Group 2 Single Power Option PWCs (K0835 – K0840) and
Group 2 Multiple Power Option PWCs (K0841 – K0843)

REQUIRED DOCUMENTATION

HCPCS CODES K0835 – K0840 and K0841 – K0843

☐ 7-Element Order:
  ☐ Personally completed (handwritten or electronic) by the physician/practitioner who
    completed the face-to-face requirements
  ☐ Contains ALL of the following elements:
    ☐ Beneficiary’s name
    ☐ Description of the item (may be general – e.g., “power mobility device” or may
      be more specific)
    ☐ Date of completion of the face-to-face examination
    ☐ Pertinent diagnoses/conditions that relate to the need for the power mobility device
    ☐ Length of need
    ☐ Prescribing physician/practitioner’s signature
    ☐ The date the prescription was written
  ☐ Was received after completion of the face-to-face evaluation
  ☐ A date stamp or equivalent documents the date the order was received from the physician
  ☐ The order was received within 45 days after completion of the face-to-face exam (or 45
days after discharge if the examination was performed during a hospital or nursing home
stay) and prior to delivering the wheelchair to the beneficiary
  ☐ Physician’s signature meets CMS Signature Requirements (https://www.cms.gov/
    Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/
    downloads/MM6698.pdf) for a legible identifier

☐ Detailed Product Description
  ☐ Specifies order date
  ☐ Includes a separate listing for the base and each option/accessory that is billed
  ☐ Has sufficient detail (narrative description or brand name & model number) to verify
    correct coding
  ☐ Signed and dated by physician
  ☐ A date stamp or equivalent documents supplier’s receipt date
  ☐ Physician’s signature meets CMS Signature Requirements (https://www.cms.gov/
    Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/
    downloads/MM6698.pdf) for a legible identifier

☐ Delivery Documentation
  ☐ Beneficiary’s name
  ☐ Delivery Address
  ☐ Quantity delivered
  ☐ A description of the item(s) being delivered. The description can be either a narrative
    description (e.g., lightweight wheelchair base), a HCPCS code, the long description
    of a HCPCS code, or a brand name/model number.
  ☐ Signature of person accepting delivery
☐ Relationship to beneficiary
☐ Delivery date

☐ On-site Home Assessment
☐ Includes information about the home's physical layout, doorway widths, doorway thresholds, and floor surfaces
☐ Rules out that the beneficiary has adequate access between rooms, maneuvering space and surfaces for the operation of a POV
☐ Verifies that the beneficiary is able to use the wheelchair ordered to assist with MRADLs in the home
☐ If the report notes that the beneficiary cannot access certain rooms necessary to accomplish their MRADLs with the wheelchair, there is an explanation of how that will be mitigated so the beneficiary can complete MRADLs
☐ Date verifies that the home assessment occurred on or before the date the wheelchair was delivered
☐ Signed or initialed by the person completing the assessment

☐ Face-to-Face Medical Evaluation
☐ The evaluation occurred BEFORE the physician completed the 7-element written order
☐ The findings are documented in a detailed narrative note in the format used for other entries
☐ The supplier received the written report of the face-to-face exam within 45 days after completion of the exam or 45 days after hospital/SNF discharge
☐ The face-to-face was completed prior to wheelchair delivery
☐ The face-to-face contains a date stamp or equivalent documenting the supplier’s receipt date
☐ The note clearly indicates that a major reason for the visit was a mobility examination
☐ Author’s signature meets CMS Signature Requirements (https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf) for a legible identifier
☐ The assessment includes information about the following (not all-inclusive, the exam should be tailored to the individual beneficiary):
  ☐ History of the present condition(s) and past medical history that is relevant to mobility needs
  ☐ Symptoms that limit ambulation
  ☐ Diagnoses that are responsible for these symptoms
  ☐ Medications or other treatment for these symptoms
  ☐ Progression of ambulation difficulty over time
  ☐ Other diagnoses that may relate to ambulatory problems
  ☐ How far the beneficiary can walk without stopping
  ☐ Pace of ambulation
  ☐ What ambulatory assistance (cane, walker, wheelchair, caregiver) is currently used
  ☐ What has changed to now requires use of a power mobility device
  ☐ Ability to stand up from a seated position without assistance
  ☐ Description of the home setting and the ability to perform activities of daily living in the home
  ☐ Physical examination that is relevant to mobility needs
  ☐ Weight and height
  ☐ Cardiopulmonary examination
Musculoskeletal examination including arm and leg strength and range of motion

Neurological examination including gait and balance and coordination

The face-to-face evaluation supports that the beneficiary’s condition meets all LCD coverage criteria:

