



**P R O V I D E R   B U L L E T I N**

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**To:           All Durable Medical Equipment Providers, Home Health Care Providers, Hospitals, Medical Clinics, and Physicians**

**Subject:   Motorized/Power Wheelchairs and Programmable Electronics**

*Note: The prior authorization, payment methodology, and maximum fees information in this bulletin may vary for providers rendering services to members enrolled in the risk-based managed care (RBMC) delivery system.*

**Overview**

Prior authorization (PA) requests for motorized/power wheelchairs, using Healthcare Common Procedure Coding System (HCPCS) codes E1210 through E1213, prompted a focused review of these requests. Research revealed that programmable electronics are part of the base equipment and not separately reimbursable. To address questions about reimbursement of these programmable electronics, such as Invacare’s MKIV electronics, the IHCP developed a policy for billing and reimbursement of motorized/power wheelchairs. Providers should follow the coding and coverage guidelines presented in this bulletin.

The IHCP determined that HCPCS codes for motorized wheelchairs used by Medicare, K0010 through K0014, are more descriptive than codes E1210 through E1213 and clearly distinguish the various types of motorized/power wheelchairs. Specifically, a standard-weight frame power wheelchair, without programmable electronics (K0010), is distinct from a standard-weight frame wheelchair with programmable electronics (K0011). A lightweight portable motorized/power wheelchair is billable using K0012. Therefore, for claims with a date of service of July 18, 2003, or after, the IHCP will reimburse for motorized/power wheelchairs using codes K0010 through K0014. As of this date, codes E1210 through E1213 will become non-covered, and providers must use the new codes when billing motorized/power wheelchairs to the IHCP. See Table 1.1 for a description of **K** codes for motorized/power wheelchairs.

Table 1.1 – K Codes for Motorized/Power Wheelchairs

Replacement Procedure Code	Current Procedure Codes	Description	Category	IHCP Max Fee	Prior Authorization Required
K0010	E1210 through E1213	Standard-weight frame motorized/power wheelchair	Capped rental item	Rental       \$423.89 Purchase   \$4,238.90	Yes
K0011	E1210 through E1213	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening,	Capped rental item	Rental       \$527.03 Purchase   \$5,270.30	Yes

Table 1.1 – K Codes for Motorized/Power Wheelchairs

Replacement Procedure Code	Current Procedure Codes	Description	Category	IHCP Max Fee	Prior Authorization Required
		acceleration control, and braking			
K0012	E1210 through E1213	Lightweight portable motorized/power wheelchair	Capped rental item	Rental \$323.31 Purchase \$3,233.10	Yes
K0014	E1210 through E1213	Other motorized/power wheelchair base	Capped rental item	Rental manual Purchase manual	Yes

Providers should determine which of the codes listed in Table 1.1, K0010 through K0014, is most appropriate to use, based on the *Wheelchair Product Classification List*, published by Medicare’s Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC). This listing itemizes the manufacturers and specific power wheelchair models and details the exact code associated with each product and model type. The *Wheelchair Product Classification List* is available in Table 1.6 and on the SADMERC Web site at <http://www.palmettogba.com/palmetto/Other.nsf/Home/Other+Medicare+Parters+SADMBERC+Home?OpenDocument>.

Using **K** codes, providers cannot bill separately for programmable electronic systems that come standard on the specific motorized/power wheelchair model provided because the total reimbursement for the motorized/power wheelchair with programmable electronics (K0011) is all-inclusive under that code. Effective for claims with dates of service July 18, 2003, or after, the IHCP will allow separate reimbursement only for programmable electronic system *upgrades*, determined to be medically necessary for the patient, made on motorized/power wheelchair bases. Any such upgrades must have PA and be billed under code K0108 with a KA modifier. Billing is discussed in greater detail later in this bulletin. In summary, only if an electronic system is an upgrade to a system that comes standard on a specific wheelchair model will separate reimbursement be allowed. For example, an upgrade to an MKIV A system for a wheelchair base that comes standard with Invacare’s MKIV RII electronics could be medically necessary for some patients. Certain patients may need adaptive switch controls, such as a sip and puff, or patients with degenerative diseases whose prognosis could worsen in the future might need additional drive controls and programming not available on the basic one-drive electronic system. In this instance, the medical necessity to support the need of the programmable electronic system upgrade must be confirmed by a physiatrist and documented by the physician in the patient record, as well as on a completed IHCP medical clearance form for motorized/power wheelchairs. Documentation requirements for motorized/power wheelchairs are described in more detail in the *Prior Authorization Criteria* section of this bulletin.

As previously stated, upgrades of programmable electronic systems must be billed to the IHCP using HCPCS code *K0108-Wheelchair component or accessory not otherwise specified*. Additionally, when billing code K0108, providers must use the KA modifier, *add-on option accessory*. The cost of the upgraded electronics must not already be included in the base wheelchair code. At this time, K0108 will only be covered by the IHCP for billing of programmable electronic upgrades. K0108 will be covered for purchase only, will require PA, and will be reimbursed at the maximum fee rate of \$1,950. Providers must bill their usual and customary charge for the particular programmable electronic system or joystick upgrade installed on the wheelchair base and must attach either a provider’s cost invoice or retail price invoice to document the cost or price of the upgraded electronic system. The invoice must include, at a minimum, supporting information such as the item or part number, the description of the item, the quantity provided, and the manufacturer’s name. In addition to the invoice, providers

should include supporting documentation that details the difference in the cost or price between the electronic system that came standard on the wheelchair base and the upgraded electronic system. Providers must obtain PA for the base and electronic upgrade at the same time. Once PA is approved, the base and electronic system upgrade should be billed on the same Centers for Medicare and Medicaid Services (CMS) (formerly HCFA)-1500 claim form.

When billing for a programmable electronic system upgrade, the provider must use *K0014-Other motorized/power wheelchair base* for the wheelchair base and K0108 for the programmable electronic system upgrade. K0014 is a manually priced code. An invoice must be attached to the claim for appropriate calculation of reimbursement. The provider is responsible for having proper knowledge of the specific power wheelchairs and electronic systems that can be upgraded and to provide the appropriate medical necessity documentation to support the upgrade when PA is requested. By using K0014, the IHCP reimburses for the wheelchair base only, without the electronics. The electronic system upgrade will be reimbursed separately using K0108. Billing in this manner allows the IHCP to make accurate payment decisions for medically necessary electronic system upgrades, as well as to develop an efficient tracking mechanism to determine the specific equipment and electronic systems actually provided to the member.

The following examples outline the codes used for valid programmable electronic system upgrades:

*Note: For these examples, the provider's cost, as of the date of publication of this bulletin, was used to calculate the manual pricing for K0014. Reimbursement for manually priced codes is determined based on 30 percent above the provider's cost invoice or 90 percent of the provider's retail price invoice.*

- The Invacare Pronto R2 wheelchair is a motorized/power base with Invacare's MKIV RII electronic system and one joystick option as standard. Refer to Table 1.2 for an example of the IHCP reimbursement for this situation.

Table 1.2 – Example: Reimbursement for a Power Wheelchair with MKIV RII as Standard

Wheelchair Model	Type of Electronic System	HCPCS Codes Used (Refer to Table 1.6)	Method of Reimbursement	Total
Invacare Pronto R2 Wheelchair	Standard MKIV RII Electronics	K0011 Wheelchair base including the standard electronic for this wheelchair model.	The lower of the provider's usual and customary charge or the maximum fee of \$5,270.30.	\$5,270.30

If medical necessity is shown for the patient, this wheelchair model can be upgraded to an MKIV A system with five joystick options: A joystick, A+ joystick, TCHJOY touchpad, personal switch front-mount (PSF) joystick, and personal switch rear-mount (PSR) joystick. Table 1.3 is an example of the IHCP reimbursement for a power wheelchair upgraded to an MKIV A system with an A joystick.

Table 1.3 – Example: Reimbursement for a Power Wheelchair with an Electronic System Upgrade

Wheelchair Model	Type of Electronic System	HCPSC Codes Used	Method of Reimbursement	Total
Invacare Pronto R2 Wheelchair	Upgrade to MKIV A System with A joystick	K0014 Wheelchair base only	Manual price = \$5,089.50 \$3,915 is the provider's cost plus 30 percent.	\$7,039.50
		K0108 with KA modifier MKIV A system with A joystick	Lower of provider's usual and customary charge or max fee \$1,950.  Reimbursement amount includes the controller module and joystick.	

- The Invacare Storm Series Ranger X wheelchair is a motorized/power base with Invacare's MKIV A electronic system and the A joystick as standard. Refer to Table 1.4 for an example of the IHCP reimbursement for this situation. The adjustable seat tilt-in-space and any other wheelchair accessories that are separately payable will be billed using the appropriate E code, as shown in Table 1.6.

Table 1.4 – Example: Reimbursement for a Power Wheelchair with Standard MKIV A Electronics

Wheelchair Model	Type of Electronic System	HCPSC Codes Used (Refer to Table 1.6)	Method of Reimbursement	Total
Invacare Storm Series Ranger X Wheelchair	Standard MKIV A System with A joystick	K0011 Wheelchair base including the standard electronics for this wheelchair model.	Lower of the provider's usual and customary charge or max fee of \$5,270.30.	\$5,270.30

If medical necessity is established for the patient, this wheelchair model can be upgraded from the A joystick to one of the other joystick options that has more advanced functions than the A joystick. See Table 1.5 for an example of the IHCP reimbursement for a power wheelchair upgraded to an MKIV A system with an A joystick.

