

*Documentation of the mobility evaluation must be documented in the clinician's usual medical record-keeping format. A separate letter will not meet documentation requirements. Please avoid vague or subjective descriptions such as: weakness, poor endurance, gait instability or abnormal gait, difficulty walking, SOB, pain and fatigue.

- ☐ In-Person visit specifically addressing the patient's mobility needs (Face-to-Face encounter)
- ☐ Patient diagnosis(s) responsible for the mobility limitation. A mobility limitation is a condition(s) that significantly impairs his/her ability to participate in one or more mobility-related activities within the home. Including qualifying dx for custom seating and back.
- ☐ Progression of ambulation difficulty over time/throughout the day. Pace of ambulation
- ☐ How far can the patient walk without stopping? What assistive device is being used?
- ☐ History of falls. Include frequency of falls and circumstances leading to the falls
- ☐ Why can't the patient use a cane or walker?
- ☐ Activities within the home that cannot be completed without the use of the power wheelchair. (example: toileting, feeding, grooming and bathing)
- ☐ Why can't the patient use an optimally configured manual wheelchair or scooter to meet this patient's mobility needs inside the home?
- ☐ Limitations of strength, endurance, range of motion or coordination, presence of pain or deformity. Absence of one or both upper extremities are relevant to the assessment of upper extremity function.
- ☐ Can the patient safely use a power wheelchair? Does this patient exhibit the physical and mental capability to operate the equipment?
- ☐ The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
- ☐ Patients height and weight are in range of requested power wheelchair base
- ☐ Physician concurrence with LCMP exam
- **Group 2 Power wheelchair (K0820-K0829)**-Covered if all criteria for a PWC are met and the wheelchair is appropriate for the patient's weight
- **Group 2 Single Power Option Power Wheelchair (K0835-K0840)**-Covered if all criteria for a PWC is met and:
 - The patient requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control) **OR** meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with wheelchair selection.
- **Group 2 Multiple Power Option Power Wheelchair (K0841-K0843)**- Covered if all criteria for a PWC is met and:
 - The patient meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair **OR** the patient uses a ventilator which is mounted on the wheelchair.
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with wheelchair selection.
- **Group 3 Power Wheelchair No Power Options (K0848-K0855)**-Covered if all criteria for a PWC is met and:

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- The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity. (example: ALS, spinal cord injuries resulting in quadriplegia, stroke (CVA) with hemiplegia, late stage Parkinson's, late stage MS, cerebral palsy or muscular dystrophy.)
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with wheelchair selection.
- **Group 3 Power Wheelchair with Single/Multiple Power Option (K0856-K0864)**-Covered if all criteria for a PWC is met and:
 - The Group 2 Single Power Option or Multiple Power Options are met.
 - The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity. (example: ALS, spinal cord injuries resulting in quadriplegia, stroke (CVA) with hemiplegia, late stage Parkinson's, late stage MS, cerebral palsy or muscular dystrophy.)
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with wheelchair selection.
- **Group 5 Pediatric PWC with Single (K0890) or Multiple (K0891) Power Option**-Covered if all criteria for a PWC is met and:
 - The patient is expected to grow in height
 - The Group 2 Single Power Option or Multiple Power Options criteria are met.
- **Push-Rim Activated Power Assist (E0986)**-Covered if all criteria for a power mobility device are met and:
 - The patient has been self-propelling in a manual wheelchair for at least one year
 - Must have a specialty evaluation performed by a LCMP such as a PT or OT and documents the medical necessity and its special features.
 - ATP needs to have direct in-person involvement with wheelchair selection.
- Standard Written Order for Base-All elements must be completed by the clinician
- Second SWO for options/accessories-Can be prepared by the supplier. Must include all billable options or accessories.

****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.**