

PLEASE SEE THE DISCLAIMER INFORMATION PROVIDED ON THE LAST PAGE OF THIS DOCUMENT

Choosing and Documenting Adult Complex Rehab Power Wheelchairs

Power Wheelchair Medicare Funding Guide

Overview

The provision of Mobility Assistive Equipment (MAE) under Medicare is a complex, multi-step process. To qualify a patient for coverage and reimbursement, providers must follow specific guidelines outlined in the National Coverage Determination (NCD) for MAE. This includes a decision-making algorithm that spans from walking aids to power wheelchairs, requiring that lower levels of technology be ruled out before qualifying for a more advanced device.

⚠ Note: This guide is a quick reference and not a substitute for the full Medicare policy as related to adult complex rehab power wheelchairs. Providers must review the Local Coverage Determination (LCD) and associated Policy Articles for each recommended item.

Key Characteristics Influencing Power Wheelchair Selection

While Medicare's policy for complex rehab power wheelchairs is diagnosis-driven, it is not solely based on ICD-10 codes. A qualifying diagnosis alone is not sufficient. Providers must assess:

- Routine environments (home and community)
- Daily activities, roles, and responsibilities

When selecting a power wheelchair, consider the following components to meet the individual's medical and functional needs and determine corresponding qualifications.

1. Power Wheelchair (PWC) Base

- See below for various group performance characteristics and features
- Power Mobility Device (PMD) policy article A52498 defines PWC as "Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction."

2. PWC Drive Wheel Configuration

- Front, Rear, Mid-wheel – denotes the location of the main drive wheel in relation to where the rider is sitting, impacting performance and maneuverability. Learn more in this resource: [Power Wheelchair Drive Wheel Position | Education in Motion | Sunrise Medical](#)



3. Seating Type

- Sling or Solid Base (Rehab Seat):
 - Requires additional seat/back cushions
 - Must have a documented medical need
- Captain Seat:
 - No additional cushions covered

4. Power Seating Options

- No Power: can only accept power elevating legrests and/or seat elevation
- Single Power Option (SPO): can operate power tilt, recline, or seat elevation, but not a combination of power tilt and recline
- Multiple Power Options (MPO): can operate a combination of power tilt and recline, as well as the ability to accommodate power elevating leg rests, power seat elevation, and/or power standing system



Recline with elevating legrests



Tilt



Power seat elevate



Standing

5. Weight Capacity

- Heavy-duty options are coded differently and require justification

What's the need for additional options/accessories and positioning components?

The Wheelchair Basic Equipment Package outlines the standard components included with every initial PWC, which cannot be billed separately unless specified. These include items like a lap belt, battery charger, tires/casters, legrests, footrests, armrests, components tailored to the user's weight and size, and a non-expandable controller/standard proportional joystick. Some upgrades—such as elevating legrests, adjustable armrests, larger seat/back dimensions for certain PWC groups, expandable controller, non-standard joystick/alternative drive control—may be billed separately, but this does not guarantee coverage. Below is a small sample of upgrades.

1. Electronics and Controls (Advanced electronics and alternative drive inputs)



CSJSM Joystick



Vigo



Dual Pro



Ctrl+5 with Voice Activation

2. Seating (cushions and back supports)

- Skin Protection, Positioning, Combination, Custom, etc.



RIDE Custom 2 Cushion



JAY Fusion with Cryo



JAY J3 Back

3. Positioning Components

- Headrests, lateral supports, thigh/knee pads, arm troughs, etc.



Arm Trough



Lateral



Headrest

Categories of Power Mobility Devices

There are various types of Power Mobility Devices (PMD) tailored to individual needs. A specialty evaluation helps determine the necessary performance characteristics to meet the patient's goals. To differentiate the performance characteristics, PMDs have been broken down into five Power Wheelchair (PWC) and two Power Operated Vehicle (POV) Groups and further subdivided based on beneficiary weight capacity, seat type, portability, and/or power seating capability. Understanding routine activities, roles, and responsibilities will help define necessary wheelchair performance and influence selection.

