

The Department of Vermont Health Access
Supplement to InterQual® Criteria

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant [Health Care Rules](#) and requirements, DVHA may base coverage determinations on information supplemental to InterQual® ® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the [Vermont Medicaid Portal](#), go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Power Mobility Devices (PMDs): Power Wheelchairs (PWCs), Power Operated Vehicles (POVs) and Power Assist devices (PADs)

Last Review: December 17, 2024*

Past Revisions: n/a

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Power mobility devices (PMDs) include power wheelchairs, power operated vehicles, and power assist devices. They are typically powered by electricity stored in an on-board battery. The purpose of the device is to provide mobility. A wheelchair is not a transportation device.

Criteria Supplemental to InterQual®

In addition to the guidance provided by InterQual®, the following information should be considered by DVHA reviewers:

InterQual® criteria for manual wheelchairs are broader than Medicaid regulations permit. Healthcare Common Procedure Coding System (HCPCS) coding definitions can often help to clarify which device fits Medicaid regulation for coverage. When the HCPCS definition does not offer sufficient clarification, additional resources may be required. For those situations, Medicare has created definitions of each wheelchair, and these definitions are utilized by Medicare to classify specific types of PMDs. These definitions may be useful and are provided below. The member's medical needs ([Health Care Administrative Rule 4.101](#)) must match the capability of the PMD within the limitations of Medicaid coverage and must be the least expensive, medically appropriate device.

DVHA does not allow additional coding for accessories when those accessories are part of the definition of the base chair. Each request must clearly demonstrate medical necessity for the



accessories included with the base code. For example, detachable armrests or elevating leg rests.

In addition to the use of the resources listed above and Appendix A below in determining whether a certain type of power mobility is appropriate to the member's medical need, consideration must also be given to the limitations imposed by the manufacturers. For example, currently there are no group 2 chairs that can accept certain electronic and seating accessories. Therefore, members needing those accessories will require a group 3 chair. The evaluating therapist and assistive technology practitioner (ATP) must document their search for the least expensive medically necessary wheelchair that is available. They must specify that there is no group 2 chair manufactured that can meet the medical need if they request a group 3 chair in situations where a group 2 chair as defined in Appendix A would have otherwise met the medical need.

Recent changes to Medicare coverage impact Medicaid. These include:

- Medicare coverage of wheelchair seat elevation systems, and
- the Medicare decision that "If a power wheelchair can only accept power elevating legrests and/or seat elevation, it is considered to be a **No Power Option** chair."

Consult the HCPCS coding manual or other professional coding resources and read all code definitions carefully to determine the correct code. Also, review the definitions in Appendix A, which are directly from the Medicare LCD for wheelchairs.

In addition to the guidance provided by InterQual®, the following information should be considered by Department of Vermont Health Access (DVHA) reviewers:

Medicaid Rule - substantively updated effective 1/7/19: All covered wheelchairs must:

- Meet the member's medical needs (HCAR Rule 4.101).
- Match the capability of the device/accessories to the member's medical needs within the limitations of Medicaid coverage; and
- Be the least expensive, medically appropriate device (Medicaid Rule [7102.2](#)).

Power mobility devices (PMD) are covered when medically necessary. Wheelchairs and mobility devices are considered medically necessary when a member has a mobility limitation that significantly impairs their ability to:

- Participate in one or more mobility related activities of daily living (MRADLs: toileting, feeding, dressing, grooming, and bathing) in or outside of the home,
- Access authorized Medicaid transportation to medical services, or
- Exit the home within a reasonable timeframe.

Power assist wheels (power rims) are most appropriate for members who can use a manual wheelchair but need powered assistance for propulsion and braking.

Power operated vehicles (scooters) are most appropriate for members who do not need positioning or postural support and are able to use a tiller drive system. The home must be able to accommodate the longer footprint and greater turning radius of this type of device.

Power wheelchairs are most appropriate for members who require positioning or postural support, are not able to use a tiller drive system, or where the home cannot accommodate the size or turning radius of a power operated vehicle.

