

References: L33789, A52498

Group 1 and Group 2 No Power Option Wheelchairs (K0813 – K0829), Custom Power Wheelchairs (K0013)

- 7-Element Order (7EO)
 - Date stamped or similar to document receipt within 45 days of completion date of face-to-face
- Detailed Product Description (DPD)
 - Date stamped or similar to document receipt date
- Face -to-Face (F2F) Examination Relevant to Mobility Needs
 - If the report of a licensed/certified medical professional (LCMP) examination is to be considered as part of the F2F, there must be:
 - Physician concurrence or disagreement with the LCMP examination
 - Date stamped or similar to document receipt date
- Attestation Statement
- Home Assessment
- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
- Continued Need
- Continued Use

Medical Records

Group 1 and Group 2 No Power Option Wheelchairs (K0813-K0816, K0820-K0829)

Medical records supporting the beneficiary meets the following coverage criteria:

- Criterion A is met
- Criterion B is met

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- Criterion C is met
- Beneficiary **does not** meet coverage criterion D, E, or F for a POV
- Either criterion J or K is met
- Criterion L is met
- Criterion M is met
- Criterion N is met
- Criterion O is met

Custom Motorized / Power Wheelchairs (K0013)

- Beneficiary meets the general coverage criteria (noted above) for a PWC; **and**
- The specific configurational needs of the beneficiary are not able to be met using wheelchair cushions or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.
 - Description of the beneficiary’s unique physical and functional characteristics that require a custom motorized/power wheelchair base; **and**
 - Detailed description of the manufacturing of the wheelchair base, including types of materials used in custom fabricating or substantially modifying it, and the construction process and labor skills required to modify it; **and**
 - Documentation demonstrating that the K0013 is so different from another power wheelchair base that the two items cannot be grouped together for pricing purposes.

Billing Reminders

- Delivery of the PWC must be within 120 days following completion of the F2F.
 - Exception: within 6 months from the date of an affirmed ADMC determination
- The PMD will be denied if the underlying condition is reversible and length of need is less than 3 months.
- The KX modifier must be added to the code if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid ABN has been obtained or a GZ modifier if a valid ABN has not been obtained.
- The GY modifier must be added to the code if the requirements related to the face-to-face examination have not been met or if the PMD is needed for outside use only.
- A PWC capable of accepting only power elevating legrests is considered to be a No Power Option Wheelchair.
- Upgrades that are primarily beneficial to perform leisure or recreational activities are noncovered.
- The only products that may be billed using HCPCS codes K0813-K0829 are those for which a written coding verification determination has been made by the Pricing, Data Analysis and Coding (PDAC) contractor.

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