

PLEASE SEE THE DISCLAIMER INFORMATION PROVIDED ON THE LAST PAGE OF THIS DOCUMENT

# Adult Complex Rehab Power Wheelchair Medicare Funding Guide

**Combining the evaluation and assessment process with the coding, coverage, and payment policies, and regulations.**

Per Medicare guidelines, the provision of Mobility Assistive Equipment (MAE) is complex and involves multiple components that must be completed in order to qualify a patient for coverage and reimbursement. The National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) provides the decision algorithm for funding decisions. The algorithm includes the spectrum of technology from walking aids to power wheelchairs and it is necessary to rule out lower levels of technology in order to qualify for the recommended base device.

This guide is intended to assist healthcare providers by providing an overview of those components – coverage, coding and documentation – as it relates to adult complex rehab power wheelchairs. It is NOT a substitute for the policy itself and should only be relied upon as a quick reference guide. Healthcare providers should familiarize themselves with the Local Coverage Determination (LCD) and related Policy Article for each of the items being recommended in order to obtain a thorough understanding of the Medicare rules and regulations governing mobility assistive equipment.

## Basic Funding Elements Specific to Complex Rehab Technology (CRT) Power Mobility Devices (PMDs)

The following provide specific requirements for power mobility devices and CRT wheelchairs in particular:

- The PMD Local Coverage Determination (LCD) and policy article.
- A face-to-face evaluation must be completed and a 7-element written order provided to the supplier.
- The PMD LCD requires a specialty evaluation for power wheelchair bases classified as CRT.
- The PMD LCD requires a RESNA certified ATP to be “direct and in-person” and actively involved in the selection of the technology.
- Policy also requires the OT or PT who completes the specialty evaluation to have no financial tie to the supplier of the technology.

## PMD Process Timelines

- Completion of the face-to-face or discharge from a hospital or nursing home stay.
  - Supplier involvement follows face-to-face or referral to PT/OT for completion of the evaluation.
- 7-element order (7-EO):
  - Supplier must receive the written report of the face-to-face exam within 45 days of completion of the exam or discharge if the examination was performed during a hospital or nursing home stay and prior to delivery of the wheelchair to the beneficiary.
- On-site home assessment - on or before the date the wheelchair was ordered.

## Power Mobility Documentation Checklist

When submitting documentation for funding approval, be sure to include the following:

- Face-to-face medical evaluation - date stamped
- 7 element order\* - date stamped
- Detailed product description - date stamped
- Specialty evaluation
- Supplier ATP appraisal - demonstrates direct involvement in selection of the equipment
  - Copy of RESNA certificate

**OR**

- Screen-print/printout of credential verification from RESNA website
- Delivery document
- On-site home assessment