DVHA Information and Education

On the [DVHA forms webpage](#), documentation provided in the Wheelchair Positioning Evaluation and Prescription Form or the Wheelchair Basic and Rental Evaluation and Prescription Form is advisory in nature. The purpose of the forms is to assist equipment prescribers and durable medical equipment providers to successfully complete a Vermont Medicaid request for a mobility device. Use of the DVHA forms will facilitate the prior authorization process and result in more timely equipment acquisition. Always use the most current version of all DVHA forms and fill them out completely to avoid delays and denials.

Documentation: All documentation must match. The device(s) medically needed by the member and the code(s) requested for authorization and coverage must be consistent throughout the documentation submitted. It is the responsibility of the vendor to ensure that all documentation matches the medical needs of the member and is consistent. For example, if the physician reports a need for a standard wheelchair with detachable armrests because the member needs to use a sliding board for transfers, but the facility case manager documents the need for a standard wheelchair only and the vendor requests a code for a wheelchair with elevating legrests and fixed arms, then that submission will be denied until all documentation matches and exactly reflects the medical needs of the member.

Previous use of a manual wheelchair: InterQual® criteria require that a member have used a manual wheelchair for one year before power assist devices can be approved. This is *not* a Medicaid requirement. For example, if a member has known upper extremity pathology, there is no need to wait one year before a power assist device can be authorized.

Caregiver propulsion (attendant control): InterQual® criteria allow for caregiver propulsion of a power assist device when the member is unable to self-operate the device. This is not a practical form of propulsion and is not covered by Vermont Medicaid.

Dual eligible members:

Medicare only covers a level of device that is required for in-home use. Vermont Medicaid's coverage is more expansive. Medicare has a prior authorization system for certain wheelchairs, it must be obtained before Medicaid can consider a request for a dual eligible member. When a device does not meet Medicare criteria but does meet Vermont Medicaid criteria, Vermont Medicaid can cover the device. It is necessary to clearly state on the Notice of Decision (NOD) that Medicare will not cover so that the claim can be paid. Please see the DVHA Provider Manual Durable Medical Equipment Supplement for details. If Medicare would have covered a higher level of device for the member per their diagnosis or per chair accessories/configuration, Medicaid will honor the coverage of the higher-level device.

Advanced Determination for Medicare Coverage (ADMC) and Prior Authorizations: If a wheelchair is requested for a dual eligible member, where there is an opportunity to obtain an ADCM/Medicare Prior Authorization, the DVHA expects the provider to do so. Codes for which

ADMCs/PAs are available for PMDs are: K0857, K0858, K0859, K0860, K0862, K0863, K0864, K0890, K0891, K0013/K0835, K0843, K0848, K0855, K0856, K0861.

Dual eligible Notice of Decision (NOD) language:

If it is **not** clear that Medicare will not cover the chair, the notice of decision from Vermont Medicaid will state: “Medical necessity has been met under HCAR 4.101. The provider must bill the primary insurer first because Medicaid is payer of last resort (Medicaid Rule 7108).”

If it **is** clear that Medicare will not cover the chair, the notice of decision from Vermont Medicaid will state: “Medical necessity has been met under HCAR 4.101. Supplier may bill Medicaid directly.”

Devices specifically for school use: If a device is only required for the school setting, the device is the responsibility of the school and not medical model Medicaid. The school may cover the device and then petition the Agency of Education to request Medicaid funding.

Devices specifically for vocational purposes: If a higher-level device is needed for vocational purposes than for home use, the member must be directed to the Department of Vocational Rehabilitation, now known as HireAbility.

Devices specifically for nursing home residents: Medicare does not cover devices for members who reside in nursing homes. Members, including dual eligible members who reside in a nursing home may obtain Medicaid coverage for a mobility device, seating system or accessories if the item is so unique to the member that it would not be useful to other residents (HCAR 4.210.3).

Least expensive, medically necessary: Authorization must not be granted for a device that is not the least expensive, medically necessary chair as determined by the wheelchair evaluation/prescription documentation. For example, a member’s documentation demonstrates a medical need for a Group 2 wheelchair as defined below. The vendor reports that they only carry Group 3 wheelchairs. No documentation has been received to demonstrate that the Group 3 chair is required to meet the medical need. Therefore, the Group 3 chair cannot be covered. The vendor can obtain a Group 2 chair, or the member can obtain a new vendor.

