



Purchase of Motorized Wheelchairs/Power Operated Vehicles (Scooters)

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Policy

The Medical Management Department reviews referral requests for authorization of the purchase, replacement, modification or repair of motorized wheelchairs, power operated vehicles (POV) and accessories.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order to facilitate the review process, referral requests must include the following:

1. Diagnosis of disease causing impaired mobility for patients who are unable to walk and have upper extremity impairment.
2. A physical assessment completed by the treating provider (e.g. neurologist, rehab provider, primary care provider) with a description of the patient's mobility limitations.
3. Report of trial of other assistive device(s), or reason why the patient is unable to use other assistive devices (manual wheelchair).
4. Description of how a motorized wheelchair or POV will improve patient's activities of daily living (ADLs) such as toileting, feeding, dressing, grooming and bathing in usual locations in the home.
5. Evaluation by an experienced physical therapist, occupational therapist, rehabilitation medicine physician and/or Assistive Technology Professional (ATP) identifying the patient's mobility limitations along with the justifications for each particular component, including applicable HCPCs codes, for the requested wheelchair or POV. Indications are included for requested components, specialized seating systems, weight accommodations, or any other accessories

B. Criteria for Medical Necessity:

1. Motorized wheelchairs and power operated vehicles are considered medically necessary for mobility-related activities of daily living when **ALL** of the following criteria are met:
 - a. The evaluation by a physical therapist, occupational therapist, or rehabilitation medicine physician shows that the patient lacks the functional mobility to safely and efficiently complete activities of daily living (ADLs); **AND**
 - b. Other assistive devices (e.g., canes, walkers, manual wheelchairs) are insufficient or unsafe to completely meet functional mobility needs; **AND**
 - c. The patient's home provides adequate access between room, maneuvering space, and surfaces for use of the wheelchair/ POV provided; **AND**

- d. The patient or caregiver is willing and able to consistently operate the powered/motorized wheelchair or POV safely and effectively; **AND**
 - e. The patient's medical condition requires a powered/motorized wheelchair or POV device for long term use; **AND**
 - f. Use of a power wheelchair or POV will significantly improve the patient's ability to participate in ADLs in the home.
2. Repairs or additional modifications for a powered/motorized wheelchair or POV are considered medically necessary when **EITHER** of the following are met:
- a. Needed for normal wear or accidental damage; **OR**
 - b. The changes in the patient's condition warrant a modification or accessory based on clinical documentation.

NOTE: Repairs or replacements apply only to the primary wheelchair and/or components that were authorized in the initial purchase. The applicable wheelchair can be identified by serial number.

3. Requests for replacement of motorized wheelchairs or POVs are reviewed for medical necessity based on **ALL** the following considerations:
- a. Life expectancy of the present wheelchair or POV versus the cost of continued repairs.
 - b. Patient's continued medical necessity for a power wheelchair or POV.
 - c. Changes in the patient's condition that warrant a different wheelchair or POV.
 - d. Authorization will also be consistent with the patient's benefit per certificate of coverage.

C. Indications Considered Not Medically Necessary: *(Not an all-inclusive list)*

- 1. A motorized wheelchair or POV is considered **not medically necessary** for **EITHER** of the following:
 - a. When solely intended for use outdoors; **OR**
 - b. When used as a backup (e.g. duplicate mobility device or in case the primary device requires repair).
- 2. Repairs or replacements requested for components currently under warranty.
- 3. Wheelchair used solely to perform leisure or recreational activities.
- 4. The following upgraded or above standard accessories for a motorized wheelchair or POV are considered **not medically necessary:** Not an all-inclusive list.

HCPCs code Description of item/component

E0316	Canopies
E1016	Shock absorbers
E1399	Push handles
E1399	Powered seat elevator attachments for electric, powered or motorized wheelchairs
E2207	Crutch or cane holder

E2211-2215	Flat-free inserts (zero pressure tubes): Flat free inserts have a removable ring of firm material that is placed inside of a pneumatic tire
E2300	Power seat elevation/height seat elevation
E2301	Wheelchair accessory, power standing system any type
E2331	Attendant control
E2366	Battery charger, single mode
E2367	Battery charger, dual mode
K0053	Articulating (telescoping) elevating leg rests
K0065	Spoke protectors
K0108	Cup holder
K0108	Gloves
K0108	Handle extensions
K0108	Identification devices (such as labels, license plates, name plates)
K0108	Lighting systems
K0108	Snow tires for wheelchair
K0108	Warning devices, such as horns and backup signals
K0108	Wheelchair tie downs and brackets
K0108	Wheelchair basket, bags, or pouches-used to hold belongings
	Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels
	Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) -- devices to assist in lifting wheelchair up stairways, into car trunks, or in vans
	Wheelchair rack for automobile (auto carrier) -- car attachment to carry wheelchair
	Wheelchair ramp -- provides access to stairways or vans (Certificate of Coverage -not a covered benefit)

5. The following features of a power wheelchair are considered **not medically necessary**: stair climbing, electronic balance, ability to elevate the seat by balancing on two wheels, and remote operation.
6. Upgraded and specialty wheels (e.g., Spinerger) are considered **not medically necessary** because they are not required for performance of instrumental activities of daily living.
7. Modifications to the structure of the home environment to accommodate the motorized wheelchair or POV (e.g., widening doors, lowering counters).

D. Indications Considered Experimental and Investigational (Not an all-inclusive list.)

1. Battery-powered wheelchair seat cushion (e.g. alternating pressure cushion).

HCPCS CODES:

Specific Type of Power Wheelchair	Codes included in the allowance for power wheelchair base when provided at the same time. (These should be billed separately only when they are replacements)
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Power Wheelchair Base Groups 1 and 2 (K0813–K0843)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0019, K0037, K0040, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098
Power Wheelchair Base Groups 3, 4, and 5 (K0848–K0891)	E0971, E0978, E0981, E0982, E0995, E1225, E2366, E2367, E2368, E2369, E2370, E2374, E2375, E2376, E2378, E2381, E2382, E2383, E2384, E2385, E2386, E2387, E2388, E2389, E2390, E2391, E2392, E2394, E2395, E2396, K0015, K0019, K0037, K0041, K0042, K0043, K0044, K0045, K0046, K0047, K0051, K0052, K0077, K0098

REFERENCES:

CMS Pub. 100-03; *National Coverage Determination (NCD)* Chapter 1, Part 4, Section 280.3 Mobility Assistive Equipment (MAE).