

Policy

Northern Light Employee Health Plan considers **Power Mobility Devices (PMDs)** medically necessary for the following indications:

Basic Coverage Criteria for Power Operated Vehicles (POVs) and Power Wheelchairs (PWCs)

- The member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home
And
- The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day
And
- The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker

Criteria for POVs

The member meets all of the Basic Coverage Criteria, and each of the following:

1. The member must be able to safely and independently do all of the following:
 - Safely transfer to and from a POV
 - Operate the tiler steering system, and
 - Maintain posture and position while operating the POV in the home.
2. The member's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home
3. The member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided
4. The member's weight is less or equal to 95% of the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV:
 - a. Heavy Duty POV covered for 285-450 pounds
 - b. Very Heavy POV covered for 428-600 pounds
5. Use of a POV will significantly improve the member's ability to participate in MRADLs and the beneficiary will use it in the home,
6. The member has not expressed an unwillingness to use a POV in the home

Criteria for PWCs

The member meets all of the Basic Coverage Criteria and criteria #1-#6 below:

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1. The member does not meet criteria # 1, 2 and 3 for a POV as indicated in the criteria above,
2. Either the member is mentally and physically capable of safely operating the PWC that is requested,
Or
The member's caregiver is unable to propel an optimally configured manual wheelchair but is willing and able to operate a PWC safely;
3. The member's weight is less or equal to 95% of the weight capacity of the PWC that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC.
 - Heavy Duty PWC covered for 285-450 pounds
 - Very Heavy PWC covered for 428-600 pounds
 - Extra Heavy Duty PWC is covered for 570 pounds or more
4. The member's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; (This information may be documented by the supplier) ,
5. Use of a power wheelchair will significantly improve the member's ability to participate in MRADLs and the beneficiary will use it in the home
6. The member has not expressed an unwillingness to use a power wheelchair in the home

ADDITIONAL CRITERIA FOR SPECIFIC TYPES OF POWER WHEELCHAIRS:

GROUP 1- PWC Criteria

1. All of the coverage criteria (1-6) for the PWC are met,
And
2. The PWC is appropriate for the member's weight.

GROUP 2 - SINGLE POWER OPTION PWC Criteria

1. All of the coverage criteria (1-6) for PWC are met,
And
2. Either the member requires drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control)
Or

All of the coverage criteria for a power tilt or a power recline seating system are met and the system is being used on the PWC,
And

3. The member had a specialty evaluation performed.

GROUP 2 - MULTIPLE POWER OPTION PWC Criteria

1. All of the coverage criteria (1-6) for PWC are met,

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- And
2. Either the member meets the coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair (refer to PA-071 Wheelchair Options and Accessories policy)
Or
The member uses a ventilator which is mounted on the wheelchair,
And
 3. The member had a specialty evaluation.

GROUP 3 - PWC WITH NO POWER OPTIONS Criteria

1. All of the coverage criteria (1-6) for PWC are met,
And
2. The member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity,
And
3. The member had a specialty evaluation.

GROUP 3 - PWC WITH SINGLE POWER OPTION Criteria

1. All of the coverage criteria (1-6) for PWC are met,
And
2. The member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity,
And
3. The member meets any one of the following three (3) criteria for Group 2 Single Power Option PWC:
 - Either the member requires a drive interface other than a chin-operated or proportional joystick,
Or
 - All of the coverage criteria for a power tilt or recline seating system are met and the system is being used on the wheelchair, (refer to PA .071 Wheelchair Options and Accessories policy),
Or
 - The member uses a ventilator which is mounted on the wheelchair,
And
4. The member had a specialty evaluation.

GROUP 4 - PWC

The added capabilities of this PWC are not needed for use in the home and therefore not covered (see Variations for Medicare)

GROUP 5 - PEDIATRIC PWC WITH SINGLE POWER Criteria

1. Coverage criteria (1-6) for PWC are met,

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- And
2. The member is expected to grow in height,
And
 3. The member meets any one of the following three (3) criteria for Group 2 Single Power Option PWC:
 - Either The member requires a drive interface other than a chin-operated or hand proportional joystick,
Or
 - All of the coverage criteria for a power tilt or recline seating system are met and the system is being used on the wheelchair, (refer to PA.071 Wheelchair Options and Accessories policy)
Or
 - The member uses a ventilator which is mounted on the wheelchair
And
 4. The member had a specialty evaluation.

Criteria for Push-Rim Activated Power Assist Device

1. The member meets all of the Basic Coverage Criteria for a power mobility device,
And
2. The member has been propelling himself or herself in a manual wheelchair for at least one year or more,
And
3. The member had a specialty evaluation.

Limitations

1. If the use of the POV or PMD is for outside the home only, it is considered non-covered.
2. A specialty evaluation, when required, is in addition to the requirement for the face-to-face examination.
3. The PMD must meet all safety requirements.
4. Prior to the time of delivery, the supplier or practitioner must perform an on-site evaluation of the member's home to verify layout and if the PMD can be used in the home unless the device is the same dimensions as a device previously used in the home. The PMD must be delivered within 120 days following completion of the face-to-face examination.
Exception: PWCs that receive a determination through the ADMC process must be delivered within six months.
5. If the member's need is expected to be for six months or less, the PMD is rented. Consideration for rental longer than six months will be made by an Evolent Medical Director for those qualifying members with a terminal illness.

