

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

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

Group 3 No Power Options K0848 – K0855

[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

Specialty Assessment

Performed by an LCMP with specific training/experience in rehabilitation wheelchair evaluations

Provides detailed information explaining the need for each specific option or accessory

Done in addition to the F2F requirement

[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

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- Criterion L is met
- Criterion M is met
- Criterion N is met
- Criterion O is met
- Beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity