Quartz

Purchase of Motorized Wheelchairs/Power Operated Vehicles (Scooters)

Last Revision/Review Date: January 16, 2019 **P&P # C.11.03**

A. Documentation Required:

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 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, or rehabilitation medicine physician identifying the patient's mobility limitations along with the specifications for the requested chair 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** 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.

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; **AND**
b. Patient's continued medical necessity for a power wheelchair or POV; **AND**
c. Changes in the patient's condition that warrant a different wheelchair or POV; **AND**
d. Authorization will also be consistent with the patient's benefit per certificate of coverage.

C. Indications Considered Experimental, Investigational or 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 in case the primary device requires repair.

2. The following accessories for a motorized wheelchair or POV are considered **not medically necessary** (e.g., seat height elevation, push handles, cup holders, canopy or headlights *(not an all-inclusive list).*

3. Modifications to the structure of the home environment to accommodate the motorized wheelchair or POV (e.g., widening doors, lowering counters)**.**

REFERENCES:

CMS Pub. 100-3; *National Coverage Determination (NCD*) Chapter 1, Part 4, Section 280.3 Mobility Assistive Equipment (MAE). Implementation Date 7/5/2005.
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ForwardHealth Update No. 2018-32. New Coverage and Clarified Prior Authorization Policy for Mobility Devices. September 2018. Accessed 1/16/2019 https://www.forwardhealth.wi.gov/kw/pdf/2018-32.pdf