

Power Mobility Devices (for Indiana Only)

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[Instructions for Use](#)

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Related Policies
<ul style="list-style-type: none"> Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements Manual Wheelchairs Wheelchair Options and Accessories Wheelchair Seating

Application

This Coverage Determination Guideline only applies to the state of Indiana.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [Indiana Durable and Home Medical Equipment and Supplies Provider Reference Module](#).

Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

Multiple Power Options: A category of PWCs with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating leg rests, a power seat elevator, and/or a power standing system. A PWC does not have to accommodate all features to qualify for this code.

Single Power Option: A category of PWCs with the capability to accept and operate a power tilt or power recline or power standing or, for Groups 3, 4, and 5, a power seat elevation system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt or power recline. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a Power Wheelchair that can only accommodate a power tilt could qualify for this code.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

UnitedHealthcare has adopted the requirements and intent of the National Correct Coding Initiative. The Centers for Medicare & Medicaid Services (CMS) has contracted with Palmetto to manage Pricing, Data and Coding (PDAC) for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS). This notice is to confirm UnitedHealthcare has established the PDAC as a source for correct coding and coding clarification.

Coding Clarifications:

PWC Basic Equipment Package: Each Power Wheelchair code is required to include all these items on initial issue.

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be requested separately.
- Battery charger, single mode
- Complete set of tires and casters, any type
- Leg rests. Fixed, swing away, or detachable non-elevating leg rests with or without calf pad are included. Elevating leg rests may be requested separately.
- Footrests/foot platform. Fixed, swing away, or detachable footrests or a foot platform without angle adjustment are included. Angle adjustable footplates may be requested separately with Group 3, 4 and 5 PWCs.
- Armrests. Fixed, swing away, or detachable non-adjustable height armrests with arm pad are included. Adjustable height armrests may be requested separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by member weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be requested separately:
 - For Standard Duty, seat width and/or depth greater than 20 inches;
 - For Heavy Duty, seat width and/or depth greater than 22 inches;
 - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
 - For Extra Heavy Duty, do not request separately
- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be requested separately:
 - For Standard Duty, seat back width greater than 20 inches;
 - For Heavy Duty, back width greater than 22 inches;
 - For Very Heavy Duty, back width greater than 24 inches;
 - For Extra Heavy Duty, do not request separately
- Controller and Input Device
- Non-expandable controller and a standard proportional joystick (integrated or remote) is included. An expandable controller, a nonstandard joystick (i.e., nonproportional or mini, compact or short throw proportional), or other alternative control device may be requested separately.
- There are five PWC Groups and two POV Groups. Groups are divided based on performance. Each group of PMDs has subdivisions based on member weight capacity, seat type, portability, and/or power seating system capability.
- All POVs (K0800, K0801, K0802, K0806, K0807, K0808, K0812) must have the specified components and meet the following requirements:
 - Have all components in the POV Basic Equipment Package
 - Seat Width: Any width appropriate to weight group
 - Seat Depth: Any depth appropriate to weight group
 - Seat Height: Any height (adjustment requirements - none)
 - Back Height: Any height (minimum back height requirement - none)
 - Seat to Back Angle: Fixed or adjustable (adjustment requirements - none)
 - Meet the following testing requirements:
 - Fatigue test - 200,000 cycles
 - Drop test - 6,666 cycles
- Group 1 POVs (K0800, K0801, K0802) must meet the following requirements:
 - Length - less than or equal to 48 inches
 - Width - less than or equal to 28 inches
 - Minimum Top End Speed - 3 MPH
 - Minimum Range - 5 miles
 - Minimum Obstacle Climb - 20 mm
 - Radius Pivot Turn - less than or equal to 54 inches
 - Dynamic Stability Incline - 6 degrees

- Group 2 POVs (K0806, K0807, K0808) must meet the following requirements:
 - Length - less than or equal to 48 inches
 - Width - less than or equal to 28 inches
 - Minimum Top End Speed - 4 MPH
 - Minimum Range - 10 miles
 - Minimum Obstacle Climb - 50 mm
 - Radius Pivot Turn - less than or equal to 54 inches
 - Dynamic Stability Incline - 7.5 degrees

The following requirements describe the configurations of Power Wheelchairs as they are coded by the Pricing, Data Analysis, and Coding (PDAC) contractor. Items provided to the member may include upgraded components which are substituted for the basic component and are billed separately. One example is a power seating system. When this is provided, the base code used should be that with a sling/solid seat/back. Another example is the provision of an expandable controller when the base code includes a non-expandable controller but is capable of an upgrade.

