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

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.
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.

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.