Equipment protection: PMDs are subject to damage by water and inclement weather. Members who are unhoused may have difficulty keeping the device charged and usable. This information must be communicated to the medical home to determine how best to address housing insecurity to support use of the device.

Rentals:

Payment will be made for rental of one device under the following circumstances:

- (A) While waiting for purchase or repair of a custom chair, when there is no other available option,
- (B) For short-term acute medical conditions,
- (C) During a trial period when no loaner device can be obtained, or
- (D) As part of Medicaid reimbursement requirements for items of durable medical equipment subject to capped rental.

Capped Rental:

VT Medicaid began a capped rental program for certain equipment, including many wheelchairs and certain wheelchair accessories/components. The capped rental list is available at: <https://vtmedicaid.com/#/resources>. Limitation Guidelines:

Long-term use of standard seat height wheelchairs may lead to shoulder overuse injuries related to reaching to higher surfaces. Consideration should be given to an Occupational or Physical Therapy evaluation for home modifications, or device configurations that minimize reaching impact, such as seat elevation systems and wheelchair standing systems.

For more information on power mobility devices, please review the power point presentations Obtaining Basic Power Mobility Devices and Obtaining Complex Mobility Devices, available at: <https://www.vtmedicaid.com/#/providerEducation>

Type of service or procedure not covered (this list may not be all inclusive)

Power mobility devices are **NOT** covered for **adults** when their sole purpose is community mobility. Wheelchairs do not take the place of transportation; they are a form of mobility and replace ambulatory mobility. Coverage for children is more expansive given EPSDT regulations.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment
- 4.210 Wheelchairs, Mobility Devices and Seating Systems

Coverage Position

Power mobility devices may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding power mobility devices, and who provides medical care to the member AND
- When the clinical criteria above are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Clinical criteria for repeat service or procedure

Providers should refer to the [Vermont Medicaid DME limitation list](#) which provides guidance around expected useful lifetime for DME devices. This list applies to services for all Vermont Medicaid members, regardless of ACO attribution status. It is DVHA expectation that providers document medical necessity to justify services or items provided in excess of these limitations.

Device replacement may be medically necessary when the device has been outgrown, no longer meets the medical need, is no longer repairable, or repair would cost more than 50% of the cost of a new device. DVHA expectation is that the device last at least 5 years.

Type of service or procedure covered

Medically necessary power mobility devices.

Coding guidelines

Please see the [Vermont Medicaid fee](#) schedules for code coverage, and applicable requirements.

Always use the most specific code for all requested wheelchairs and wheelchair components/accessories.

Never bill for components which are already included in the description of the base chair.

Generic codes: Vendors must not use a code, particularly a generic code, to obtain a higher reimbursement rate than the price on file. For enhanced pricing considerations, refer to the DVHA Provider Manual Durable Medical Equipment Supplement.

APPENDIX A: DEFINITIONS

Power Wheelchairs (PWC):

Basic Equipment Package: Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue or thereafter unless there is documented need for repair not covered by warranty or a need for modification as prescribed by the medical provider, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode.
- Complete set of tires and casters, any type.
- Leg rests. There is no separate billing/payment if fixed, swing-away, or detachable non-elevating leg rests with or without calf pad are provided. Elevating leg rests may be billed separately.
- Footrests/foot platform. There is no separate billing/payment if fixed, swing-away, or detachable footrests or a foot platform without angle adjustment are provided unless the

foot platform is a custom component. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.

- Armrests. There is no separate billing/payment if fixed, swing-away, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed 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, no separate billing.
- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, 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, no separate billing.
- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., non-proportional or mini, compact, or short throw proportional), or other alternative control device may be billed separately.

Code Specific Requirements:

All Group 1 PWCs must 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 chairs with captain's seats)
- 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 [.78 inches]
- Dynamic stability incline - 6 degrees [1:10 slope]

Group 1 portable wheelchairs: the largest single component may not exceed 55 pounds. All

Group 2 PWCs must 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 chairs with captain's seats)
- 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 [1.57 inches]
- Dynamic stability incline - 6 degrees [1:10 slope]

Group 2 portable PWCs: the largest single component may not exceed 55 pounds.

