

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

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

Custom Power Wheelchairs (PWC) K0013

- [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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- The specific configurational needs of the beneficiary are not able to be met using wheelchair cushions or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.
 - Description of the beneficiary's unique physical and functional characteristics that require a custom motorized/power wheelchair base; **and**
 - Detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it; **and**
 - Documentation demonstrating that the K0013 is so different from another power wheelchair base that the two items cannot be grouped together for pricing purposes.