Table 1.5 – Example: Reimbursement for a Power Wheelchair with an Electronic System Upgrade

Wheelchair Model	Type of Electronic System	HCPSC Codes Used	Method of Reimbursement	Total
Invacare Storm Series Ranger X Wheelchair	Upgrade to MKIV A System with A+ joystick	K0014 Wheelchair base only	Manual price = \$6,591 \$5,070 is the provider's cost plus 30 percent.	\$8,541
		K0108 with KA modifier MKIV A system with A joystick	Lower of provider's usual and customary charge or max fee \$1,950.  Reimbursement amount includes the controller module and joystick.	

Any wheelchair accessories that meet the medical needs of the patient and are separately billable for use with a motorized/power wheelchair must be billed using the appropriate E code. Additionally, accessories must be billed

on the same claim as the motorized/power wheelchair. Codes K0010 through K0014 are billed only when a motorized/power wheelchair is supplied.

To ensure the wheelchair accessories are appropriately billed, providers should follow the Medicare policy to determine which accessories are included in the allowance of the power wheelchair and cannot be billed separately when provided at the same time as the wheelchair base.

*Note: Providers must bill equipment with specific codes and equipment billed under E1399 for the same member on the same claim.*

## Coverage Criteria

Indiana Administrative Code (IAC) 405 IAC 5-19-9 states, "Motorized vehicles are covered only when the member is enrolled in a school, sheltered workshop, or work setting, or if the member is left alone for significant periods of time. It must be documented that the member can safely operate the vehicle and that the member does not have the upper extremity function necessary to operate a non-motorized wheelchair."

A patient who requires a motorized/power wheelchair is usually nonambulatory and has severe weakness of the upper extremities due to a neurologic or muscular disease or condition, and would otherwise be bed or chair confined without the use of the power wheelchair. The need for a motorized/power wheelchair must be medically necessary according to the patient's condition with documentation that the patient is unable to operate a manual wheelchair. Additionally, the patient must be able to use the controls of the wheelchair safely and proficiently.

Coverage criteria for reimbursement of K0010 through K0014, as well as reimbursement rates, are based on Medicare policy. A power wheelchair is covered if the patient's condition is such that the requirement for a power wheelchair is long term (at least six months). Additionally, reimbursement for these motorized/power wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Labor is also included in all covered accessories or modifications and is not separately reimbursable. Reimbursement also includes emergency services, delivery, setup, and items covered under a warranty. Reimbursement is for one motorized/power wheelchair at a time. Any wheelchair designated for use as a backup will be denied as not medically necessary.

## Prior Authorization Criteria

PA is required for motorized/power wheelchairs. In the past, providers were able to bill the IHCP for motorized/power wheelchairs using codes E1210 through E1213. Effective for claims with dates of service July 18, 2003, or after, providers will no longer be able to bill motorized/power wheelchairs to the IHCP using these E codes.

**In addition to the adoption of codes K0010 through K0014 and the related Medicare criteria, the IHCP will require that the documentation of medical necessity, submitted with the PA requests for motorized/power wheelchairs, K0010 through K0014, and for programmable electronic system upgrades (billed under K0108), be provided by a Physical Medicine and Rehabilitation Practitioner (physiatrist) to be considered for approval.**

The following information must accompany a request for PA for all motorized/power wheelchairs:

- Documentation that the patient's condition supports the medical necessity of the wheelchair. For a motorized/power wheelchair to be considered for coverage, the information submitted with the PA must be supported by documentation in the patient's medical record that medical necessity has been met. This documentation could be subject to post payment review upon request.
- Documentation that the patient's condition, mobility needs, and/or prognosis supports the medical necessity for a programmable electronic system upgrade, such as an upgrade from an Invacare MKIV RII system, that comes

standard on many power wheelchair models, to an Invacare MKIV A system. This documentation could be subject to post payment review upon request.

- A completed IHCP medical clearance form, to be submitted with the PA request, for rental or purchase of a motorized/power wheelchair. The medical clearance form for motorized/power wheelchairs has been corrected to require approval and signature of a physician, in accordance with *405 IAC 5-3-5*, *5-3-6*, and *5-3-10*. Additionally, *405 IAC 5-19-3 (F)* states, "All DME must be ordered in writing by a physician." The revised form is attached to this bulletin. **Effective June 3, 2003, the medical clearance form for motorized/power wheelchairs must be signed by a physiatrist.**
- When submitting a request for K0014, the PA must include documentation indicating the brand name and model name, number of the base, and a statement documenting the medical necessity of the base for the particular patient including why customization is needed.

