

Policy References: [Local Coverage Determination Power Mobility Devices \(L33789\)](#) and [Policy Article \(A52498\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(PA\) A55426](#)

Group 1 and Group 2 No Power Option Wheelchairs (K0813 – K0829)

- [Standard Written Order \(SWO\)](#)
- [Face-to-Face \(F2F\)](#)
- If the report of a licensed/certified medical professional (LCMP) examination is to be considered as part of the F2F, there must be:
 - Physician concurrence or disagreement with the LCMP examination
- [Beneficiary Authorization](#)
- [Proof of Delivery \(POD\)](#)
- [Continued Need](#)
- [Continued Use](#)
- Attestation Statement
- Home Assessment
- Medical records from treating practitioner as noted below

Medical records should contain:

- Criterion A is met
- Criterion B is met
- Criterion C is met
- Beneficiary **does not** meet coverage criteria D, E, or F for a POV
- Either Criterion J or K is met
- Criterion L is met
- Criterion M is met
- Criterion N is met
- Criterion O is met

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