- All PWCs (K0813, K0814, K0815, K0816, K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843, K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864, K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886, K0890, K0891, K0898) must have the specified components and meet the following requirements:
 - Have all components in the PWC Basic Equipment Package
 - Have the seat option listed in the code descriptor
 - Seat Width: Any width appropriate to weight group
 - Seat Depth: Any depth appropriate to weight group
 - Seat Height: Any height (adjustment requirements - none)
 - Back Height: Any height (minimum back height requirement - none)
 - Seat to Back Angle: Fixed or adjustable (adjustment requirements - none)
 - May include semi-reclining back
 - Meet the following testing requirements:
 - Fatigue test - 200,000 cycles
 - Drop test - 6,666 cycles
- All Group 1 PWCs (K0813, K0814, K0815, K0816) must have the specified components and meet the following requirements:
 - Standard integrated or remote proportional joystick
 - Non-expandable controller
 - Incapable of upgrade to expandable controller
 - Incapable of upgrade to alternative control devices
 - May have cross brace construction
 - Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating leg rests) (except captains chairs)
 - Length - less than or equal to 40 inches
 - Width - less than or equal to 24 inches
 - Minimum Top End Speed - 3 MPH
 - Minimum Range - 5 miles
 - Minimum Obstacle Climb - 20 mm
 - Dynamic Stability Incline - 6 degrees
- For Group 1 portable wheelchairs (K0813, K0814), the largest single component may not exceed 55 pounds.
- All Group 2 PWCs (K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0830, K0831, K0835, K0836, K0837, K0838, K0839, K0840, K0841, K0842, K0843) must have the specified components and meet the following requirements:
 - Standard integrated or remote proportional joystick
 - May have cross brace construction
 - Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains chairs)
 - Length - less than or equal to 48 inches
 - Width - less than or equal to 34 inches

- Minimum Top End Speed - 3 MPH
- Minimum Range - 7 miles
- Minimum Obstacle Climb - 40 mm
- Dynamic Stability Incline - 6 degrees
- For Group 2 portable PWCs (K0820, K0821), the largest single component may not exceed 55 pounds.
- Group 2 no power option PWCs (K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829) must have the specified components and meet the following requirements:
 - Non-expandable controller
 - Incapable upgrade to expandable controller
 - Incapable of upgrade to alternative control devices
 - Incapable of accommodating a power tilt, recline, seat elevation, standing system
 - Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating leg rests) (except captains chairs)
- Group 2 seat elevator PWCs (K0830, K0831) must have the specified components and meet the following requirements:
 - Non-expandable controller
 - Incapable of upgrade to expandable controller
 - Incapable of upgrade to alternative control devices
 - Accommodates only a power seat elevating system
- Group 2 Single Power Option PWCs (K0835, K0836, K0837, K0838, K0839, K0840) must have the specified components and meet the following requirements:
 - Non-expandable controller
 - Capable of upgrade to expandable controller
 - Capable of upgrade to alternative control devices
 - See Single Power Option definition for seating system capability
- Group 2 multiple power option PWCs (K0841, K0842, K0843) must have the specified components and meet the following requirements:
 - Non-expandable controller
 - Capable of upgrade to expandable controller
 - Capable of upgrade to alternative control devices
 - See Multiple Power Options definition for seating system capability
 - Accommodates a ventilator
- All Group 3 PWCs (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863, K0864) must have the specified components and meet the following requirements:
 - Standard integrated or remote proportional joystick
 - Non-expandable controller
 - Capable of upgrade to expandable controller
 - Capable of upgrade to alternative control devices
 - May not have cross brace construction
 - Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains chairs)
 - Drive wheel suspension to reduce vibration
 - Length - less than or equal to 48 inches
 - Width - less than or equal to 34 inches
 - Minimum Top End Speed - 4.5 MPH
 - Minimum Range - 12 miles
 - Minimum Obstacle Climb - 60 mm
 - Dynamic Stability Incline - 7.5 degrees
- All Group 4 PWCs (K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886) must have the specified components and meet the following requirements:
 - Standard integrated or remote proportional joystick
 - Non-expandable controller
 - Capable of upgrade to expandable controller
 - Capable of upgrade to alternative control devices
 - May not have cross brace construction

- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captains chairs)
- Drive wheel suspension to reduce vibration
- Length - less than or equal to 48 inches
- Width - less than or equal to 34 inches
- Minimum Top End Speed - 6 MPH
- Minimum Range - 16 miles
- Minimum Obstacle Climb - 75 mm
- Dynamic Stability Incline - 9 degrees
- Group 3 and 4 no power option PWCs (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0868, K0869, K0870, K0871) must have the specified components and meet the following requirements:
 - Incapable of accommodating a power tilt, recline, seat elevation, standing system
 - Accommodates non-powered options and seating systems (e.g., recline-only backs, manually elevating leg rests)
- Group 3 and 4 Single Power Option PWCs (K0856, K0857, K0858, K0859, K0860, K0877, K0878, K0879, K0880) must have the specified components and meet the following requirements:
 - Refer to [Single Power Option](#) definition for seating system capability
- Group 3 and 4 multiple power option PWCs (K0861, K0862, K0863, K0864, K0884, K0885, K0886) must have the specified components and meet the following requirements:
 - Refer to [Multiple Power Options](#) definition for seating system capability
 - Accommodates a ventilator
- All Group 5 PWCs (K0890, K0891) must have the specified components and meet the following requirements:
 - Standard integrated or remote proportional joystick
 - Non-expandable controller
 - Capable of upgrade to expandable controller
 - Capable of upgrade to alternative control devices
 - Seat Width: minimum of 5 one-inch options
 - Seat Depth: minimum of 3 one-inch options
 - Seat Height: adjustment requirements ≥ 3 inches
 - Back Height: adjustment requirements minimum of 3 options
 - Seat to Back Angle: range of adjustment - minimum of 12 degrees
 - Accommodates non-powered options and seating systems
 - Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports)
 - Adjustability for growth (minimum of 3 inches for width, depth and back height adjustment)
 - Special developmental capability (i.e., seat to floor, standing, etc.)
 - Drive wheel suspension to reduce vibration
 - Length - less than or equal to 48 inches
 - Width - less than or equal to 34 inches
 - Minimum Top End Speed - 4 MPH
 - Minimum Range - 12 miles
 - Minimum Obstacle Climb - 60 mm
 - Dynamic Stability Incline - 9 degrees
 - Crash testing - Passed
- Group 5 Single Power Option PWC (K0890) must have the specified components and meet the following requirements:
 - Refer to [Single Power Option](#) definition for seating system capability
- Group 5 multiple power option PWC (K0891) must have the specified components and meet the following requirements:
 - Refer to [Multiple Power Options](#) definition for seating system capability

If a power mobility device has not received a written coding verification determination from the PDAC or if the PDAC determines that the product does not meet the requirements of any code, it must be billed with code K0899.

HCPCS Code	Description
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control

HCPCS Code	Description
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
E0986	Manual wheelchair accessory, push-rim activated power assist system
K0013	Customized Durable Medical Equipment, Other Than Wheelchair
K0800	Power Operated Vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power Operated Vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds
K0802	Power Operated Vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds
K0806	Power Operated Vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power Operated Vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds
K0808	Power Operated Vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds
K0812	Power Operated Vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

HCPCS Code	Description
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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, captain's 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
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
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds

HCPCS Code	Description
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria

Guideline History/Revision Information

Date	Summary of Changes
04/01/2021	<ul style="list-style-type: none"> New Coverage Determination Guideline

Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.