*Note: MKIV electronics offers at least three functions over that of standard electronics, and may be deemed medically necessary for select patients. The elements of MKIV electronics include: smoother driving over a variety of terrain, increased speed of the chair with quick performance selections, and the ability to be programmed for special finger control operation for patients who cannot operate the joystick effectively due to spasticity of limbs or other muscular conditions.*

## Billing Instructions

To determine the proper code to describe a particular product, providers should consult the *Wheelchair Product Classification List* published by the SADMERC. The list for codes K0010 through K0014 is available at the SADMERC Web site at <http://www.palmettogba.com/palmetto/Other.nsf/Home/Other+Medicare+Partners+SADMERC+Home?OpenDocument>, and in Table 1.6 attached to this bulletin. Providers are encouraged to periodically review this list for updates. If a specific wheelchair base is not shown on the *Wheelchair Product Classification List*, providers should use their knowledge of the product and the IHCP power wheelchair policy to determine the appropriate code.

## Further Information

Direct questions about the PA process to the Health Care Excel (HCE) PA Department at (317) 347-4511 in the Indianapolis local area or 1-800-457-4518. Refer questions about this bulletin to the Customer Assistance Unit at (317) 655-3240 in the Indianapolis local area or 1-800-577-1278.

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**Indiana Health Coverage Programs  
Medical Clearance for Motorized Wheelchair Purchase**

<b>Member Name:</b> _____	<b>RID#</b> _____
<b>Primary and Secondary Diagnoses:</b> _____	<b>Length of illness:</b> _____
<b>Height:</b> _____	<b>Weight:</b> _____

405 IAC 5-19-9 (a) – Medicaid reimbursement is available for wheelchairs or similar motorized vehicles, subject to the restrictions in this section, and requires prior authorization.

Motorized vehicles are covered only when the member is enrolled in a school, sheltered workshop, or work setting, or if the member is left alone for significant periods of time. It must be documented that the member can safely operate the vehicle and that the member does not have the upper extremity function necessary to operate a manual wheelchair.

(c) Requests for wheelchairs or similar motorized wheelchairs require a completed medical clearance form submitted with the prior authorization request before the request shall be reviewed.

**NOTE: Requests for motorized/power wheelchairs must be provided and signed by a Physical Medicine and Rehabilitation Practitioner (Physiatrist) in order to be considered for approval.**

1.	Does the member currently have a wheelchair? _____	What brand and model? _____
2.	What is the condition of the current chair? _____	
3.	Why is this chair no longer effective for this member? Explain _____ _____	
4.	Can it be repaired? _____	Estimated cost? _____
		Will this chair be a second chair for this person? _____

**Functional Status**

Please provide the functional status of the member that warrants the use of the wheelchair and accessories.

1.	Upper extremities (be specific) _____
2.	Lower extremities (be specific) _____
3.	Hand function (be specific) _____
4.	Contractures (be specific) _____
5.	Neck/spine (be specific) _____
6.	Static/dynamic sitting balance (be specific) _____
7.	Ambulation (be specific) _____
8.	Transfer/bed mobility (be specific) _____
9.	ADLS (be specific) _____
10.	Medical problems that require special positioning equipment (be specific) _____
11.	Other _____

The provider may submit an Occupational Therapy or Physical Therapy evaluation if the above information is not sufficient for review.

**Residence**

Where does the member reside?       Home       Group Home       Nursing Facility       ICF/MR

**Motorized Wheelchair Criteria**

1.	Does the member live alone or have caregivers? If the member has a caregiver/family, how long is the member left alone? Explain _____ _____
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**Indiana Health Coverage Programs  
Medical Clearance for Motorized Wheelchair Purchase**

(Continued)

2. Does the member have a caregiver in the home who is physically capable of assisting the member? Explain. \_\_\_\_\_
3. Is the member employed or attending a vocational or sheltered workshop? If so, where? \_\_\_\_\_
4. Does the member attend school? If so, where? \_\_\_\_\_
5. How does the member get to and from work, workshop, or school? \_\_\_\_\_
6. Can the member operate a manual wheelchair? If so, how far? \_\_\_\_\_
7. Does the member have the upper extremity function necessary to operate a motorized wheelchair? Explain. \_\_\_\_\_
8. Can the member safely operate the motorized wheelchair? Explain? \_\_\_\_\_

**Wheelchair Specifications**

1. Specify the Brand and Model of the requested wheelchair. \_\_\_\_\_
2. What are the special features of the above-mentioned wheelchair that are needed by the member? \_\_\_\_\_

**Wheelchair Specifications**

1. Specify the Brand and Model of the requested wheelchair. \_\_\_\_\_
2. What are the special features of the above-mentioned wheelchair that are needed by the member?
 

