Alpha-Numeric HCPCS Coding Recommendation Format for 2005 Update

Request to Create a New HCPCS Code-Active Performance 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 222SE**

   b) General Product Name or Generic Drug Name (active ingredient):
   Active Performance Modular 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.

Active Performance Modular Powered Wheelchair

General Description

The powered wheelchairs represented in this code contain most of the features in the positioning modular power wheelchair and multi-function, positioning power wheelchair codes but incorporate specific design and technology characteristics that allow for increases in the functional capability of the wheelchair, including: added speed; enhanced negotiation of uneven and rough terrain; increased incline climbing performance and obstacle climbing, e.g., higher door sills, etc.

Detailed Specifications

Standard Configuration (what is included in the base price)

Base: Modular power base configuration. Up to 250 lbs. patient weight capacity. Designed to support a minimum of one powered seating system. Cannot accommodate ventilator. Includes drive wheel suspension.

Seat: Advanced positioning seat. Positioning seat designed to accommodate full range of positioning components including seat insert, back insert, lateral supports, headrest, and other seating items. Positioning adjustments include back angle adjustment ≥ 12 degrees, seat height adjustment ≥ 2", and seat depth adjustments ≥ 2".

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

Electronics: Proportional joystick with speed, acceleration and braking adjustments. Allows for optional electronic systems with expansion capability including alternative switch options for driver input and control of on-chair and off chair-devices including powered seating systems, augmentative communication devices, etc.

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

Product Characteristics:

Dimensions-

- Seat width 16" to 18"
- Seat depth 16"
- Functional seat height ≥20" and ≤ 24"
- Back height 16" and 18"
- Maximum client weight 250 lbs.
- Back angle adjustment ≥ 12°
- Seat height adjustment ≥ 2"
- Seat depth adjustment ≥ 2"

Performance-

- Maximum speed ≥ 7 mph (ANSI/RESNA WC06, 7a-f)
- Minimum range ≥ 20 miles (ANSI/RESNA WC/04)
- Obstacle climb ≥ 60 mm (ANSI/RESNA WC/10 Test 7.1, no run up)
- Maximum rated incline ≥ 9°

Durability Testing-

- Two drum fatigue test ≥ 260,000 cycles (ANSI/RESNA WC/10 Test 10.4)
- Drop test ≥ 8,666 cycles (ANSI/RESNA WC/10 Test 10.5)

Warranty-

- Wheelchair frame ≥ 36 months
- Motor/gearbox ≥ 12 months
- Electronic ≥ 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 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.
- Allows for advanced seating and positioning systems with adjustability.
- Can accommodate a minimum of one powered seating systems.
- Can accommodate power seat elevator.
- Cannot accommodate a ventilator.
- Includes drive wheel suspension.

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.

- Patient performs main activities of daily and instrumental living in both indoor and outdoor environments with uneven terrain and rough surfaces, inclines up to 9 degrees and/or environmental obstacles up to 2.4" in height; AND
- Patient activities of instrumental and daily living require speeds equal to or greater than 7 mph and/or range on a single charge of at least 20 miles; AND
- 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; AND

- Patient requires more aggressive seated positioning and the mounting of secondary positioning components to meet patient's physiologic and functional needs, including any of the following: lateral thoracic supports; lateral hips supports, medial thigh supports (abduction wedge); adjustable head supports; seats and backs fabricated to patient measurement; anterior thoracic supports; anterior knee supports, etc.; OR
- Patient is unable, as a result of diagnosis or symptomotology, to operate powered wheelchair with a standard joystick and requires additional alternative electronic interface; OR
- Patient requires more than one drive profile to accommodate different driving environments or varying physiologic or functional capabilities required as a result of diagnosis or symptomotology or based on diagnosis, prognosis and/or symptomotology, that the client may require additional electronic interface upgrades within five years of powered wheelchair provision; OR
- Patient does not have the ability to perform independent weight shifts and a seat cushion or other seating surface does not meet pressure relief requirements; OR
- Patient requires either power recline or power tilt seating options or based on diagnosis, prognosis and/or symptomotology, that the patient will require the addition of either power tilt or power recline options within five years of powered wheelchair provision.
- Patient has the physiologic or functional need, as a result of diagnosis or symptomotology, to minimize the transfer of forces from the driving surface/terrain to the patient's body therefore requiring drive wheel suspension.

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 P-222SE clearance number: K963385 dated April 28, 1997.
   Please note that the P-222SE clearance is based on a filing originally done under the name Quickie P200.

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 P-222SE in August 2003.

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

   Yes, powered mobility and specifically, modular, active 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, Active Performance 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, Active Performance 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, Active Performance Modular Powered wheelchairs primarily through rehab technology suppliers.

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

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

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

    Powered wheelchairs are billed as a purchase to insurance companies.

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

    K0011 or K0014

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

    The current HCPCS code descriptors for all powered wheelchairs do not accurately or adequately describe the technology. A broad range of technology is inappropriately grouped into the K0011 code. In addition, the current codes do not align with the clinical application of the products within the code. Products currently coded as K0011 would in fact fall into 4 of the codes requested by NCART.

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

    The Quickie 222-SE 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 does cover powered mobility.

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 for the Quickie 222SE for the past 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 following is the manufacturer's published retail prices. (2002/2003 MSRP). Sunrise is willing to provide historical pricing information.

Manufacturer	Name/Model Number	
Sunrise Medical	**Quickie 222SE**	_____

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, 21st Century Scientific, Bruno Independent Living and Golden Technologies are some of the manufacturers identified 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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