



## Power Wheelchairs: Group 3

**Effective:** November 1, 2023

**Next Review:** July 2024

**Last Review:** September 2023

### IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

### DESCRIPTION

Power wheelchairs are battery powered mobility devices with integrated or modular seating system, electronic steering and four or more-wheel non-highway construction.

### MEDICAL POLICY CRITERIA

**Note:** This policy only addresses the initial provision of Group 3 power wheelchairs (HCPCS codes K0848-K0864). Replacement of a wheelchair or of wheelchair components, as well as wheelchair accessories, are addressed by a separate medical policy, Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment (DME75).

- I. Group 3 power wheelchairs (PWC) may be considered **medically necessary** when both of the following Criteria (A. and B.) are met:
  - A. All of the following general Criteria (1. – 12.) are met:
    1. The patient has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair

evaluations and that documents the medical necessity for the wheelchair and its special features; and

2. The patient has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:
  - a. Prevents the member from accomplishing a MRADL entirely, or
  - b. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a MRADL, or
  - c. Prevents the member from completing MRADLs within a reasonable time frame.
3. Use of a power wheelchair in the home will significantly improve the patient's ability to participate in MRADLs, with or without caregiver assistance; and
4. The patient does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair (see Policy Guidelines) in the home to perform MRADLs during a typical day. Notes: Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function; and
5. The underlying condition is not reversible, and the length of need is more than 3 months; and
6. The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker; and
7. The patient's mobility needs cannot be met by a power operated vehicle (POV) (see Policy Guidelines); and
8. The patient has the mental (e.g., cognition, judgment) and physical (e.g., vision) capabilities to safely operate the power wheelchair that is provided in the home setting; or if the patient is unable to safely operate the power wheelchair, the patient has a caregiver who is unable to adequately propel an optimally configured manual wheelchair (see Policy Guidelines), but is available, willing, and able to safely operate the power wheelchair that is provided; and
9. The patient's weight is less than or equal to the weight capacity of the PWC that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class, i.e., a Heavy Duty PWC is covered for a patient weighing 285 – 450 pounds; a Very Heavy Duty PWC is covered for a patient weighing 428 – 600 pounds; an Extra Heavy Duty PWC is covered for a patient weighing 570 pounds or more; and
10. The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; and
11. The patient has not expressed an unwillingness to use a power wheelchair in the home; and

12. Any coverage criteria pertaining to the specific wheelchair type (see below) are met.

B. Any of the following Group 3 power wheelchairs (PWC) may be considered **medically necessary** when all of Criteria A. above are met:

1. A Group 3 PWC with no power options (K0848-K0855) when the patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.
2. A Group 3 PWC with single power option (K0856-K0860) or multiple power option (K0861-K0864) when **both** of the following (a. and b.) are met:
  - a. The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
  - b. Any one of the following are met:
    - i. 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
    - ii. The patient uses a ventilator which is mounted on the wheelchair; or
    - iii. The patient has a power tilt or a power recline seating system and the system is being used on the wheelchair and one of the following are met:
      - a.) The patient is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
      - b.) The patient utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
      - c.) The power seating system is needed to manage increased tone or spasticity.

II. Group 3 power wheelchairs are considered **not medically necessary** when the above criteria are not met, including but not limited to the following:

- A. The patient is capable of ambulation within the home but requires a wheelchair for movement outside the home; or
- B. The primary benefit of the wheelchair is to allow the patient to perform leisure or recreational activities; or
- C. The patient has been approved for a power operated vehicle (POV); or
- D. The accessory is used for the convenience of the patient or caregiver and is not necessary for performance of mobility related activities of daily living (MRADLs); or
- E. The patient's functional mobility limitation can be sufficiently resolved with a cane, walker, or manual wheelchair, as described above; or
- F. The patient's home does not provide adequate access, maneuvering space, physical layout (e.g., doorway thresholds), or appropriate surfaces to support the requested device; or

- G. The underlying condition is reversible, and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).

*NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.*

## POLICY GUIDELINES

### APPROPRIATE POPULATIONS

Group 3 power wheelchairs are reserved for the severely impaired patient afflicted with diseases such as: Amyotrophic Lateral Sclerosis (ALS), spinal cord injuries resulting in quadriplegia, stroke (CVA) with hemiplegia, late stage Parkinson's, late stage Multiple Sclerosis (MS), cerebral palsy, or Muscular Dystrophy.<sup>[1]</sup>

A Group 3 power wheelchair would not be appropriate for a beneficiary who has diabetes with peripheral neuropathy. Peripheral neuropathy affects the nerves. It is not a primary neurological condition but rather a symptom of another disease. The Power Mobility Device LCD specifically states that the patient must have a neurological condition; therefore, the beneficiary with peripheral neuropathy does not meet coverage criteria for a group 3 power wheelchair.