Special Feature	Body Measurements	
a. Hemi height	Knee to heel	_____
b. Seat depth	Femur length	_____
c. Seat width	Hip width	_____
d. Other		_____

**Wheelchair Accessories**

List the accessories needed to make this wheelchair functional for the member and the corresponding problem that will be corrected or will be prevented from worsening. Use an additional page if more items need to be listed.

Accessory	Member Specific Problem Corrected

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of requesting physician** \_\_\_\_\_ **Date** \_\_\_\_\_

*Requires approval and signature by a Physical Medicine and Rehabilitation Practitioner (Physiatrist)*



Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
21st Century Scientific	Big Bounder	K0014	Other motorized/power wheelchair base	04/01/98
21st Century Scientific	Bounder	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/01/03
21st Century Scientific	Bounder Plus	K0014	Other motorized/power wheelchair base	04/01/98
Amigo Mobility	Amigo Excite	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/19/99
Bruno Independent Living Aids, Inc.	Bruno PWC - 2200	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/03/00
Bruno Independent Living Aids, Inc.	Bruno PWC - 2210	K0010	Standard-weight frame motorized/power wheelchair	04/03/00
Bruno Independent Living Aids, Inc.	Bruno PWC - 2300	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/03/00
Bruno Independent Living Aids, Inc.	Bruno PWC - 2310	K0010	Standard-weight frame motorized/power wheelchair	04/03/00
Custom Adaptive Vans	AMT Power Choice Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/02/98
Dalton Medical	E-Power Powerchair	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking + E1399 for Seat depth 17 or 18 inches for a motorized/power wheelchair or for Seat width 20 inches + E1399 for U-1 gel cell battery, each.	11/26/01
DCC Shoprider, Inc.	FPC-1 Power Wheelchair (Model 888-18)	K0012 + E1399	Lightweight portable motorized/power wheelchair + E1399 for rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each + E1399 for wheel zero-pressure tire tube (flat free insert) for power base, any size, each.	03/05/02
DCC Shoprider, Inc.	FPC-1 Power Wheelchair (Model 888-20)	K0012 + E1399	Lightweight portable motorized/power wheelchair + E1399 for rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each + E1399 for wheel zero-pressure tire tube (flat free insert) for power base, any size, each + E1399 for the 20" seat width.	03/05/02
DCC Shoprider, Inc.	Streamer 888W and 888WS	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	09/30/98

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Eagle Parts and Products, Inc.	Liberty 624	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/15/00
Electric Mobility Corporation	Liberty 624 Mini - Front Wheel Drive	K0014	Other motorized/power wheelchair base	04/17/02
Electric Mobility Corporation	Liberty 624 Mini - Rear Wheel Drive	K0014	Other motorized/power wheelchair base	04/17/02
Electric Mobility Corporation	Chauffeur 250 JS (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	06/26/00
Electric Mobility Corporation	Chauffeur 250 PC	K0010	Standard-weight frame motorized/power wheelchair	10/11/00
Electric Mobility Corporation	Chauffeur 255 JS HD (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	06/26/00
Electric Mobility Corporation	Chauffeur 255 PC	K0010	Standard-weight frame motorized/power wheelchair	10/11/00
Electric Mobility Corporation	Chauffeur 270 JS SL (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	06/26/00
Electric Mobility Corporation	Chauffeur 275 JS HD SL (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	06/26/00
Electric Mobility Corporation	Rascal 250 JS (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	
Electric Mobility Corporation	Rascal 250 PC	K0010	Standard-weight frame motorized/power wheelchair	10/11/00
Electric Mobility Corporation	Rascal 255 JS HD (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	
Electric Mobility Corporation	Rascal 255 PC	K0010	Standard-weight frame motorized/power wheelchair	10/11/00
Electric Mobility Corporation	Rascal 270 JS SL (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	
Electric Mobility Corporation	Rascal 275 JS HD SL (with joystick)	K0010	Standard-weight frame motorized/power wheelchair	

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Electric Mobility Corporation	Rascal Powerchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/01/98
Electric Mobility Corporation	Rascal Stowaway Power Wheelchair (Model 18)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	02/05/02
Electric Mobility Corporation	Rascal Stowaway Power Wheelchair (Model 20)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E1399 for the 20" seat width.	02/05/02
Electric Mobility Corporation	Rascal Turnabout Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	01/25/02
Electric Mobility Corporation	Viva Powerchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/01/98
Everest & Jennings	Lancer	K0014	Other motorized/power wheelchair base	
Everest & Jennings	Lancer 2000	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/13/98
Everest & Jennings	Magnum	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
Everest & Jennings	Metro Power	K0012	Lightweight portable motorized/power wheelchair	09/30/96
Everest & Jennings	MX	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
Everest & Jennings	Navigator	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/20/97
Everest & Jennings	Quest	K0012	Lightweight portable motorized/power wheelchair	
Everest & Jennings	Sabre	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/26/95
Everest & Jennings	Sabre LTD	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/13/98
Everest & Jennings	Solaire	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/26/99