## Power Base/PMD Performance Characteristics

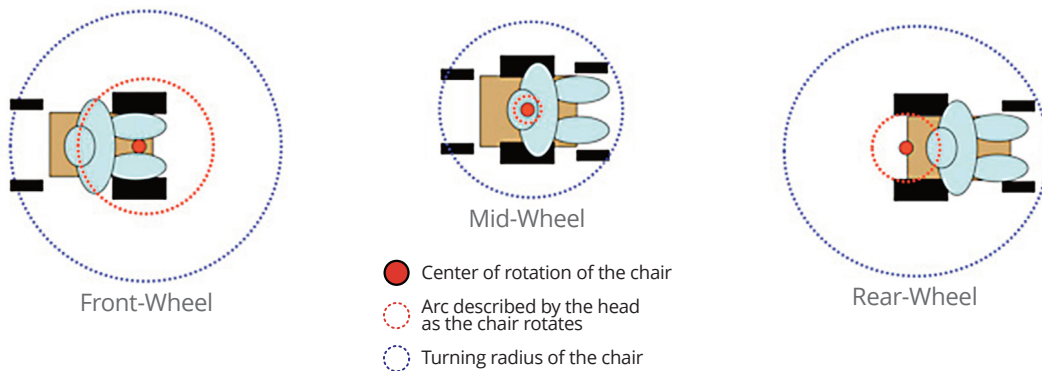
CHAIR	TYPE	GROUP 1	GROUP 2	GROUP 3	GROUP 4	GROUP 5
Length	PWC	40 inches	48 inches	48 inches	48 inches	48 inches
	POV	48 inches	48 inches			
Width	PWC	24 inches	34 inches	34 inches	34 inches	28 inches
	POV	28 inches	28 inches			
Obstacle Height	PWC	20 mm	40 mm	60 mm	75 mm	60 mm
	POV	20 mm	50 mm			
Minimum Top End Speed-Flat	PWC	3 MPH	3 MPH	4.5 MPH	6 MPH	4.5 MPH
	POV	3 MPH	4 MPH			
Range	PWC	5 miles	7 miles	12 miles	16 miles	12 miles
	POV	5 miles	10 miles			
Dynamic Stability Incline	PWC	6 degrees (1:12)	6 degrees (1:12)	7.5 degrees (1:10)	9 degrees (1:8)	7.5 degrees (1:10)
	POV	6 degrees (1:12)	7.5 degrees (1:10)			
Fatigue Test on a Level With Slats	Both	200,000 cycles with 0.5-inch slats under all wheels	200,000 cycles with 0.5-inch slats under all wheels	200,000 cycles with 0.5-inch slats under all wheels	200,000 cycles with 0.5-inch slats under all wheels	200,000 cycles with 0.5-inch slats under all wheels
Drop Cycles	Both	6,666 drop cycles	6,666 drop cycles	6,666 drop cycles	6,666 drop cycles	6,666 drop cycles

The listed requirements are the **minimums**; the actual differences between the minimum requirement and what specific models offer can be significant. In addition, other important performance characteristics, features and functions are not referenced at all. Understanding how these impact performance for each individual is important.

\*7-EO is required for Power Mobility Devices (WOPD) and a 5-EO is needed for some options and accessories that may be billed at the same time.

## Selecting the Base - Beyond the Diagnosis

The Medicare policy for Group 3 power wheelchairs is diagnosis driven, but not ICD-10 driven. In addition, it isn't as simple as having a qualifying diagnosis. You will need to understand all *routinely* encountered environments (home and community) to help determine the drive-wheel configuration:



Understanding routine activities, roles and responsibilities will help define necessary wheelchair performance and influence selection. Don't automatically rule out Group 4 devices; many people may be eligible for Medicaid where community access is a mandate. Also understanding needs and trade-offs will influence final selection, e.g., outdoor performance versus indoor maneuverability.

## Characteristics Influencing Base Selection

There are several characteristics that influence base selection. When choosing a base, keep the following in mind:

- Sling or solid base (also known as the rehab seat) - requires additional seat or back cushion. The client must also have a documented medical need for the seating, including the selected seat and/or back cushion. This wheelchair seating policy is ICD-10 driven. Even if the person qualifies for the power wheelchair base, if they do not have one of the listed qualifying ICD-10 diagnoses, the seat or back will be denied.
- Captain seat style - No additional seat or back cushion will be covered.
- Power seating: tilt, recline, elevate, standing
  - > Single-power
  - > Multi-power



Recline



Tilt



Elevation

## Wheelchair Options, Accessories, and Seating

Important features required to ensure the power wheelchair can meet the person's medical and functional needs will require understanding the wheelchair options and accessories, and wheelchair seating LCDs and associated Policy Articles.

