

NOTE: This policy has been revised. The revised policy will be effective November 1, 2019. To view the revised policy, [click here](#).

Medicare Advantage Policy Manual

Policy ID: M-DME37

Power Wheelchairs (PWCs)

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

"A powered wheelchair is a battery-operated device with wheels that is intended for medical purposes to provide mobility to persons restricted to a sitting position."^[1]

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy only addresses Group 3 PWC with Single Power Option and a Group 3 PWC with Multiple Power Options with weight capacity up to 300 pounds (HCPCS codes K0856 and K0861). While manual wheelchairs and other POVs and PWCs are not subject to routine review under this policy at this time, providers are expected to follow Medicare's medical necessity requirements when supplying equipment to beneficiaries, regardless of whether or not there is an applicable published policy.

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	See “References” ^[2]
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	Power Mobility Devices (L33789) **Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Records should provide details of the beneficiary’s functional abilities and limitations on a typical day. The examination should be focused on the body systems that are responsible for the beneficiary’s ambulatory difficulty or impact on the beneficiary’s ambulatory ability.
- History of the present condition(s) and past medical history relevant to mobility needs.
Examples include:
 - Symptoms that limit ambulation and the diagnoses 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 and the pace of ambulation;
 - What ambulatory assistance (e.g., cane, walker, wheelchair, caregiver) currently used. If the prior mobility device is not a POV, provide details regarding the physical and functional changes that now require the use of a power mobility device;
 - Ability to stand up from a seated position without assistance; and,
 - Description of the home setting and the ability to perform activities of daily living in the home.
- Physical examination relevant to mobility needs;
 - Weight and height;
 - Cardiopulmonary examination;
 - Musculoskeletal examination (i.e., arm and leg strength and range of motion);
 - Neurological examination (i.e., gait, balance and coordination); and,
 - Clearly distinguish the beneficiary’s abilities and needs within the home from any additional needs for use outside the home.

CROSS REFERENCES

None

REFERENCES

1. [21 CFR 890.3860](#) [cited 01/24/2017]
2. NCD for Mobility Assistive Equipment (MAE) ([280.3](#))

CODING

Codes	Number	Description
CPT	None	
HCPCS	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.