The focus of this resource will be to differentiate between Group 2, 3, and 4 power wheelchairs and the specific components required for justification and documentation to meet the criteria for coverage according to Medicare guidelines.

Powered Mobility Device (PMD) Groups

Group 1 & 2 POV	Group 1 PWC	Group 2 PWC	Group 3 PWC	Group 4 PWC	Group 5 PWC
Scoters	Basic PWC may be portable	Standard Power Wheelchair	Complex Rehab Power Wheelchair	High Performance Power Wheelchair	Pediatric Power Wheelchair

Power Wheelchair Base General Performance Characteristics

Code - Specific Requirements	Group 2 PWC	Group 3 PWC	Group 4 PWC
May Have Crossbrace Construction	Yes	No	No
Minimum Top End Speed	3 MPH	4.5 MPH	6 MPH
Minimum Range	7 miles	12 miles	16 miles
Minimum Obstacle Climb	40 mm	60 mm	75 mm
Dynamic Stability Incline	6 degrees	7.5 degrees	9 degrees
Drive Wheel Suspension to Reduce Vibration	No	Yes	Yes

Group 2, 3, and 4 Power Wheelchair Base Subdivision Features

	Group 2				Group 3 & 4		
Code-Specific Requirements	No Power	Seat Elevate	Single Power	Multi-Power	No Power	Single Power	Multi-Power
Standard integrated or remote proportional joystick*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Expandable controller**	No	No	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade
Alternative Control Device capability**	No	No	Upgrade	Upgrade	Upgrade	Upgrade	Upgrade
Accommodates seating/positioning items (except Captain's chair)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accommodates powered options (tilt, recline, standing)	No	No	Tilt or recline	Any combo, must include both tilt & recline	No	Tilt or recline or standing	Any combo, must include both tilt & recline
Accommodates powered options (seat elevator, elevating legrests)	No	Seat elevate only	Yes	Yes	Yes	Yes	Yes
Accommodates a ventilator	No	No	No	Yes	No	No	Yes

* Non-expandable controller: Standard proportional joystick only. Can control up to two powered seating actuators (for example, seat elevation and single-actuator power elevating legrests) and accommodate an attendant control

** Expandable controller: Accommodates specialty input devices and can control three or more powered seating actuators through the drive control (for example, power tilt, seat elevation, and single-actuator power elevating legrests). An expandable controller may also operate one or more of the following:

- A separate display (e.g., for alternate control devices)
- Other electronic devices (e.g., control of an augmentative speech device or computer through the chair's drive control)
- An attendant control

Group 3 PWC HCPCS CODE

- Note: Seat options and weight capacity are listed in the HCPCS code descriptor

Base	HCPCS Code	Description
Group 3 PWC No Power Option (NPO)	K0848	STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
	K0849	STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
	K0850	HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
	K0851	HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
	K0852	VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
	K0853	VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
	K0854	EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
	K0855	EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Group 3 PWC Single Power Option (SPO)	K0856	STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
	K0857	STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
	K0858	HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 301 TO 450 POUNDS
	K0859	HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
	K0860	VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
GROUP 3 Multiple Power Option (MPO)	K0861	STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
	K0862	HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
	K0863	VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
	K0864	EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

PWC Evaluation and Justification

Now that there is a better understanding of the options, including performance characteristics of a power wheelchair, a specialty evaluation is needed to match the power wheelchair and the selected components to the client's medical and functional needs to justify coverage.