### Features to keep in mind:

- Power seating
- Electronics
- Alternative drive inputs
- Wheelchair components related to upper and lower extremity positioning
- Wheelchair seating
- Seat and back cushions
  - > Skin protection
  - > Positioning
  - > Combination



Electronics

## Wheelchair Options, Accessories, and Seating *(Continued)*

- Positioning components
  - Headrests
  - Lateral pads
  - Thigh or knee pads
  - Medial thigh pads
  - Arm troughs



Arm Trough



Lateral



Headrest



Seat Cushion

## Included in the Initial Issue Payment Group 3 and 4 PWCs

<b>E0971</b> anti-tip	<b>E0978</b> positioning/safety belt	<b>E0981</b> seat upholstery	<b>E0982</b> tube for pneumatic drive wheel tire
<b>E0995</b> calf rest pad	<b>E1225</b> manual semi-reclining back	<b>E2366</b> battery charger single-mode	<b>E2367</b> battery charger dual mode
<b>E2368</b> drive wheel motor	<b>E2369</b> drive wheel gear box	<b>E2370</b> integrated drive wheel motor and combination gear box	<b>E2374</b> remote joystick replacement
<b>E2375</b> non-expandable controller	<b>E2376</b> expandable controller	<b>E2378</b> actuator	<b>E2381</b> pneumatic drive wheel tire
<b>E2382</b> tube for pneumatic drive wheel tire	<b>E2383</b> tube for pneumatic drive wheel	<b>E2384</b> pneumatic caster tire	<b>E2385</b> tube for pneumatic caster tire
<b>E2386</b> foam filled drive wheel tire	<b>E2388</b> foam drive wheel tire	<b>E2389</b> foam caster tire	<b>E2390</b> solid rubber drive wheel tire
<b>E2391</b> solid caster tire	<b>E2392</b> solid caster tire with integrated wheel	<b>E2394</b> drive wheel excludes tire	<b>E2395</b> caster wheel excludes tire
<b>E2396</b> caster fork any size	<b>K0015</b> non-adjustable height armrest	<b>K0017</b> adjustable height armrest base	<b>K0018</b> adjustable height arm—upper portion
<b>K0019</b> arm pad	<b>K0020</b> fixed adjustable height armrest pair	<b>K0037</b> high mount flip up footrest	<b>K0041</b> large size footplate
<b>K0042</b> standard size footplate	<b>K0043</b> footrest, lower extension tube	<b>K0044</b> footrest, upper hanger bracket	<b>K0045</b> footrest complete assembly
<b>K0046</b> elevating leg rest lower extension tube	<b>K0047</b> elevating leg rest, upper hanger bracket	<b>K0051</b> can release assembly footrest or leg rest	<b>K0052</b> swing-away, detachable footrest
<b>K0077</b> front caster assembly	<b>K0098</b> drive belt		

## Coverage and Conditions for Coverage

In order to qualify for power mobility the following conditions must be met:

- Mobility limitation that impairs ability to participate in at least one mobility related activity of daily living. For more details refer to the MAE algorithm.
- The mobility limitation cannot be resolved by the use of a cane, crutches, or walker.
- A manual wheelchair is not an option due to limitations of strength, endurance, range of motion, coordination, presence of pain, deformity, or the absence of one or both upper extremities and is relevant to the upper extremity function. Even an optimally-configured manual wheelchair is not sufficient to allow the person to perform mobility-related activities of daily living during their typical day.
- Lower level equipment should be trialed or ruled out and documentation should provide specific reasons why they don't meet the person's needs.

### Additional Coverage Criteria for Group 3 PWCs:

- The mobility limitation is due to:
    - > A neurological condition
    - > Myopathy
    - > Congenital skeletal deformity
  - Requires a drive control interface other than a hand or chin operated standard joystick.
- OR**
- Meets coverage criteria for power tilt or power recline (single-power option) or both (multi-power option) and the system(s) is being used on the wheelchair.
  - The person must be willing and have the mental and physical ability to safely use the device or has a caregiver who cannot push an optimally configured manual wheelchair, but is available and able to safely operate the power wheelchair that is provided.

## Evaluation and Documentation

The Medicare coverage policy may not include use outside the home, however other funding sources may. For example, Medicaid has a community access mandate.