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Everest & Jennings	Sprint	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	12/17/98
Everest & Jennings	Sprint II	K0010	Standard-weight frame motorized/power wheelchair	12/17/98
Everest & Jennings	Tempest	K0012	Lightweight portable motorized/power wheelchair	
Everest & Jennings	Vortex	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/02/96
Everest & Jennings	Xcaliber	K0014	Other motorized/power wheelchair base	
Gendron	Regency DX 2000 (Models 7218-62-18-20-18, 7218-62-18-20-20, 7218-62-18-20-22, 7218-62-18-22-18, 7218-62-18-22-20, 7218-62-18-22-22, 7218-62-18-24-18, 7218-62-18-24-20, 7218-62-18-24-22)	K0014	Other motorized/power wheelchair base	11/05/01
Gendron	Regency DX 2000 (Models 7518-62-18-24-18, 7518-62-18-24-20, 7518-62-18-24-22, 7518-62-18-26-18, 7518-62-18-26-20, 7518-62-18-26-22, 7518-62-18-28-18, 7518-62-18-28-20, 7518-62-18-28-22, 7518-62-18-30-18, 7518-62-18-30-20, 7518-62-18-30-22)	K0014	Other motorized/power wheelchair base	11/05/01
Golden Technologies	Alante Power Wheelchair (Model GP-100)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/11/00
Golden Technologies	Alante Power Chair (Models GP-201-R, GP-201-F)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	12/10/01
Golden Technologies	Alante 2 Power Chair (Models GP-202-R, GP-202-F)	K0014	Other motorized/power wheelchair base	12/10/01
Golden Technologies	Alante 3 Power Chair (Models GP-203-R, GP-203-F)	K0010	Standard-weight frame motorized/power wheelchair	12/10/01
Hoveround	LTV	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/02/95

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Hoveround	MPV	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/02/95
Hoveround	Teknique HVR 200	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/27/96
Invacare	Action Arrow	K0014	Other motorized/power wheelchair base	06/01/95
Invacare	Action Excel	K0010	Standard-weight frame motorized/power wheelchair	03/19/99
Invacare	Action P7E	K0012	Lightweight portable motorized/power wheelchair	09/16/97
Invacare	Action Tiger	K0014	Other motorized/power wheelchair base	03/19/99
Invacare	Nutron (Models R32, R32LX)	K0012	Lightweight portable motorized/power wheelchair	02/06/02
Invacare	Nutron (Models R50LX)	K0010	Standard-weight frame motorized/power wheelchair	02/06/02
Invacare	Nutron (Models R51, R51LX, R51LXP)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/06/02
Invacare	Power 9000	K0012	Lightweight portable motorized/power wheelchair	06/01/95
Invacare	Pronto M6 Power Wheelchair (Models M1065BL, M1065RD)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	01/11/01
Invacare	Pronto M71 Power Wheelchair with SureStep	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/03/02
Invacare	Pronto R2 with MKIVRII (Model #R2MWD)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/05/00
Invacare	Ranger II	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/01/95
Invacare	Ranger X	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/01/95
Invacare	Storm Arrow	K0014	Other motorized/power wheelchair base	06/01/95
Invacare	Storm Ranger X	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/01/95
Invacare	Storm Torque	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/01/95

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Invacare	XT	K0014	Other motorized/power wheelchair base	06/01/95
Invacare	Xterra GT Power Wheelchair (Model XTGTR80)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/03/02
Leisure Lift, Inc.	PaceSaver Scout	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/01/99
Leisure Lift, Inc.	PaceSaver Scout NP	K0010	Standard-weight frame motorized/power wheelchair	07/25/99
Leisure Lift, Inc.	Scout M1	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/11/00
Leisure Lift, Inc.	Scout M2	K0010	Standard-weight frame motorized/power wheelchair	11/06/00
LEVO USA, Inc.	LEVO Mobil LCM Comfort	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/23/00
Liberator Wheelchairs, Inc.	Liberator Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	02/07/01
Love Lift	Love Lift System 2214P	K0014	Other motorized/power wheelchair base	
Merits	MP10 Power Wheelchair	K0010	Standard-weight frame motorized/power wheelchair	01/11/02
Merits	MP-3 Power Base Chair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/24/99
Merits	MP-3C Rear Wheel Drive Powerchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	11/12/01
Merits	MP3HD Big Boy	K0014	Other motorized/power wheelchair base	08/20/01
Merits	Travel-Ease Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/29/96
Merits	Travel-Ease Power Base (Model MP3CF)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E1399 for the semi-reclining back and rotational seat.	12/10/01
Merits	Travel-Ease Power Base (Model MP3U)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E1399 for the semi-reclining back.	12/10/01