### DEFINITIONS

#### Optimally configured wheelchair

An optimally configured wheelchair is one with an appropriate wheelbase, device weight, seating options (seat height and seat tilt/slope), and other appropriate non-powered accessories.

#### Power operated vehicle (POV)

A POV (scooter) is a chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four-wheel non-highway construction.

## LIST OF INFORMATION NEEDED FOR REVIEW

### REQUIRED DOCUMENTATION:

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- Medical records and chart notes pertinent to the PWC request, including history of the present condition(s) and past medical history relevant to mobility needs. Required information includes:
  - Date of face-to-face encounter by the treating practitioner, with signed and dated documentation;
    - Elements of the face-to-face should include:

- Mobility limitation and how it interferes with the performance of ADLs (the physical examination should focus on body systems responsible for ambulatory difficulty or impact on ambulatory ability); (
- Explanation of why a cane, walker, manual wheelchair, or POV (scooter) is unable to meet the mobility needs in the home; and,
- If the member has the physical and mental abilities to operate a power wheelchair safely in the home.
  - The underlying condition, and whether or not it is reversible.
  - Ambulation-limiting symptoms and the diagnoses responsible for them;
  - Medications or other treatment for these symptoms;
  - Progression of ambulation difficulty over time;
  - Other diagnoses that may relate to ambulatory problems;
  - How far the beneficiary can walk without stopping and the pace of ambulation;
  - What ambulatory assistance (e.g., cane, walker, wheelchair, caregiver) currently used. If the prior mobility device is not a POV, provide details regarding the physical and functional changes that now require the use of a power mobility device;
  - Ability to stand up from a seated position without assistance; and,
  - Description of the home setting and the ability to perform activities of daily living in the home.
  - Length of need
- Physical examination relevant to mobility needs;
  - Weight and height;
  - Cardiopulmonary examination;
  - Musculoskeletal examination (i.e., arm and leg strength and range of motion);
  - Neurological examination (i.e., gait, balance and coordination); and,
  - Clearly distinguish the beneficiary's abilities and needs within the home from any additional needs for use outside the home.

## CROSS REFERENCES

1. [Durable Medical Equipment, Prosthetic and Orthotic Replacements, Duplicates, Repairs, and Upgrades to Existing Equipment](#), Durable Medical Equipment, Policy No. 75
2. [General Medical Necessity Guidance for Durable Medical Equipment, Prosthetic, Orthotics and Supplies \(DMEPOS\)](#), Durable Medical Equipment, Policy No. 88

## BACKGROUND

Wheelchairs can be described in HCPCS coding with one code for the wheelchair base and then additional codes for wheelchair options and accessories. The decision for a particular wheelchair base may be influenced by the chair's intended use, the patient's size or level of disability, or based on specific features that will be incorporated into the chair (for example, a heavy-duty base with additional electronics features may be needed to support a power tilt and/or recline option.)

The following is a list of wheelchair bases and their characteristics:

### **POWER WHEELCHAIRS (PWCS)**

Power wheelchairs are battery powered mobility devices with integrated or modular seating system, electronic steering and four or more-wheel non-highway construction. PWCs are divided into six performance-based groups as listed in Table 1.<sup>[2]</sup> This policy only addresses Group 3 PWCs:

**Table 1. Power Wheelchairs: Six Performance-based Groups**

<b>CHAIR/ HCPCS</b>	<b>GROUP 1 K0813-16</b>	<b>GROUP 2 K0820-K0843</b>	<b>GROUP 3 K0848-K0864</b>	<b>GROUP 4 K0868-K0886</b>	<b>GROUP 5 K0890-K0891</b>	<b>GROUP 6 K0898-99</b>
<b>Length</b>	40 inches	48 inches	48 inches	48 inches	48 inches	NA
<b>Width</b>	≤24 inches	≤34 inches	≤34 inches	≤34 inches	≤34 inches	NA
<b>Obstacle Height</b>	20 mm	40 mm	60 mm	75 mm	60 mm	NA
<b>Minimum Top End Speed- Flat</b>	3 MPH	3 MPH	4.5 MPH	6 MPH	4 MPH	NA
<b>Range</b>	5 miles	7 miles	12 miles	16 miles	12 miles	NA
Obstacle height or obstacle climb denotes the vertical height of a solid obstruction that can be climbed.						
Minimum top end speed denotes the minimum speed on a flat hard surface that is acceptable for a given category of devices.						
Range denotes the minimum distance acceptable for a given category of devices on a single charge of the batteries.						
The above six PWC groups are subdivided based on patient weight capacity, seat type, portability and/or power seating system capability.						

