Alpha-Numeric HCPCS Coding Recommendation Format for 2005 Update

Request to Create a New HCPCS Code- Heavyweight Capacity 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**
Permobil	**Chairman HD3**

   b) General Product Name or Generic Drug Name (active ingredient):
   Heavyweight Capacity 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.

Heavyweight Capacity Powered Wheelchair

General Description

The powered wheelchairs included in this code are specifically designed to accommodate more that 400 pounds but less than 500 pounds. This weight requirement is not available as add-on or adaptation of the chairs included in the previous codes. To accommodate the additional weight capacity these chairs incorporate specific parameters in structural, electronic and motor design.

Detailed Specifications

Standard Configuration (what is included in the base price)

Base: Folding cross brace, rigid base or modular power base configuration. Maximum weight capacity of 500 pounds.

Seat: Basic or Advanced positioning seat.

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

Electronics: Proportional joystick with speed, acceleration and braking adjustments. 24 volt system.

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

Product Characteristics:

Dimensions-

- Seat width 22” to 24”
- Seat depth 19” to 20”
- Functional seat height ≥20” and ≤ 24”
- Back height 16” and 18”
- Maximum client weight 500 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
- Electronic ≥ 12 months

In Addition-

- Standard with proportional joystick with ability to program speed, acceleration and deceleration in the forward, reverse and turning direction.
- Standard with fixed height removable or fixed height flip-up non-removable armrests.
- Standard with swing-away footrests or center-mount footplate.
- 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.

- Patient cannot ambulate safely, effectively, or efficiently nor can he/she functionally self propel any manual mobility device around his/her primary residence; AND
- Patient performs main activities of daily and instrumental living in environments with smooth, level surfaces; AND
- Patient has demonstrated that he/she can use a joystick safely and effectively and does not require any additional electronic interface; AND
- There are no clinical or functional indications that any additional electronic interface upgrades will be required in five years of powered wheelchair provision; AND
- Patient requires only a seat cushion or other appropriate seating surface to meet pressure relief requirements; AND
- Patient does not require positioning assistance; e.g., trunk, pelvic or head support, etc.; AND
- Patient's weight is equal to or less than 500 pounds but cannot be accommodated in a lower level code.

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.

   Chairman HD3 clearance number is K991658 dated 10/08/99. The predicate device on which the Chairman series is based on is the Permobil powered wheelchair 1280.

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.)

   Chairman HD3 was brought to market in July 2000.

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

   Yes, powered mobility and specifically, Heavyweight Capacity 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, Heavyweight Capacity 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, Heavyweight Capacity 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, heavy weight capacity powered wheelchairs through durable medical equipment suppliers or rehab technology suppliers.

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

    Yes, powered wheelchairs and specifically, heavy weight capacity 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.

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

    K0014

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

    The number of patients diagnosed as extremely obese is increasing and therefore there is a need to issue a unique code rather than using a miscellaneous one in order to track utilization and facilitate electronic claims processing.

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

    The Permobil Chairman HD3 is marketed nationally through a large network of retail medical equipment suppliers.

15. Does Medicare currently pay for this item?

    Yes, Medicare does pay for this item.

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 past six months for the Chairman HD3 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 manufacturers published retail price of the item?

The following is the manufacturer's published retail prices. (2003/2004 MSRP) Permobil is happy to provide historical pricing.

Manufacturer	Name/Model Number	
Permobil	**Chairman HD3**	_____

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 21st Century Scientific, Tuffcare and Wheelchairs of Kansas are identified as manufacturers that may 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:

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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.

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