Alpha-Numeric HCPCS Coding Recommendation Format for 2004 Update

Request to Create a New HCPCS Code-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**
Invacare	**Storm Torque SP 3GT QSPR2 AA**

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

Positioning Modular Powered Wheelchair

General Description

This code includes powered wheelchairs that provide all the capabilities described in the general-purpose powered wheelchair application. Additionally, this code identifies products that can accommodate more aggressive postural seating support allowing the mounting of secondary positioning components to meet patient's physiologic and functional needs. Furthermore, these products meet the needs of the patient who cannot, due to diagnosis or symptomotology, operate a powered wheelchair using a traditional joystick control interface by accommodating, as needed, alternative means of controlling the movements of the powered wheelchair. These products also accommodate the patient who is unable to perform independent weight shifts, or for whom a cushion alone does not provide adequate pressure by accepting the addition of one powered seating system.

Detailed Specifications

Standard Configuration (what is included in the base price)

(NOTE: Bold print indicates difference between this product and those of either the non-modular or modular power wheelchair)

Base: Modular power base configuration. Up to 250 lbs. patient weight capacity. **Designed to support a minimum of one powered seating system**.

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 ≥ **4 mph** (ANSI/RESNA WC06, 7a-f)
- Minimum range ≥ 10 miles (ANSI/RESNA WC/04)
- Obstacle climb ≥ **40 mm** (ANSI/RESNA WC/10 Test 7.1, no run up)
- Maximum rated incline ≥ 6°

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 one powered seating systems.**
- Can accommodate power seat elevator.
- 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 performs main activities of daily and instrumental living in both indoor and outdoor environments with smooth surfaces; 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
- **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 currently unable to operate powered wheelchair with a standard joystick and requires additional alternative electronic interface or based on diagnosis or prognosis, the client is likely to 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 alone does not meet pressure relief requirements; OR**
- **Patient currently requires a minimum of one power seating options, including power recline, power tilt or standing system, or based on diagnosis or prognosis the patient will require the addition of at least one power seating options, including power recline, power tilt or power standing system within five years of powered wheelchair provision.**

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.

   Storm Torque SP 3GT clearance number is K940051 dated March 28, 1994.

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 Storm Torque SP 3GT was brought to market in January 2001

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

   Yes, powered mobility and specifically, Positioning Modular Powered Wheelchairs 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, 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, 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, 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, Positioning Modular Powered Wheelchairs are durable and withstand repeated use as intended.

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

    Power mobility is billed as a purchase

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

    K0011

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 Storm Torque SP 3GT is 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 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 Storm Torque SP 3GT QSPR2 AA 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 manufacturers published retail price of the item?

The following is the manufacturer's published retail prices. (2002/2003 MSRP) Invacare is happy to provide historical pricing.

Manufacturer	Name/Model Number	
Invacare	**Storm Torque SP 3GT QSPR2 AA**	_____

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 Medical, 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.

Mark Sullivan
Invacare Corporation
One Invacare Way
Elyria, OH 44035
+1 (440) 329-6636

4/17/02/CK