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Merits	Travel-Ease Power Base Wheelchair (Models MP-3R, MP-3F)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E1399 for the semi-reclining back.	03/13/02
Merits	Travel-Ease Power Wheelchair (Models MP-1I(N), MP-1I(A))	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/13/02
Merits	Travel-Ease Power Wheelchair (Models MP-1I(W))	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E1399 for the 20" seat width	03/13/02
Optiway Technology, Inc	Corsair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/06/99
Ortho Fab	Grizzly	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/15/99
Ortho Fab	Kameleon	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/21/98
Pediatric	Power	K0014	Other motorized/power wheelchair base	
Permobil	Chairman	K0014	Other motorized/power wheelchair base	
Permobil	Chairman Basic	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/31/98
Permobil	Chairman Entra Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/09/01
Permobil	Hexior	K0014	Other motorized/power wheelchair base	
Permobil	Max 90	K0014	Other motorized/power wheelchair base	
Pillar Technology, Inc.	888WS-HD500 Power Chair	K0014	Other motorized/power wheelchair base	01/19/01
Pillar Technology, Inc.	Deluxe Snappy (TE88WS)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	09/14/98
Pillar Technology, Inc.	Snappy (TE88W)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	09/14/98
Pride	Jazzy 1100	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/27/96

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Pride	Jazzy 1113	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/06/00
Pride	Jazzy 1115	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/01/99
Pride	Jazzy 1120	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	12/01/97
Pride	Jazzy 1143	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/06/00
Pride	Jazzy 1400	K0014	Other motorized/power wheelchair base	08/21/00
Pride	Jazzy 1420	K0014	Other motorized/power wheelchair base	07/26/99
Pride	Jazzy 1470	K0014	Other motorized/power wheelchair base	07/26/99
Pride	Jazzy Basic 1104, 1105	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/26/98
Pride	Jazzy Mini Power 1103	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	03/01/99
Pride	Jazzy PHC1, PHC5	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/26/98
Pride	Jazzy PHC-10	K0010	Standard-weight frame motorized/power wheelchair	07/26/99
Pride	Jazzy XL Model 1170	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/17/98
Pride	Jet 1 Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/19/99
Pride	Jet 10 Power Wheelchair	K0010	Standard-weight frame motorized/power wheelchair	05/01/00
Pride	Jet 12 Power Wheelchair	K0012	Lightweight portable motorized/power wheelchair	04/11/00
Pride	Jet 105 Power Wheelchair	K0010	Standard-weight frame motorized/power wheelchair	12/07/00
Pride	Jet 2 Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/17/02



Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Pride	Jet 3 Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	12/07/00
Pride	Jet 7 Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/03/02
Pride	Pride LX	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	11/20/01
Pride	Pride LX 10	K0010	Standard-weight frame motorized/power wheelchair	11/30/01
Pride	Quantum Blast 650	K0011 + E0971	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E0971 for the Anti-tipping device.	04/15/02
Pride	Quantum Blast 850	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	11/05/01
Pride	Quantum Dynamo	K0014	Other motorized/power wheelchair base	01/11/02
Pride	Quantum Dynamo ATS	K0014	Other motorized/power wheelchair base	01/09/02
Redman	Chief (Model 107SR)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking. Use E1399 for the power recline, stand feature and power elevating leg rest.	07/23/01
Redman	Chief RU	K0014	Other motorized/power wheelchair base	10/31/96
Redman	Geronimo PR	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/31/96
Redman	Geronimo RC	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/31/96
Redman	Power Road Warrior	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
Redman	Road Savage	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
Summit Durable Medical Equipment	Bravo Power Wheelchair (Models HP3, HP3L)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking + E1399 for seat width greater than 18 inches + E1399 for seat depth 17 or 18 inches for a motorized/power wheelchair.	01/11/02

