Alpha-Numeric HCPCS Coding Recommendation Format for 2005 Update

Request to Create a New HCPCS Code- Non-Modular Powered Wheelchair

INFORMATION SUPPORTING CODING MODIFICATION RECOMMENDATION

1. Identify the Item (product or drug) for which a Level II HCPCS Code is being requested by:

   a) Trade or Brand Name:

Manufacturer	**Name/Model Number**
Sunrise Medical	**Quickie V-121**

   b) General Product Name or Generic Drug Name (active ingredient):
   Non-Modular Powered Wheelchair

   c) FDA classification: **Class II Power Wheelchair, 89ITI**

2. Please circle the HCPCS category from the following list, which most accurately describes the category for the Item identified in question #1:

Medical/Surgical Supplies Dialysis Supplies and Equipment

Ostomy/Urological Supplies Surgical Dressing Prosthetic Orthotic

Enteral/Parenteral Nutrition **Durable Medical Equipment** Blood/Blood Products

Drug Biologic Radiopharmaceutical Vision Hearing

Other (please indicate/provide category)_____

3. Describe the item fully in general terminology. (What is it? What does it do? How is it used? etc.)(Descriptive booklets, brochures, package inserts, as well as copies of published peer-review articles on the item may be included in the information packet submitted for review, but they do not replace the requirement to fully respond to this question and fully describe the item).

   Drug products must include, A) Indications for use, B) Action, C) Dosage and Route of Administration, D) package insert and, E) How supplied.

Non-Modular Powered Wheelchair

General Description

Describes a traditional powered wheelchair with a fixed or folding, tubular design frame. This code describes a wheelchair that is appropriate for a patient who requires powered mobility but does not require any specialized seating other than possibly a cushion for support and pressure reduction.

Detailed Specifications

Standard Configuration (what is included in the base price)

Base: **Folding cross brace configuration or rigid base configuration. Up to 250 lbs. patient weight capacity. Not designed to support powered seating systems.**

Seat: **Integrated non-positioning seat. Integrated seat with folding cross brace frame, or with rigid base, inclusive of seat and back upholstery. No positioning adjustments available (depth, back, width, seat to floor, tilt or back angle).**

Armrests: **Fixed height removable or fixed height flip-up non-removable armrests.**

Electronics: **Proportional joystick with speed, acceleration and braking adjustments.**

Riggings: **Swing-away footrests or center-mount footplate.**

Product Characteristics:

Dimensions-

- **Seat width** **16”and 18”**
- **Seat depth** **16”**
- **Functional seat height** **≥20” and ≤ 24” (functional seat height is defined as follows: for Captain's Chair, measurement from floor to top of most forward seat edge; for Other Seating, measurement from floor to top of most forward edge of seat pan plus 3"; all measurements are at 0 degree horizontal to floor.)**
- **Back height** **16”**
- **Maximum client weight** **250 lbs.**

Performance-

- **Maximum speed** **≥ 3 mph (ANSI/RESNA WC06, 7a-f)**
- **Minimum range** **≥ 8 miles (ANSI/RESNA WC/04)**
- **Obstacle climb** **≥ 20 mm (ANSI/RESNA WC/10 Test 7.1, no run up)**
- **Maximum rated incline** **≥ 6°**

Durability Testing-

- **Two drum fatigue test** **≥ 200,000 cycles (ANSI/RESNA WC/10 Test 10.4)**
- **Drop test** **≥ 6,666 cycles (ANSI/RESNA WC/10 Test 10.5)**

Warranty-

- **Wheelchair frame** **≥ 12 months**
- **Motor/gearbox** **≥ 12 months**
- **Electronics** **≥ 12 months**

In Addition-

- **Standard with proportional joystick with ability to program speed, acceleration and deceleration in the forward, reverse and turning direction.**
- **Electronics are not upgradeable to alternative control systems.**
- **Standard with fixed height removable or fixed height flip-up non-removable armrests.**
- **Standard with swing-away footrests or center-mount footplate.**
- **Integrated or separate seat that is non-adjustable and non-upgradeable.**
- **Cannot accommodate powered seating systems.**
- **Cannot accommodate a ventilator.**

Clinical Indications

Technology assessments performed by clinicians or credentialed supplier's focus on the functional and physical needs of the patient. The information gathered during an assessment determines the model that is going to meet the patient's physical and functional goals. The following describes the typical indicators for this level of technology:

- **The patient performs activities of daily and instrumental living on smooth, level surfaces**
- **Patient's weight and anatomical measurement requirements can be met with product dimensions for width, depth, seat-to-floor height and back heights available in products meeting the description of this code**
- **Patient has demonstrated that he/she can use a joystick safely and effectively and does not require any additional electronic interface**
- **There are no clinical or functional indications, based upon diagnosis, prognosis or symptomotology, that any additional electronic interface upgrades will be required ~~in~~ within five years of powered wheelchair provision**
- **Patient does not require positioning assistance; e.g., trunk, pelvic or head support, etc.**

Patient requires only a seat cushion or other appropriate seating surface to meet support or pressure relief requirements.

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4. Provide the date that the item/product was approved for marketing by the FDA. (Attach copy of the FDA approval letter.) If product is exempt from FDA review and classification, please explain the basis for the exemption.

