noridian
Healthcare Solutions

Documentation Checklist
Group 3 No Power Option Wheelchairs

References: L33789, A52498

Group 3 No Power Options (K0848-K0855)

- ☐ 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.
- ☐ Specialty Evaluation
  - ☐ Performed by an LCMP with specific training/experience in rehabilitation wheelchair evaluations.
  - ☐ Provides detailed information explaining the need for each specific option or accessory.
  - ☐ Done in addition to the F2F requirement.
- ☐ 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

Medical records supporting the beneficiary meets the following coverage criteria:

- ☐ Criterion A is met
- ☐ Criterion B is met
- ☐ 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

And

- ☐ Beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.

Billing Reminders

- Delivery of the PMD 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.
- Upgrades that are primarily beneficial to perform leisure or recreational activities are noncovered.
- The only products that may be billed using HCPCS codes K0848 - K0855 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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