There are four weight capacity groups. Those listed in Table 2. represent patient weight handling capacity and are not intended to reflect performance.

**Table 2. Weight Capacity Groups**

<b>Standard Duty</b>	<b>Heavy Duty</b>	<b>Very Heavy Duty</b>	<b>Extra Heavy Duty</b>
Up to and including 300 pounds	301-450 pounds	451-600 pounds	601 pounds or more

**Table 3. Seat Types**

<b>Sling Seat/Back- Flexible</b>	<b>Solid Seat/ Back-Rigid</b>	<b>Captains Chair</b>	<b>Stadium Style Seat</b>
Cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.	Metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or back. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWCs with an automotive-style back and a solid seat pan are considered as a solid	A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It may or may not have a	A one or two piece stadium-style seat with rigid frame and cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It does not have a headrest. Chairs with stadium style seats

Sling Seat/Back-Flexible	Solid Seat/ Back-Rigid	Captains Chair	Stadium Style Seat
	seat/back system, not a Captains Chair.	headrest, either integrated or separate.	are billed using the Captains Chair HCPCS codes.

Portable denotes a PWC that is built of lightweight construction or can be disassembled into lightweight components that allow easy placement into a vehicle for use in a distant location.

Power options that may be added to a PWC to include power tilt, recline, elevating legrests, seat elevators or standing systems. There are three categories of PWCs based on the capability to accept and operate these power options:

- No-power-options PWCs are incapable of accommodating any power options
- Single power option PWCs have the capability to accept and operate only one power accessory at a time on the base.
- Multiple power option PWCs have the capability to accept and operate more than one power accessory at a time on the base.

Pediatric PWCs are uniquely sized for use with very small individuals and have the capability for extensive growth through frame adjustments (not just seating) and special features to address developmental issues (e.g., seat to floor placement, standing capability).

Each power wheelchair base code is intended to include all of the following Basic Equipment Package items on initial issue:

- Lap belt or safety belt (E0978)
- Battery charger single mode (E2366)
- Complete set of tires and casters, any type
- Legrests: Fixed, swingaway, or detachable nonelevating leg rests with or without calf pad (E0995)
- Footrests: Fixed, swingaway, or detachable nonelevating foot rests/plates or foot platform without angle adjustment for any PWC or angle adjustable footplates with Group 1 or 2 PWCs (K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0052)
- Fixed, swingaway, or detachable nonadjustable height armrests (E0994, K0015, K0019) with arm pad (K0019)
- Upholstery for seat and back of proper strength and type for patient weight capacity of the power wheelchair (E0981, E0982)
- Weight specific components per patient weight capacity
- Any seat width and depth or back width except for Group 3 or 4 PWCs with a sling/solid seat/back
- Controller and Input Device.

## SUMMARY

Group 3 power wheelchairs may improve overall health outcomes for some people with mobility limitations. According to the U.S. Centers for Medicare & Medicaid Services, Group 3 power wheelchairs are considered reasonable and medically necessary for specific populations when certain situations exist. Therefore, Group 3 power wheelchairs may be considered medically necessary when policy criteria are met. In all other situations, Group 3

power wheelchair use does not change management and does not improve health outcomes. Therefore, Group 3 power wheelchairs are not medically necessary when policy criteria are not met.

## REFERENCES

1. Noridian Healthcare Solutions. Group 3 Power Wheelchair Requirements. Last updated Jun 19, 2019. [cited 07/26/2023]. 'Available from:' <https://med.noridianmedicare.com/web/jddme/dmepos/pmds/group-3-power-wheelchair-requirements>.
2. U.S. Centers for Medicare & Medicaid Services. Local Coverage Article (LCA): Power Mobility Devices - Policy Article (A52498). Effective Date 01/01/2020. [cited 07/26/2023]. 'Available from:' <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52498&ver=50&bc=CAAAAAAAAAAAAA>.
3. U.S. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Power Mobility Devices (L33789) For services performed on or after 01/01/2020 [cited 07/26/2023]. 'Available from:' <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33789&ver=31&Date=&DocID=L33789&bc=iAAAABAAqAAA&>.

## CODES

**NOTE:** This policy only addresses Group 3 PWC (HCPCS codes K0848-K0864).

Codes	Number	Description
CPT	None	
HCPCS	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
	K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
	K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
	K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
	K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
	K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
	K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds

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<b>Codes</b>	<b>Number</b>	<b>Description</b>
	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more

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