Group 2 no power option PWCs: 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
 - Incapable of accommodating a power tilt, recline, seat elevation, or standing system
 - Accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests) (except chairs with captain's seats)

Group 2 seat elevator PWCs 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 seating system

Group 2 single power option PWCs 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
- Can operate a power tilt or power recline or power standing, but not a combination tilt and recline. It may be able to accommodate power elevating leg rests, seat elevator, and/or standing system in combination with a power tilt and recline.

Group 2 multiple power option PWCs 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
- Capable of accepting and operating 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.
- Accommodates a ventilator

All Group 3 PWCs must 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 chairs with captain's seats) –
- 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 [2.36 inches]
- Dynamic stability incline - 7.5 degrees [1:8 slope]

Group 3 and 4 no power option PWCs must have the specified components and meet the following requirements:

- Incapable of accommodating a power tilt, recline, seat elevation, standing system
- Accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests)

Group 3 and 4 single power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a power tilt or power recline or power standing, or a power seat elevating 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.

Group 3 and 4 multiple power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power operating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator

All Group 4 PWCs must 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 chairs with captain's seats) - 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 [2.95 inches]
- Dynamic stability incline - 9 degrees [1:6 slope]

Group 3 and 4 no power option PWCs must have the specified components and meet the following requirements:

- Incapable of accommodating a power tilt, recline, seat elevation, standing system
- Accommodates nonpowered options and seating systems (e.g., recline-only backs, manually elevating leg rests)

Group 3 and 4 single power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a power tilt or power recline or power standing, or a power seat elevating 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.

Group 3 and 4 multiple power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power operating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator

All Group 5 (pediatric) PWCs 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 greater or equal to 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 (e.g., 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 [2.36 inches]
- Dynamic stability incline – 9 degrees [1:6 slope]
- Crash testing – passed

Group 5 single power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a power tilt or power recline or power standing, or a power seat elevating 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.

Group 5 multiple power option must have the specified components and meet the following requirements:

- Capable of accepting and operating a combination power tilt and recline seating system. It may also be able to accommodate power operating leg rests, a power seat elevator, and/or a power standing system.
- Accommodates a ventilator

Power Operated Vehicle (POV): also known as “scooters”

Basic Equipment Package: Each POV is to include all these items on initial issue (e.g., no separate billing/payment at the time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation.

Code Specific Requirements:

Group 1 POVs 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 [.78 inches]
- Radius pivot turn – less than or equal to 54 inches
- Dynamic stability incline – 6 degrees [1:10 slope]

Group 2 POVs 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 [1.97 inches]
- Radius pivot turn – less than or equal to 54 inches
- Dynamic stability incline – 7.5 degrees [1:8 slope]

(Source: Article for Power Mobility Devices (A52498), NHIC Corp. revision date effective 1/1/20)

Push-Rim Activated Power Assist devices are accessories to a manual wheelchair in which sensors in the power wheels determine the force that is exerted by the member upon the wheel and gives the user a propulsion and/or braking assist. The power assist code is all-inclusive. All components, e.g., drive wheels, batteries, chargers, controls, mounting hardware, etc., for a manual wheelchair conversion are considered included.

Additional Definitions:

Power Options:

- **No power option:** incapable of accommodating a power tilt, recline, seat elevation, or standing system, although it can accept power elevating leg rests.
- **Single power option:** 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 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.
- **Multiple power options:** the capability to accept and operate a combination power tilt and recline. It may also be able to accommodate power elevating leg rests, a power seat elevator, and/or a power standing system.

(Source: Article for Power Mobility Devices (A52498), NHIC Corp. effective 10/1/15, revised 1/1/20)

Power Wheelchair Drive Control Systems:

Interfaces: This is the device the member uses to drive and control the chair. It is often a joystick but can also be a series of switches operated by the use of head movements, mouth movements, or foot movements. **Non-proportional Interface:** “one which involves a number of switches. Selecting a particular switch determines the direction of the wheelchair, but the speed is preprogrammed. One example of a non-proportional interface is a sip-and-puff mechanism.”

