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Web Announcement 131

Provider Type 33 (DME): Regarding K-codes for Power Mobility Devices

Effective with service dates on or after Nov. 15, 2006, Nevada Medicaid adopted new K-codes for Power Mobility Devices, as mandated by the Centers for Medicare & Medicaid Services (CMS). The following codes are now approved for reimbursement:

Power Operated Vehicle, Group 1: K0800, K0801 and K0802.

Power Wheelchair, Group 1: K0815 and K0816.

Power Wheelchair, Group 2: K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829, K0835, K0841 and K0843.

Power Wheelchair, Group 3: K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855, K0856, K0857, K0858, K0859, K0860, K0861, K0862, K0863 and K0864. (Note: Group 3 codes are currently being reviewed and will be operational in the very near future with effective dates of service on or after Nov. 15, 2006.)

Power Wheelchair, Group 5: K0890 and K0891.



The above codes include certain components of the mobility devices that were previously billable separately. Please review the long descriptions identified in the HCPCS Level II coding book. Providers/suppliers can no longer unbundle these items when the HCPCS description indicates the item is included. Also, please refer to the Nevada Medicaid Durable Medical Equipment (DME) Fee Schedule posted at:

<http://dhcftp.state.nv.us/pdf%20forms/Rates/Fee%20Schedule%20PT%2033%20060531.xls>