

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

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

Group 3 Single Power Options (K0856 – K0860) and Multiple Power Options (K0861 – K0864)

[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; **and**
- Power option criteria are met.
 - Single power (K0856 – K0860)
 - Beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick; **or**
 - Beneficiary meets coverage criteria for a power tilt or a power recline system and the system is being used on the wheelchair; **and**
 - Beneficiary had a specialty evaluation, as described above; **and**
 - Wheelchair is provided by a supplier employing a RESNA-certified ATP specializing in wheelchairs who has direct, in-person involvement with wheelchair selection for the beneficiary
 - Multiple power (K0861 – K0864)
 - Beneficiary meets coverage criteria for a power tilt and power recline system and the system is being used on the wheelchair; **or**
 - Beneficiary uses a wheelchair mounted ventilator; **and**
 - Beneficiary had a specialty evaluation, as described above; **and**
 - Wheelchair is provided by a supplier employing a RESNA-certified ATP specializing in wheelchairs who has direct, in-person involvement with wheelchair selection for the beneficiary