Alpha-Numeric HCPCS Coding Recommendation Format for 2005 Update

Request to Create a New HCPCS Code-Multi-Function Positioning 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**
Permobil	**Chairman Entra Corpus**

   b) General Product Name or Generic Drug Name (active ingredient):
   Multi-Function Positioning 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.

Multi-Function Positioning Modular Powered Wheelchair

General Description

The design intent for this category of products accommodates at least two power seating function, e.g., power tilt and power recline. In order to accommodate multiple power seating functions, the powered wheelchairs included in this code represent a distinctly different technology that incorporates structural and other design changes that enhance stability and performance to meet these added demands. Additionally, drive wheel suspension is available in this category of products.

Products in this code also accommodate the needs of a client who requires ventilator and/or other respiratory technology by providing appropriate on-chair mounting of this equipment.

Detailed Specifications

Standard Configuration (what is included in the base price)

NOTE: The bold print below denotes product differentiation from the Positioning Modular Powered Wheelchair.

Base: Modular power base configuration. Up to 250 lbs. patient weight capacity. Designed to support a minimum of **two** powered seating system. **Allows for ventilator attachment. Includes drive wheel suspension** (a power wheelchair shall be considered to have suspension if the product incorporates a structural element whose primary function is to insulate the rider from drive wheel vibrations).

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. Capable of accommodating power elevating legrests.

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 ≥ **5 mph** (ANSI/RESNA WC06, 7a-f)
- Minimum range ≥ **20 miles** (ANSI/RESNA WC/04)
- Obstacle climb ≥ 40 mm (ANSI/RESNA WC/10 Test 7.1, no run up)
- Maximum rated incline ≥ **9°**

Durability Testing-

- Two drum fatigue test ≥ 220,000 cycles (ANSI/RESNA WC/10 Test 10.4)
- Drop test ≥ 7,333 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 **two** powered seating systems.
- Can accommodate power seat elevator.
- **Allows for ventilator attachment.**
- **Includes drive wheel suspension.** (a power wheelchair shall be considered to have suspension if the product incorporates a structural element whose primary function is to insulate the rider from drive wheel vibrations).

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 product that is going to meet the patient's physical and functional goals. If the patient's medical need indicates one or more of the following requirements, it would preclude the use of a lower level product:

- Patient's activities of instrumental and daily living require speeds of 5 mph or greater and/or range on a single charge of at least 20 miles (E.g. work or school environment or other distance requirements in the patients daily activities),

- Patient's weight and anatomical measurement requirements cannot be met by a lower level code,

- Patient requires more aggressive seated positioning and the mounting of secondary positioning components to meet patient's physiologic and functional needs,

- Patient is unable to operate powered wheelchair with a standard joystick and requires additional alternative electronic interface, or based on diagnosis, prognosis and/or symptomotology, that the client may require additional electronic interface upgrades within five years of powered wheelchair provision;

- Patient does not have the ability to perform independent weight shifts and a seat cushion or other seating surface alone is not sufficient to meet pressure relief requirements,

- Patient requires 2 or more power seating options, including power recline, power tilt, or power standing system, or there are clinical or functional indications that the patient will require the addition of at least two power seat functions within five years of powered wheelchair provision

- Patient is ventilator dependent and requires a powered wheelchair equipped with a vent tray

- 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 (E.g. reduce or minimize reflex responses).

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 Entra Corpus 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.)

   The Chairman Entra Corpus was brought to market in November 1999.

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

   Yes, powered mobility and specifically, multi-function positioning 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, Multi-Function, Positioning, 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, Multi-Function Positioning 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, Multi-Function Positioning 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, Multi-Function Positioning 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.

    K0014

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

    Currently the Chairman Entra Corpus is billed using the K0014 code. This code is intended for otherwise not classified products. Products such as the Chairman Entra Corpus are provided on a much higher frequency to non-Medicare payers. However, regardless of the payer, a code that specifically defines this category of power wheelchairs will facilitate better tracking of utilization. Moreover, a unique code will allow the development of a specific coverage guideline for this technology.

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

    The Chairman Entra Corpus and others like it are marketed nationally through a large network of retail medical equipment suppliers.

15. Does Medicare currently pay for this item?

    Medicare does cover powered wheelchairs.

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 Chairman Entra Corpus 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 following are current manufacturer's published retail prices. (2003/2004 MSRP) Permobil is happy to provide historical pricing information as needed.

Manufacturer	Name/Model Number	
Permobil Inc.	**Chairman Entra Corpus**	_____

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, Sunrise, Invacare, Everest and Jennings, 21st Century Scientific, Bruno Independent Living and Golden Technologies are some of the manufacturers identified 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:

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.

Tom Rolick
Permobil, Inc.
6961 Eastgate Blvd
Lebanon, Tennessee 37090
1-800-736-0925 tom.r@permobilus.com