Document the numerous technology decisions made during the evaluation and technology assessment. Documenting what influenced the decision and how each recommended item impacts the function of the individual is critical for:

- Assisting the individual in understanding the trade-offs related to the final technology decision and in determining whether alternative sources of funding should be sought
- Medical review - Without clear and full details, medical review staff may not approve all of the necessary technology
- Appeals
- Legal challenges

## Documenting Medical Need

It is necessary to paint a full and detailed picture of the individual's specific needs. Therefore, it is important to include the following types of information in the documentation:

- Physical evaluation and findings, specifically as they relate to the technology recommendation
- Description of any trials or simulations; failings and successes
- Functional needs
- Daily tasks, roles and responsibilities
- Environments routinely encountered
- Current technology details:
  - > What worked and what didn't
  - > Why is replacement necessary; provide details

## Start and End With Why

The best way to assess the clarity and sufficiency of the documentation is to ask “why”. Continue to ask “why” until the answer and details are clear and concise.

Ensure that the final documentation clearly states why the technology choices are necessary, is written objectively, and allows the medical review staff to have a complete and clear picture of the person’s needs and how the specific technology recommendations address them.



## Replace Subjective and Canned Language With Objective Measures and Details

The importance of the language used in documentation cannot be overstated. Subjective language is open to interpretation and value judgment. There is no guarantee that the medical reviewer, who has not seen the person, will have the same value judgment. Objective language consists of information that is measured and quantified.

Examples of subjective vs objective:

**Subjective:** “The patient is not a functional ambulator.”

**Objective:**

- 1) “The patient is unable to ambulate, and requires maximal assistance to transfer.”
- 2) “The patient is able to ambulate 15’ maximum with a walker, which is insufficient for safely moving from the bedroom to the kitchen or to the bathroom in a timely manner.”
- 3) “Severe ataxia causes a balance dysfunction for Mr. Jones such that he requires maximal assistance and his wife reports he has fallen twice this month.”

## Comparing Medical Justification

### Example 1

**Subjective:** “Angle adjustable footrests are required to support lower extremities in a functional position.”

**Objective:** “Mrs. Smith has ankle contractures (supported by measurement of degrees in the evaluation) requiring angle adjustable footplates.”

### Example 2

**Subjective:** “A WHITMYER® headrest is needed to maintain neutral alignment and provide support for the head.”

**Objective:** “A WHITMYER Heads Up® with LINX<sup>2</sup> hardware is required to inhibit Mr. Jones’s asymmetric tonic neck reflex posturing and to maintain head alignment needed for driving his power wheelchair and other routine activities due to high-tone and spasticity (noted in evaluation).”

## Roles in Documentation

### Person/caregiver:

- Describe daily or routine activities as clearly and as detailed as possible and how the technology will resolve or ameliorate difficulties in performing them.
- Clearly describe current equipment and detail what does or does not meet daily needs.
- Provide details about the various environments/surfaces encountered routinely.
- Provide details regarding transportation, public and private.

### Therapist/treating physician:

- Document medical and functional limitations and deficiencies.
- Provide details that describe the specific person. Avoid vague generalities or repeating the language in the coverage policy.
- Through words, paint a vibrant and detailed picture of the person and their needs.
- Help the reviewer understand the person's daily activities and routine environments and how the recommended technology addresses their needs.
- Document and justify all options, components and seating being billed to a third party.

### Supplier ATP:

- List the manufacturer/model name or number for each recommended component on the claim.
- List the technological reasons for choices where applicable (i.e.):
  - > "Confirmed that LINX<sup>2</sup> hardware provides the multi-plane adjustment needed for the intimate fit of the head support pads to adequately position Mr. Jones's head."
  - > "A center mount Elevated Leg Rest (ELR) is the only style available on the base Mr. Jones needs."
  - > "Due to high tone and reduced range of motion in knees and hips traditional 2-sided ELRs are not useable by Mr. Jones. A center mount ELR positions Mr. Jones' feet inside the front casters and therefore allows the knee bend angle and hip angle he requires (supported by the therapist's evaluation)."
- Record all measurements for the wheelchair, seating and components in the supplier's assessment documentation.
- Document the home or environmental considerations that are limiting choices in technology and why.
- Create and follow a clear process for reviewing documentation and ensuring all required elements are present before submitting. Minimize submission of unnecessary information; it only complicates the review process. Using the checklist provided by the DME MACs is useful.