The Wheeled Mobility and Seating Evaluation tool was updated in 2024. This version includes enhanced evaluation and justification details based on peer-reviewed research, supports innovative product designs, and addresses third-party payor denials. It also clearly outlines areas that may be completed by the supplier Assistive Technology Professional (ATP) as part of the team-based evaluation process. In addition, new clinician and supplier attestations have been added to confirm that improper practices, such as scribing, have not occurred. Here's a link to the Wheeled Mobility and Seating Evaluation tool: [Wheeled-Mobility-Seating-Evaluation-Form.pdf](#)

Power Wheelchair (PWC) Medicare General Coverage Criteria

To qualify for a PWC, the following conditions must be met:

- Mobility limitation that significantly impairs his/her 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.
- The mobility limitation cannot be resolved using a cane, crutches, or walker.
- A manual wheelchair is not an option due to limitations of strength, endurance, range of motion, coordination, presence of pain, deformity, or the absence of one or both upper extremities, and is relevant to the upper extremity function. Even an optimally configured manual wheelchair is not sufficient to allow the person to perform mobility-related activities of daily living during their typical day.
- Lower-level equipment should be trialed or ruled out, with documentation specifying why these options do not meet the individual's needs (e.g., POV (scooter) or Group 2 PWC).
- The individual has the willingness and ability to physically and safely operate the recommended device.
 - If the beneficiary is unable to safely operate the power wheelchair, the beneficiary has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided.
- The beneficiary'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 PWC.
- The individual's home is accessible for the operation of the PWC.
 - Medicare requires the PWC to be medically necessary to complete MRADLs inside the home. Other funding sources may consider the need for use outside the home.

Additional Coverage Criteria for Group 2 & 3 PWCs

Group 2		Group 3		
Single Power	Multi-Power	No Power	Single Power	Multi-Power
Specialty eval by LCMP completed & Supplier has ATP involved		Specialty evaluation by LCMP completed & supplier has ATP involved		
Meets criteria for specialty control, power tilt, or power recline	Meets criteria for power tilt/recline, (both) Or uses ventilator	Mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.		
		NA	Meets criteria for specialty control, power tilt, or recline	Meets criteria for specialty control or power tilt/recline (both) or uses a ventilator

Seat Elevation Coverage

In 2023, Medicare announced coverage for power seat elevation, or a "seat elevator," which is an optional function available on power wheelchairs. It allows the rider to remain supported in a seated position and use their controls to raise the vertical height of their seating system on the power wheelchair base. The application and benefits are well documented and supported by RESNA and many other groups in the Complex Rehabilitation Technology industry.

Power seat elevation is a seating function that can enhance independence, maximize function, increase safety, and protect against pain and injury for the power wheelchair rider. Documentation that includes relevant and applicable subjective and objective assessment findings is essential for justifying your patient's need for power seat elevation and contributes to a successful outcome.

Coverage Criteria for Power Seat Elevation

1. Requires a specialty evaluation by a Licensed/Certified Medical Professional (LCMP) that confirms the individual's ability to safely operate seat elevation equipment in the home

and

2. At least one of the following applies:
 - a. The individual performs weight-bearing transfers to/from the power wheelchair while in the home, using either their upper extremities during a non-level (uneven) sitting transfer and/or their lower extremities during a sit-to-stand transfer. Transfers may be accomplished with or without caregiver assistance and/or the use of assistive equipment (e.g., sliding board, cane, crutch, walker, etc.); **or**,
 - b. The individual requires a non-weight-bearing transfer (e.g., a dependent transfer) to/from the power wheelchair while in the home. Transfers may be accomplished with or without a floor or mounted lift; **or**,
 - c. The individual performs reaching from the power wheelchair to complete one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. MRADLs may be accomplished with or without caregiver assistance and/or the use of assistive equipment.

Stakeholders and Their Roles in PWC Documentation

1. Client/Caregiver

Role: Provide detailed personal context and needs

Responsibilities:

- Describe **daily activities** and how mobility technology will help
- Explain **current equipment** and its limitations
- Detail **routine environments** (e.g., home, outdoor surfaces)
- Share **transportation methods** (public/private)

2. Treating Practitioner (*Physician, PA, NP, CNS*)

Role: Medical authority responsible for initiating and validating the process

Responsibilities:

- Complete **face-to-face examination**.
- Complete **Written Order Prior to Delivery (WOPD)**
- Review and sign **Standard Written Order (SWO)**

