

DOCUMENTATION CHECKLIST FOR GROUP 1, 2, AND 3 NO POWER OPTION AND CUSTOM POWER WHEELCHAIRS (PWCS)

Policy References:

- [Local Coverage Determination \(LCD\) \(L33789\)](#)
- [Policy Article \(A52498\)](#)

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

The supplier must be able to provide all of these items on request:

[Face-to-Face and Written Order Prior to Delivery \(WOPD\)](#)

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

[Prior Authorization - Specific HCPCS Codes \(CMS Required Prior Authorization List\)](#)

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Attestation Statement

Home Assessment

Medical records from treating practitioner as noted below

Group 1 or 2 No Power Option is covered if:

Criteria A - C are met; **and**

Beneficiary **does not** meet D, E, or F for a Power Operated Vehicle; **and**

Either J **or** K is met; **and**

Criteria L - O is met.

A. The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:

Prevents the beneficiary from accomplishing an MRADL entirely, **or**

Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; **or**

Prevents the beneficiary from completing an MRADL within a reasonable time frame.

B. The beneficiary's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.

C. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.

Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.

An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

D. The beneficiary is able to:

Safely transfer to and from a POV, **and**

Operate the tiller steering system, **and**

Maintain postural stability and position while operating the POV in the home.

E. The beneficiary's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.

F. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.

J. The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided; **or**

K. If the beneficiary is unable to safely operate the power wheelchair, the beneficiary has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; **and**

L. The beneficiary's weight is less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC – i.e., a Heavy Duty PWC is covered for a beneficiary weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a beneficiary weighing 428 – 600 pounds; an Extra Heavy Duty PWC is covered for a beneficiary weighing 570 pounds or more; **and**

M. The beneficiary's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; **and**

N. Use of a power wheelchair will significantly improve the beneficiary's ability to participate in MRADLs and the beneficiary will use it in the home. For beneficiaries with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver; **and**

O. The beneficiary has not expressed an unwillingness to use a power wheelchair in the home.

Group 3 No Power Option is covered if:

All criteria above (A - O) are met; **and**

Beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity

Custom PWC is covered if:

All criteria above (A - O) are met; **and**

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.