- 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) in the home
- Use of a power wheelchair will significantly improve the beneficiary’s ability to participate in MRADLs in the home
- The mobility deficit cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker
- 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
- The beneficiary has a physical and/or mental limitation that prevents safe use of a POV in the home and/or the beneficiary’s home provides inadequate access for operation of a POV
- The beneficiary has the mental and physical capabilities to safely operate the power wheelchair that is provided or 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
- The beneficiary’s weight is less than or equal to the weight capacity of the PWC that is provided
- The beneficiary has not expressed an unwillingness to use a PWC in the home
- Physician co-signed and dated any portion of the exam that was completed by an LCMP and stated concurrence or any disagreement with that examination
- Date stamp or equivalent documents date supplier received a copy of the face-to-face exam

Group 2 Single Power Option PWC (K0835 – K0840) - Additional medical information requirements:

- The beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick; OR
- The beneficiary meets coverage criteria for a power tilt or power recline seating system and the code for only one of these is listed on the DPD:
  - The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; OR
  - The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; OR
- The power seating system is needed to manage increased tone or spasticity.

Group 2 Multiple Power Option PWC (K0841 – K0843) - Additional medical information requirements:

- The beneficiary uses a ventilator which is mounted on the wheelchair; OR
- The beneficiary meets coverage criteria for a power tilt and power recline seating system and the code for both of these is listed on the DPD:
  - The beneficiary is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; OR
  - The beneficiary utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; OR
- The power seating system is needed to manage increased tone or spasticity.
Supplier Attestation Statement

- File includes a signed statement from the supplier (or the LCMP) stating that there is no financial relationship between the LCMP(s) completing portions of the face-to-face examination and the supplier.

**ATTENTION!**

Many suppliers have created forms which have not been approved by CMS which they send to physicians and ask them to complete. Even if the physician completes this type of form and puts it in his/her chart, this supplier-generated form is not a substitute for the comprehensive medical record. Suppliers are encouraged to help educate physicians on the type of information that is needed to document a beneficiary’s mobility needs.

The information that the supplier must obtain before submitting a claim to the DME contractor is described in detail in the Power Mobility Devices LCD and Policy Article. However, if the DME MAC or other Medicare Contractor asks for documentation on individual claims, additional documents (e.g., notes from prior visits, test reports, etc.) shall also be obtained from the treating physician to provide a historical perspective that reflects the beneficiary’s condition in the continuum of care, corroborating the information in the face-to-face examination, painting a picture of the beneficiary’s condition and progression of disease over time.

Specialty Evaluation

- Performed by licensed/certified medical professional such as PT or OT or physician who has specific training and experience in rehabilitation wheelchair evaluations.
- Documents the medical necessity for the wheelchair and its special features.
- Documents the beneficiary’s seating and positioning needs.
- Provides detailed information explaining why each specific option or accessory is needed to address the beneficiary’s mobility limitation.
- Person performing the evaluation has no financial relationship with the supplier.

Supplier ATP Appraisal

- Copy of RESNA certificate or screen-print/printout of credential verification from RESNA website ([https://www.resna.org](https://www.resna.org)) verifying that the supplier employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs.
- Evidence of “direct, in-person involvement” by the supplier’s ATP in the selection of the wheelchair and accessories (e.g. evaluation conducted by the supplier’s ATP clearly documented inclusion of the supplier’s ATP name as an active participant in the specialty evaluation conducted by the physician or other LCMP).

**REMINDERS**

- All new rental series claims for the following PMDs with a date of delivery on or after July 22, 2019 must be associated with a prior authorization request as a condition of payment: K0813-K0829, K0835-K0843, K0848-K0864.
- If the requirements related to a face-to-face examination have not been met, the GY modifier must be added to the codes for the wheelchair and all accessories.
- If the wheelchair that is provided is only needed for mobility outside the home, the GY modifier must be added to the codes for the item and all accessories.
- A KX modifier may be added to the code for a wheelchair and all accessories only if all of the coverage criteria have been met for the product that is provided.
- If the requirements for use of the KX modifier or GY modifier are not met, the GA or GZ
modifier **must** be added to the code. When there is an expectation of a medical necessity denial, suppliers **must** enter GA on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or GZ if they have not obtained a valid ABN.

- Claim lines billed without a KX, GA, GY, or GZ modifier will be **rejected** as missing information.
- Items with no physician or other licensed health care provider order must be submitted with an “EY” modifier added to each affected HCPCS code.

**ONLINE RESOURCES**

- **Power Mobility Web Resources**
  - JB: https://www.cgsmedicare.com/jb/mr/power_mobility_resources.html
  - JC: https://www.cgsmedicare.com/jc/mr/power_mobility_resources.html

- **Condition of Payment Required Prior Authorization Program**
  - JB: https://www.cgsmedicare.com/jb/mr/required_programs.html
  - JC: https://www.cgsmedicare.com/jc/mr/required_programs.html

- **Power Mobility Devices LCD and Policy Article**
  - JB: https://www.cgsmedicare.com/jb/coverage/lcdinfo.html
  - JC: https://www.cgsmedicare.com/jc/coverage/lcdinfo.html

**DISCLAIMER**

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.