3. Licensed/Certified Medical Professional (LCMP, e.g., PT, OT, or another mobility-trained practitioner without financial ties to the supplier)

Role: Conducts the **specialty evaluation**

Responsibilities:

- Document **medical and functional limitations**
- Provide **objective, specific descriptions** of the individual
- Paint a **clear picture** of the person's needs and environment
- Justify **all recommended components and seating**
- Avoid vague or repetitive policy language

4. RESNA-Certified ATP (Assistive Technology Professional)

Role: Supplier assisting in technology selection and documentation

Responsibilities:

- List **manufacturer/model** for each component
- Provide **technical justifications** for selections (*e.g., head support fit, leg rest configuration*)
- Record **measurements** for wheelchair and components
- Document **environmental limitations** affecting choices
- Ensure **complete and accurate documentation** before submission for prior authorization and/or payment

(*Face-to-Face, WOPD, SWO, medical records*)

- Use **DME MAC checklists** to streamline review

Power Mobility (Group 3) Documentation Checklist (DME MAC Jurisdictions B & C)

- Ensure **correct coding**
- Maintain **proof of delivery**



Policy-Specific Documentation Requirements

Power wheelchairs have additional policy-specific requirements that must be met prior to Medicare reimbursement. The following chart outlines the documentation components, description, responsible parties, and timelines for completing and submitting the documentation.

Required Documentation	Policy Information	Responsible Party	Timeline
Face-to-Face Evaluation	<ul style="list-style-type: none"> Includes information regarding the history of the present condition, past medical history, and physical examination that is relevant to mobility needs, pertinent diagnostics, and tests Relevant objective data regarding functional abilities/limitations and body systems impacting ambulatory ability Clearly states the primary reason for the visit was a mobility encounter Distinguish mobility needs in the home 	Treating Practitioner	Must be completed within 6 months prior to the order date on the WOPD for the base item
WOPD for Base Item (Written Order Prior to Delivery)	Includes: <ul style="list-style-type: none"> Beneficiary's name Order date General description of item (power wheelchair) Treating practitioner's name or NPI Treating practitioner's signature 	Treating Practitioner	May only be written AFTER the completion of the Face-to-Face
SWO for Accessories (Standard Written Order)	An SWO is required for all options, accessories, and/or supplies that are separately billed in addition to the base.	May be prepared by someone other than a treating practitioner, but must be reviewed and signed by a treating practitioner	Prior to claim submission
Specialty Evaluation	<ul style="list-style-type: none"> Required for all Group 3 PWCs and Single Power or Multiple Power Group 2 PWCs. Provides detailed information explaining why each specific option or accessory is needed to address the beneficiary's mobility limitation 	LCMP (PT, OT, or another experienced practitioner)	Prior to claim submission
Home Assessment	<ul style="list-style-type: none"> An on-site evaluation of the beneficiary's home must be performed to verify that the beneficiary can adequately maneuver the device that is provided (includes home layout, doorway width, thresholds, and surfaces) 	Supplier ATP or Practitioner	Prior to or at the time of delivery

Tips for Documenting Medical Need for PWCs

Paint a Full Picture

Include detailed, individualized information:

- Physical evaluation findings relevant to the technology
- Trials or simulations: successes and failures
- Functional needs and limitations
- Daily tasks, roles, and responsibilities
- Routine environments (home, community, transportation)
 - What works and what doesn't
 - Why replacement is necessary

Start and end with "Why"

- Ask **"Why is this technology necessary?"**
- Keep asking "why" until the answer is **clear, specific, and justified**
- Ensure the final documentation:
 - Clearly explains **why** each component is needed
 - Is **objective**
 - Gives reviewers a **complete picture** of the person's needs

Use Objective, Not Subjective Language

- Subjective language is vague and open to interpretation.
- Objective language is **measurable, specific, and evidence based**.