## Power Mobility Resources

Dear Physician Letter: Power Wheelchairs and Power Operated Vehicles - Documentation Requirements (PDF)  
<https://www.cgsmedicare.com/jc/pubs/news/2010/0910/cope12954.pdf>

Local Coverage Determination and Policy Article  
<https://www.cgsmedicare.com/jc/coverage/lcdinfo.html>

Medicare Claim Review Programs: MR, NCCI Edits, MUEs, CERT and Recovery Audit Program (PDF)  
[http://garnerhealth.com/wp-content/uploads/2014/02/MCRP\\_Booklet.pdf](http://garnerhealth.com/wp-content/uploads/2014/02/MCRP_Booklet.pdf)

Medical Review Power Mobility FAQs  
<https://www.cgsmedicare.com/jc/help/faqs/current/cope14455.html>

Mobility Assistive Equipment (MAE)  
<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&ncdver=2&bc=AgAAgAAAAAA&>

National Coverage Determination (NCD)  
<https://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx?bc=BAAAAAAAAAAAA>

Power Mobility Devices - 7 Element Order  
<https://www.cgsmedicare.com/jc/pubs/news/2009/1109/cope10978.html>

Power Mobility Devices - Indicating Receipt Date of Documentation  
<https://www.cgsmedicare.com/jc/pubs/news/2009/1009/cope10812.html>

Reminder - Replacement of Power Mobility Devices  
<https://www.cgsmedicare.com/jc/pubs/news/2009/1109/cope10983.html>

Final Rule - Power Mobility Devices  
[https://www.cgsmedicare.com/jc/mr/pdf/mr\\_power\\_mobility\\_final\\_rule.pdf](https://www.cgsmedicare.com/jc/mr/pdf/mr_power_mobility_final_rule.pdf)

Power Mobility Documentation Requirements (PDF)  
<https://www.cgsmedicare.com/jc/pubs/news/2008/0708/cope7962.html>

## Documentation Checklists:

Power Mobility: Group 3 No Power Option PWCs (K0848 – K0855), Group 3 Single Power Option PWCs (K0856 – K0860), & Group 3 Multiple Power Option PWCs (K0861 – K0864) (PDF)  
[https://www.cgsmedicare.com/pdf/dme\\_checklists/pmd\\_3\\_2018re.pdf](https://www.cgsmedicare.com/pdf/dme_checklists/pmd_3_2018re.pdf)

Power Mobility: Group 5 (Pediatric) PWCs with Single (K0890) or Multiple (K0891) Power Options & Push-Rim Activated Power Assist Device (E0986) for a Manual Wheelchair  
[https://www.cgsmedicare.com/pdf/dme\\_checklists/pmd\\_5\\_2018re.pdf](https://www.cgsmedicare.com/pdf/dme_checklists/pmd_5_2018re.pdf)

**DISCLAIMER: FOR PROFESSIONAL USE ONLY. THIS DOCUMENT (AND THE WEBSITE REFERENCED HEREIN) DO NOT PROVIDE MEDICAL ADVICE.** Sunrise Medical (US) LLC does not provide clinician services. The information contained on this document (and the website referenced herein), including, but not limited to, the text, graphics, images, and descriptions, are for informational purposes only and should be utilized as a general resource for clinicians and suppliers to then use clinical reasoning skills to determine optimal seating and mobility solutions for individual patients. No material on this document (or on the website) is intended to be used as (or a substitute for) professional medical advice, diagnosis or treatment. Clinicians should adhere to their professional medical training and their institution's or practice's recommended guidelines. Reliance on this document (and the information contained herein) is solely at your own risk.

