelines, and documentation requirements, which have occurred since the policy was last published.</p>
<b>Disclaimer Specialty Name</b>	
<b>LMRP Attachments</b>	<a href="#">POV CMN 850</a>

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