Examples:

Subjective	Objective
"The patient is not a functional ambulator."	"The patient is able to ambulate 15' with a walker, which is insufficient to reach the bathroom safely."
"Angle-adjustable footrests are required."	"Mrs. Smith has ankle contractures requiring angle-adjustable footplates (measurements noted)."
"A headrest is needed for support."	"A WHITMYER Heads Up with LINX2 hardware is required to inhibit Mr. Jones's asymmetric tonic neck reflex posturing and maintain head alignment for driving his PWC & other routine activities due to high-tone and spasticity (noted in evaluation)."

Summary

Securing funding for complex rehabilitation technologies involves a multi-step process that engages various healthcare professionals, each with specific roles and responsibilities. A clear understanding of this process—as well as the associated documentation requirements—enables clinicians and suppliers to help clients obtain the most appropriate equipment for their individual mobility needs. Thorough and timely completion of all necessary documentation can also minimize delays and improve efficiency throughout the procurement process. This guide is designed as a resource to assist with this process. However, clinicians and suppliers should familiarize themselves with the Local Coverage Determination (LCD) and related Policy Article for each of the items being recommended in order to obtain a thorough understanding of the Medicare rules and regulations governing mobility assistive equipment. See below for links to helpful resources regarding coverage criteria for power mobility.

Power Mobility Resources

DME MAC Jurisdiction B Supplier Manual Coverage and Medical Policy Chapter 9. CGS Medicare. (2025).

<https://www.cgsmedicare.com/jb/pubs/pdf/chpt9.pdf>

Local Coverage Determination (LCD) Power Mobility Devices. CMS.gov. (2025, October 01).

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33789&ver=38&>

Medicare Prior Authorization for Certain Power Mobility Devices and Accessories. CGS Medicare. (2024, August).

https://www.cgsmedicare.com/jc/mr/pdf/dear_physician_pa_pmd.pdf

Mobility Assistive Equipment (MAE) - National Coverage Determination (NCD). CMS.gov. (2005, July 5).

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&ncdver=2&bc=AgAAgAAAAA&>

Power Mobility (Group 3) Documentation Checklist. CGS Medicare. (2020, May 12).

<https://www.cgsmedicare.com/jc/checklists/pmd3.pdf>

Power Mobility Devices - Policy Article. CMS.gov. (2025, October 01).

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52498>

Power Mobility Devices – Medical Review. CGS Medicare. <https://www.cgsmedicare.com/jc/help/faqs/current/cope14455.html>

RESNA Position on the Application of Seat Elevation Devices for Power Wheelchair Users. RESNA.org. (2019, September 25).

https://www.resna.org/Portals/0/Documents/Position%20Papers/RESNA_App%20of%20Seat%20Elevation%20Devices%202019.pdf

Seat Elevation Systems as an Accessory to Power Wheelchairs (Group 3) - National Coverage Analysis (NCA), Proposed Decision Memo. CMS.gov. (2023, February 15).

<https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=Y&NCAId=309>

Standard documentation requirements for all claims submitted to DME MACs - Article. CMS.gov. (2024, January 1).

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55426&ver=123>

Wheelchair Options/Accessories - Policy Article. CMS.gov. (2025, April 1).

<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=52504>

DISCLAIMER: FOR PROFESSIONAL USE ONLY. THIS DOCUMENT (AND THE WEBSITE REFERENCED HEREIN) DO NOT PROVIDE MEDICAL ADVICE. Sunrise Medical (US) LLC does not provide clinician services. The information contained on this document (and the website referenced herein), including, but not limited to, the text, graphics, images, and descriptions, are for informational purposes only and should be utilized as a general resource for clinicians and suppliers to then use clinical reasoning skills to determine optimal seating and mobility solutions for individual patients. No material on this document (or on the website) is intended to be used as (or a substitute for) professional medical advice, diagnosis or treatment. Clinicians should adhere to their professional medical training and their institution's or practice's recommended guidelines. Reliance on this document (and the information contained herein) is solely at your own risk.



Sunrise Medical (US) LLC
MK-129491 Rev. D ©12.2025

800.333.4000

www.SunriseMedical.com/EIM