- **Proportional Interface:** “the direction and amount of movement by the patient controls the direction and speed of the wheelchair. One example...is a standard joystick.”
- **Compact proportional joystick:** “one which has a maximum excursion of about 15 mm...but requires ...340 grams of force to activate. It can only be used with an expandable controller.”
- **Mini-proportional joystick:** “one which can be activated by a very low force (...25 grams) and which has a very short displacement (...5 mm...). It can only be used with an expandable controller.”
- **Remote Joystick:** “the joystick is in one box that is typically mounted on the arm of the wheelchair and the controller electronics are located in a different box that is typically located under the seat of the wheelchair. The joystick is connected to the controller through a low power wire harness. A remote joystick may be used for either hand control, chin control, or attendant control.”

- **Standard proportional remote joystick:** “requires 340 grams of force to activate and which has an excursion ...of ...25 mm.... It can be used with a non-expandable or an expandable controller.”
- **Touchpad:** “an interface similar to [a] mouse.”

Controllers: These are the electronics that translate the joystick information to the wheelchair, to control the wheelchair’s motions. “The microprocessor and other related electronics that receive and interpret input from the [interface] and convert that input into power output which controls speed and direction. A high-power wire harness connects the controller to the motor and gears.”

- **Non-expandable controller:** “may have the ability to control up to 2 power seating actuators (for example, seat elevator and single actuator power elevating leg rests). Can accommodate only an integral joystick or a standard proportional remote joystick...”
- **Expandable controller:** “capable of accommodating one or more of the following additional functions: other types of proportional input devices (e.g. mini-proportional or compact joysticks, touch pads, chin control, head control, etc.), non-proportional [interfaces] (e.g. sip-and-puff, head array, etc.); operate 3 or more powered seating actuators through the drive control;...may also be able to operate one or more of the following: a separate display (i.e. for alternate control devices; other electronic devices (e.g. control of an augmentative speech device or computer through the chair’s drive control)....”
- **Integrated proportional joystick and controller:** “joystick and controller electronics are in a single box, which is mounted on the arm of the wheelchair.”

Other electronics:

- **Harness:** “all of the wires, fuse boxes, fuses, circuits, switches, etc. that are required for the operation of an expandable controller. It also includes all the necessary fasteners, connectors, and mounting hardware.”
- **Switch:** “electronic device which turns power to a particular function either “on” or “off”.
(Source: Article for Power Mobility Devices (A52498), NHIC Corp. effective 5/16/23)

APPENDIX B: CODING INFORMATION

Column II codes are included in the allowance for the corresponding Column I code when provided at the same time. Examples of this include, but are not limited to, the following:

Column I	Column II
Power operated vehicle (K0080-K0812)	All options and accessories
Power wheelchair base groups 1 and 2 (K813-K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0018, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power wheelchair	E0971, E0978, E0981, E0982, E0995, E1225, E2366,

base groups 3,4, and 5 (K0848- K0891)	E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0017, K0018, K0019, K0037, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
E0973	K0017, K0018, K0019
E0950	E1028
E0954	E1028
E0990	E0995, K0042, K0043, K0044, K0045, K0046, K0047
Power tilt and/or recline systems (E1002-8)	E0973, K0015, K0017, K0018, K0019, K0020, K0042, K0043, K0044, K0045, K0046, K0047, K0050, K0051, K0052
E1009-12	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047, K0052, K0053, K0195
E2325	E1028
E1020	E1028
K0039	K0038
K0045	K0043, K0044
K0046	K0043
K0047	K0044
K0053	E0990, E0995, K0042, K0043, K0044, K0045, K0046, K0047
K0069	E2220, E2224
K0070	E2211, E2212, E2224
K0071	E2214, E2215, E2225, E2226
K0072	E2219, E2225, E2226
K0077	E2221, E2222, E2225, E2226
K0195	E0995, K0042, K0043, K0044, K0045, K0046, K0047

(Source: Local Coverage Article for Wheelchair Options/Accessories A52504, effective 10/12/23)

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It is recommended that all providers review [DVHA provider manuals](#), including the durable medical equipment supplemental.

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