   Quickie V-121 clearance number: K972230 dated 12/02/1997. Please note that the V-121 clearance is based on a filing originally done under the name Quickie P90.

5. When was the item/product brought to market?
   (**Note** all products must have 6 months of marketing experience prior to submitting a request for coding consideration and following FDA approval for marketing.)

   The product was launched as the Quickie V-121 in December 4, 1997

6. Is the item/product primarily and customarily used to serve a medical purpose?

   Yes, powered mobility and specifically, non-modular, powered mobility is used only to serve a medical purpose.

7. Is the item useful in the absence of an illness or injury? Explain:

   Powered wheelchairs and specifically, Non-Modular Powered wheelchairs are not useful in the absence of an illness or injury.

8. Is this product prescribed by a health care professional? If Yes - Who prescribes the product and in what setting is the product prescribed?

   Yes, a physician prescribes powered wheelchairs and specifically, Non-Modular Powered wheelchairs. Following the physician's prescription, the specific device may be recommended by an allied health professional to address the needs of the individual patient. Often an allied health professional such as an Occupational Therapist (OT), Physical Therapist (PT), Rehab Engineer, Assistive Technology Supplier (ATS), or Assistive Technology Provider (ATP) will be involved in accessing the specific appropriate product. The seating and mobility evaluation is often completed in a clinical setting such as a rehab center or seating and mobility clinic.

9. Where do beneficiaries obtain the product? (Pharmacy, equipment supplier, MD…)

   Consumers obtain powered wheelchairs and specifically, Non-Modular Powered wheelchairs primarily through rehab technology suppliers and durable medical equipment suppliers.

10. Is the item durable, i.e., can it withstand repeated use?

    Yes, powered wheelchairs and specifically, Non-Modular Powered wheelchairs are durable and withstand repeated use as intended.

11. How is the product currently being billed to insurance companies?

    This is being billed as a purchase.

12. List any codes used by any third party payer to process claims for the item.

    K0012

13. Why are the current code categories inadequate to describe the item? Explain fully.

    The current codes do not appropriately define current technology. The weight of a power wheelchair is rarely a concern when selecting the appropriate model to meet the needs of a beneficiary. Moreover, the current codes do not align with the clinical applications for power mobility.

14. How are you currently marketing this product or service? (Describe market distribution, i.e., nationally, east coast only, etc.)

    The Quickie V-121 and others like it are marketed nationally through a large network of retail medical equipment suppliers.

15. Does Medicare currently pay for this item?

    Yes, Medicare currently pays for this and other power wheelchair models.

16. What is the total volume in sales and/or rental for the six months of marketing experience prior to submitting the request for coding consideration? (Medicare, Medicaid and private business) (Do not estimate or provide projections - the information provided must represent actual volume of sales for the drug/product for the specific period of time indicated.)*

    The sales volume of Quickie V-121 for the last six months is ___ units sold.

17. Of the volume identified in #9., what is the percent of use in the following settings:

Physician's Office:	_____
Freestanding Ambulatory Care Clinics:	_____
Patient's Home by patient:	100%
Patient's Home by Health Care Provider:	_____
Nursing Home/Skilled Nursing Facility:	_____
Hospital Inpatient Facilities:	_____
Hospital Outpatient Facility:	_____
Other- (identify):	
TOTAL ANNUAL VOLUME OF USE:	100%

18. What is the wholesale cost of the item?

    The wholesale price for these products are not published; however, they are typically 30% of the MSRP manufacturers published retail prices

19. What is the manufacturer's published retail price of the item?

    The (2002/2003 MSRP) for the Quickie V-121 is _____

20. List any other manufacturers or suppliers of similar items.
    (If a drug - list other drugs by trade name marketed under the same active ingredient category/generic name.)

    Based on information in the SADMERC coding classification list, Invacare, Everest and Jennings, Electric Mobility, Leisure Lift and Tuffcare are identified as manufacturers that <u>may</u> have products that fit this code descriptor. Others may also exist.

21. Identify the difference between this item and that of competitors. (Include item cost, material or difference, and clinical studies specific to the item.)

    While there may be some differences in the types of materials and the construction of the devices that meet the descriptor of the requested code (as defined in question 3), the differences would not impact the code classification.

HCPCS Coding Recommendation submitted by:

Name:	Sharon Hildebrandt
Name of Corporation/Organization:	National Coalition for Assistive and Rehab Technology
Complete Mailing Address:	1050 17th Street NW Suite 600 Washington, DC 20036
Telephone Number:	(202) 776-0652
FAX Number:	(202) 466-3226
E-Mail Address:	sharonh@ncart.us

I attest that the information provided in this HCPCS coding recommendation is accurate and correct to the best of my knowledge,

_____ Date:_____
Signature

* If the manufacturer of the item identified in this recommendation is not identified above, please also provide the Name, Address and telephone number of the manufacturer.

Corporation:	Sunrise Medical
Mailing Address:	11510 Chestnut Hill Drive Matthews, NC 28105
Telephone Number:	(704) 846-4096
Fax Number:	(704) 846-4098
E-Mail Address:	rita.hostak@sunmed.com

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