



Provider Checklist-DME -Power Wheelchairs

(HCPCS Code: K0813-K0864)

Power wheelchair (Group 1-4)

Identify the wheelchair (w/c) request as initial request or replacement power w/c **and** current w/c in use \geq 5 yrs **indicating** one of the following reasons:

Decline in functional status of patient documented;
Growth features of current w/c have been maximized
Repair/replacement of parts no longer effective

Identify the Mobility-related ADL/primary role function **cannot** be met due to mobility limitation **indicating** unable to safely and efficiently ambulate with a cane, walker, self-propel appropriate manual w/c **and/or** operate a POV (Power Operated Vehicle)

Describe the Permanent/progressive condition

Identify the Mobility-related ADL/primary role function **can** be met using requested power w/c **indicating** Patient able to safely and efficiently operate power w/c or Patient unable, but caregiver able to safely operate power w/c and patient needs cannot be met with manual w/c

Identify the requirement for long-term use \geq 12 mos

Identify how the home environment/primary role environment accommodates equipment use

Identify and describe the Patient specific requirements for w/c type

For Group 1 power w/c (K0813-K0816), identify/describe **all** of the following:

Intermittent indoor w/c mobility required for mobility-related ADL/primary role function;
Safely and effectively able to use a standard proportional joystick;
No power seating/positioning options required;
Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight \leq 300 lbs (K0813, K0815) **or** Captain's chair with No seat/back cushion required for skin maintenance/positioning and a Patient weight \leq 300 lbs (K0814, K0816)



For Group 2 power w/c (K0820–K0829, K0835–K0843)

Group 2 (no power option) power w/c (K0820–K0829), identify/describe **all** of the following:

Continuous indoor w/c mobility required for mobility–related ADL/primary role function;
Safely and effectively able to use a standard proportional joystick;
No power seating/positioning options required;
Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0820, K0822); > 300 lbs and ≤ 450 lbs (K0824); > 450 lbs and ≤ 600 lbs (K0826); > 600 lbs (K0828) **or** Captain's chair with No seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0821, K0823); > 300 lbs and ≤ 450 lbs (K0825); > 450 lbs and ≤ 600 lbs (K0827); > 600 lbs (K0829)

For Group 2 power w/c, single power option (K0835–K0840), identify/describe **all** of the following:

Continuous indoor w/c mobility required for mobility–related ADL/primary role function;
Single power option Required for upgrade to alternative control device/expandable controller **or** Required for power tilt/recline option indicating

Inability to perform independent pressure relief;
Intermittent catheterization required for bladder management and unable to independently transfer to bed;
Increased tone/spasticity managed by tilt/recline positioning;
Reduced/low tone and poor trunk/head control

Specialty evaluation performed and medical/functional impairments documented;
Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0835); > 300 lbs and ≤ 450 lbs (K0837); > 450 lbs and ≤ 600 lbs (K0839); > 600 lbs (K0840) **or** Captain's chair with No seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0836); Group 2 power w/c, multiple power option (K0841–K0843) indicating

Continuous indoor w/c mobility required for mobility–related ADL/primary role function;
Multiple power option Required for upgrade to alternative control device/expandable controller **or** Required for power tilt/recline option indicating



Inability to perform independent pressure relief;
Intermittent catheterization required for bladder management and
unable to independently transfer to bed;
Increased tone/spasticity managed by tilt/recline positioning;
Reduced/low tone and poor trunk/head control

and Required for ventilator accommodation for ventilator dependent patient

Specialty evaluation performed and medical/functional impairments documented;
Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0841); > 300 lbs and ≤ 450 lbs (K0843); **or** Captain's chair with No seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0842)

Group 3 power w/c (K0848–K0864)

For Group 3 (no power option) power w/c (K0848–K0855), identify/describe **all** of the following:

Continuous indoor w/c mobility required for mobility–related ADL/primary role function;
Mobility limitation secondary to neurological condition/myopathy/congenital skeletal deformity;
No power seating/positioning options required
Specialty evaluation performed and medical/functional impairments documented;
Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0848); > 300 lbs and ≤ 450 lbs (K0850); > 450 lbs and ≤ 600 lbs (K0852); > 600 lbs (K0854) **or** Captain's chair with No seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0849); > 300 lbs and ≤ 450 lbs (K0851); > 450 lbs and ≤ 600 lbs (K0853); > 600 lbs (K0855)

For Group 3 power w/c, single power option (K0856–K0860), identify/describe **all** of the following:

Continuous indoor and high demand w/c mobility required for mobility–related ADL/primary role function;
Mobility limitation secondary to neurological condition/myopathy/congenital skeletal deformity;
Single power option indicating



Required for upgrade to alternative control device/ expandable controller or Required for power tilt/recline option indicating

Inability to perform independent pressure relief;
Intermittent catheterization required for bladder management and unable to independently transfer to bed;
Increased tone/spasticity managed by tilt/recline positioning;
Reduced/low tone and poor trunk/head control

Specialty evaluation performed and medical/functional impairments documented;

Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0856); > 300 lbs and ≤ 450 lbs (K0858); > 450 lbs and ≤ 600 lbs (K0860 **or** Captain's chair with No seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0857); > 300 lbs and ≤ 450 lbs (K0859); Group 3 power w/c, multiple power option (K0861–K0864) indicating

Continuous indoor and high demand w/c mobility required for mobility-related ADL/primary role function;
Mobility limitation secondary to neurological condition/myopathy/congenital skeletal deformity;
Multiple power option No power seating/positioning options indicating

Required for power tilt and recline option indicating:

Inability to perform independent pressure relief;
Intermittent catheterization required for bladder management and unable to independently transfer to bed;
Increased tone/spasticity managed by tilt/recline positioning;
Reduced/low tone and poor trunk/head control

Or Required for ventilator accommodation for ventilator dependent patient

Specialty evaluation performed and medical/functional impairments documented

Seating requirements for **either** Sling/solid seat, sling/solid back with Seat/back cushion required for skin maintenance/positioning and a Patient weight ≤ 300 lbs (K0861); > 300 lbs and ≤ 450 lbs (K0862); > 450 lbs and ≤ 600 lbs (K0863); > 600 lbs (K0864)