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Summit Durable Medical Equipment	C.T.M. Power Chair (Model HS-5600)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	11/30/01
Summit Durable Medical Equipment	Marvel Power Wheelchair (Models HP1, HP1L, HP1S)	K0011 + E1399	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking + E1399 for seat width greater than 18 inches	01/11/02
Sunrise Medical	Quickie G-424	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/21/99
Sunrise Medical	Quickie P-100	K0012	Lightweight portable motorized/power wheelchair	
Sunrise Medical	Quickie P-110	K0012	Lightweight portable motorized/power wheelchair	
Sunrise Medical	Quickie P-120	K0012	Lightweight portable motorized/power wheelchair	04/17/98
Sunrise Medical	Quickie P-190	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	10/26/95
Sunrise Medical	Quickie P-200	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
Sunrise Medical	Quickie P-210	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
Sunrise Medical	Quickie P-222	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	01/11/02
Sunrise Medical	Quickie P-300	K0014	Other motorized/power wheelchair base	
Sunrise Medical	Quickie P-320	K0014	Other motorized/power wheelchair base	10/26/95
Sunrise Medical	Quickie S-525	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	07/21/99
Sunrise Medical	Quickie S-626	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	11/12/01
Sunrise Medical	Quickie V-121 (Formerly Quickie P-120)	K0012	Lightweight portable motorized/power wheelchair	04/17/98
Sunrise Medical	Quickie V-521	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/03/00

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Teftec Corporation	Omega Trac	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	04/01/98
Teftec Corporation	Omega Trac Powered Wheelchair System (Models B102F, B103F)	K0014	Other motorized/power wheelchair base	05/03/02
Teftec Corporation	Omega Trac Powered Wheelchair System (Models B104F, B105F, B106F)	K0014	Other motorized/power wheelchair base	05/24/02
Teftec Corporation	Omega Trac Powered Wheelchair System (Models B122F, B123F, B124F, B125F, B126F)	K0014	Other motorized/power wheelchair base	04/29/02
Theradyne	Rover Express	K0014	Other motorized/power wheelchair base	10/11/00
Theradyne	Rover LWF Plus (Formerly Vassilli T2)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/17/99
Theradyne	Rover LWF T1 (Formerly Vassilli T1)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/17/99
Theradyne	Rover LWF T1 Junior (Formerly Vassilli T1 Junior)	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Rover R (Formerly Vassilli Recline)	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Rover TS (Formerly Vassilli Tilt)	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Lifestyle	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Manual Stander	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Manual Stander - Junior	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Power Stander	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Power Stander - Junior	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Recline	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli T1	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/17/99
Theradyne	Vassilli T1 Junior	K0014	Other motorized/power wheelchair base	06/17/99

Table 1.6 – Wheelchair Product Classification List

Manufacturer	Product Name/Model Number	HCPCS Code	HCPCS Code Description	Date Completed
Theradyne	Vassilli T2	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	06/17/99
Theradyne	Vassilli T2 Junior	K0014	Other motorized/power wheelchair base	06/17/99
Theradyne	Vassilli Tilt	K0014	Other motorized/power wheelchair base	06/17/99
Trac About, Inc.	IRV 2000	K0014	Other motorized/power wheelchair base	01/10/01
Transworld Mobility Distribution, LLC (International Mobility Company)	Escape Power Wheelchair (Model HP-5R)	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/24/02
Transworld Mobility Distribution, LLC (International Mobility Company)	Rumba Power Wheelchair (Model HP-3)	K0014	Other motorized/power wheelchair base	01/25/02
Tuffcare	Challenger 2000	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	12/10/96
Tuffcare	Challenger DX 1450 (1450/1450E/1450N/1450NE/1450W/1450WE)	K0010	Standard-weight frame motorized/power wheelchair	11/10/99
Tuffcare	Challenger DX 1500	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	08/31/98
Tuffcare	Challenger Extra Wide 2500	K0014	Other motorized/power wheelchair base	08/31/98
Tuffcare	Challenger Pediatric 1000	K0014	Other motorized/power wheelchair base	12/10/96
Tuffcare	Challenger Recliner 2040	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	12/10/96
Vestil Innovation in Motion	Extreme 4x4	K0014	Other motorized/power wheelchair base	04/09/01
Wheelcare, USA	Powerchair	K0014	Other motorized/power wheelchair base	
Wheelchairs of Kansas	BCW Power	K0014	Other motorized/power wheelchair base	

Table 1.6 – Wheelchair Product Classification List

<b>Manufacturer</b>	<b>Product Name/Model Number</b>	<b>HCPCS Code</b>	<b>HCPCS Code Description</b>	<b>Date Completed</b>
Wheelchairs of Kansas	BCW Powerchair (Model BCWPR)	K0014	Other motorized/power wheelchair base	10/02/01
Wheelchairs of Kansas	Overlander/PEV 2000	K0014	Other motorized/power wheelchair base	07/23/01
Wheelchairs of Kansas	Prairie Cruiser Power Wheelchair	K0014	Other motorized/power wheelchair base	04/29/02
Winmed Products Company	Tango Power Wheelchair	K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	05/01/00