

Documentation Checklist Group 2 Single and Multiple Power Option Wheelchairs

References: L33789, A52498

Si	ngle Power Options (K0835-K0840) and Multiple Power Options (K0841-K0843)			
	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 Assessment			
	☐ 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			

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Medical Records

Me	edica	al re	cords 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				
An	d				
	Pov	Power Option criteria are met			
☐ Single power (K0835 – K0840)			gle power (K0835 – K0840)		
			Beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick; or		
			Beneficiary meets coverage criteria for a power tilt <u>or</u> a power recline system and the system is being used on the wheelchair; 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.		
		Μι	ultiple power (K0841 – K0843)		
			Beneficiary meets coverage criteria for a power tilt <u>and</u> power recline system and the system is being used on the wheelchair; or		
			Beneficiary uses a wheelchair mounted ventilator; 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 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 K0835 K0843 are those for which a written coding verification determination has been made by the Pricing, Data Analysis and Coding (PDAC) contractor.

Print Form

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