

References: L33789, A52498

Push-Rim Activated Power Assist Devices (E0986)

- Face -to-Face Examination (F2F)
- Specialty Evaluation
 - Performed by an licensed/certified medical professional (LCMP) with specific training/experience in rehabilitation wheelchair evaluations.
 - Provides detailed information explaining the need for push-rim activated power assist.
 - Done in addition to the F2F requirement.
- Written Order Prior to Delivery (WOPD)

Power Operated Vehicles (POVs) (K0800-K0808, K0812)

- Face-to-Face (F2F) Examination Relevant to Mobility Needs
 - If the report of a 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.
- 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.

All above HCPC Codes

- 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.

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- Continued Need
- Continued Use

Medical Records

POVs (K0800-K0808, K0812)

Medical records supporting the beneficiary meets the following coverage criteria:

- Criterion A is met
- Criterion B is met
- Criterion C is met
- Criterion D is met
- Criterion E is met
- Criterion F is met
- Criterion G is met
- Criterion H is met
- Criterion I is met

Push-Rim Activated Power Assist Devices (E0986)

- All of the criteria for a power mobility device are met; **and**
- The beneficiary has been self-propelling in a manual wheelchair for at least 1 year; **and**
- Beneficiary had a specialty evaluation, as described above; **and**
- Wheelchair is provided by a supplier employing a RESNA-certified ATP specializing in wheelchairs who has direct, in-person involvement with wheelchair selection for the beneficiary.

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.
- The PMD will be denied if the underlying condition is reversible and length of need is < 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 to perform leisure or recreational activities are noncovered.
- The only products that may be billed using HCPCs K0800-K0808, K0812 are those for which a written coding verification determination has been made by the PDAC contractor.
- Group 2 POVs (K0806-K0808) have added capabilities that are not needed for use in the home and will be denied as not medically necessary.

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[Go Back to Front Page](#)