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6. A PMD which has not been reviewed by PDAC or which has been reviewed by PDAC and found not to meet the definition of a specific PMD will be denied as not medically necessary.
7. A custom wheelchair base is covered only if the feature needed is not available as an option in an already manufactured base.
8. The supplier must receive the order within forty five days after the prescribing physician/treating practitioner completes the face-to-face examination and prior to delivery of the device.
Exception: If the face-to-face examination is performed during a hospital or nursing home stay, the supplier must receive the order within 45 days after discharge. PDAC suppliers need to maintain the documentation in their records and make it available upon request.
If these requirements are not met, the PMD will be denied as non-covered.
9. The following situations are considered not medically necessary:
 - When basic coverage criteria and specific PMD criteria are not met.
 - A motorized wheelchair or power operated vehicle may be denied when it is determined a manual wheelchair is appropriate to meet the needs of the member.
 - When the PMD is requested solely for outside the home and/or for leisure activity (Refer to Variations Section for Medical Assistance members).
 - If a POV is covered, a wheelchair (manual or power) provided at the same time will usually be denied as not medically necessary.
 - Add-ons to convert a manual wheelchair to a tiller or joystick-controlled PMD.
10. A supplier-generated form is not a substitute for the comprehensive medical record.
11. A podiatrist cannot order a PMD.
12. The following equipment is not covered:
 - Seat elevator option,
 - Group 2 Power Operated Vehicles /POV (not medically necessary),
 - Group 4 Power Wheelchairs /PWC (not medically necessary).

Background

Wheelchairs (both manual and power), scooters, canes, and walkers are all examples of Mobility Assistive Equipment (MAE). In recent years, considerable public interest had focused on the provision of wheelchairs under the Medicare benefit. In particular, attention had focused on Medicare coverage decisions regarding beneficiary access to and the appropriate prescription of power wheelchairs and Power Operated Vehicles (POVs or scooters). These devices are collectively referred to as Power Mobility Devices (PMDs). In response to this increased interest, the Centers for Medicare & Medicaid Services (CMS) implemented a multi-faceted plan to ensure the appropriate prescription of wheelchairs to beneficiaries who need them

Codes:

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Reimbursement for PMDs includes:

- Medically necessary replacement items, including batteries
- All covered additions and modifications.
- All labor charges involved in the assembly of the equipment.
- Support services, such as emergency services, delivery, set-up, and education.
- On-going assistance with use of the PMD.

Medicare Variation

Information Required for Review for Advanced Determination of Medical Coverage (ADMC) for PMDs. The following power wheelchairs are eligible for Advanced Determination of Coverage (ADMC):

- Group 2, 3, 4 or 5 Single or Multiple Power Option Wheelchairs with/without power seating provided at time of issue.
 - Group 3 or 4 No Power Option Wheelchair with an alternative drive control interface provided at time of issue.
1. All ADMC requests must be accompanied by a copy of the appropriate Certificate(s) of Medical Necessity (CMN), Letter of Medical Necessity (LMN), or relevant Center for Medicare and Medicaid Services (CMS) form applicable at the time:
 - CMS Form 844 for manual wheelchairs, or
 - CMS Form 843 for power wheelchairs
 2. Suppliers requesting ADMC must continue to submit the appropriate form with their request for ADMC, and may follow these instructions
 - The physician does not need to review, complete, or sign any part of the form.
 - Complete only section A. All other sections of the CMN should be left blank.
 - All requests must also include a complete listing of all items for which ADMC is requested, including the wheelchair base, related options and accessories, and wheelchair seating devices, and their corresponding HCPCS codes.

MANUAL WHEELCHAIRS

The ADMC request must be accompanied by copies of:

1. The order which specifies the wheelchair base frame and all options and accessories to be provided that is signed and dated by the treating physician; and
2. Information from the member's medical record that documents that the coverage criteria defined in the PDAC medical policy on Manual Wheelchairs has been met.
3. Information about whether the member's home can accommodate the wheelchair may be documented by the supplier.
4. If the member currently has a wheelchair, the ADMC request must indicate the reason why it is being replaced.
5. If the ADMC request includes a seat or back cushion, an ICD-9 diagnosis code(s) must be provided.

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POWER WHEELCHAIRS MOBILITY DEVICES

The ADMC request must be accompanied by copies of the:

1. Physician's order which must be received by the supplier within forty five days after the completion of the face-to-face examination or after the date of discharge from a hospital and must contain all of the following:
 - Member's name
 - Date of face-to-face examination
 - Related diagnosis to the condition(s) the PMD is expected to modify
 - Expected length of need
 - Description of the PMD (may be general or specific)
 - Date of Prescription
 - Signature of physician or treating practitioner who performed the face-to-face examination, and
2. Follow-up physician's order:
 - Identifying the specific type of PWC and any options and accessories
 - Date of Prescription
 - Signature of physician or treating practitioner who performed the face-to-face examination, and
3. A face-to-face examination report containing the following:
 - The member's mobility limitation and how it interferes with the performance of activities of daily living.
 - Why a cane or walker cannot meet the member's mobility needs in the home.
 - Why a manual wheelchair cannot meet the member's mobility needs in the home.
 - Why a POV cannot meet this member's mobility needs in the home.
 - The member has the physical and mental abilities to operate a power wheelchair safely in the home.

The face-to-face examination report should provide pertinent information about the following elements, but may include other details. Each element would not have to be addressed in every examination:

- Symptoms
- Related diagnoses
- History:
 - How long the condition has been present
 - Clinical progression
 - Interventions that have been tried and the results
 - Past use of walker, manual wheelchair, POV, or power wheelchair and the results
- Physical exam:
 - Weight

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- Impairment of strength, range of motion, sensation, or coordination of arms and legs
- Presence of abnormal tone or deformity of arms, legs, or trunk
- Neck, trunk, and pelvic posture and flexibility
- Sitting and standing balance
- Functional assessment – any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person:
 - Transferring between a bed, chair, and PMD
 - Walking around their home – to bathroom, kitchen, living room, etc. Provide information on distance walked, speed, and balance.

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Disclaimer:

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