



INLAND EMPIRE HEALTH PLAN

**IEHP UM Subcommittee Approved Authorization Guidelines**  
***Power Wheelchairs and Power Operated Vehicles – Community Use***

**Policy:**

**Medicare:**

Coverage of Mobility Assistive Equipment (MAE), a broad category of durable medical equipment (DME) including manual wheelchairs, power wheelchairs, scooters and other Power Operated Vehicles (POVs), is limited to Members that have a health condition causing difficulty with Mobility-Related Activities of Daily Living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing **within the home**, despite the use of a cane, crutch, or walker. The member must be able to safely use the device and the equipment **must be usable in the home**. Before coverage is granted, a Member must have a face-to-face exam by a doctor and a written order received by the supplier within 45 days of encounter (CMS, 2009)

**Medi-Cal:**

Coverage of MAE **shall not be dependent upon where the Member will primarily use the equipment**. MAE is medically necessary if the beneficiary's medical condition and mobility limitation are such that without the use of MAE, the beneficiary's ability to perform one or more MRADLs or Instrumental Activities of Daily Living (IADLs) **in or out of the home, including access to the community**, is impaired and the beneficiary is not ambulatory or functionally ambulatory without static supports such as a cane, crutches, or walker (DHCS All Plan Letter 15-018, July 9, 2015). Medi-Cal covers medically necessary equipment when it "is appropriate for use **in or out of the patient's home** (Title 22, CCR, Section 51160). IEHP has an obligation to cover medically necessary DME, **regardless of whether the needed equipment will be used inside or outside of the beneficiary's home**. A prescription for MAE **may not be denied solely on the grounds that it is for use outside of the home** when determined to be medically necessary for the beneficiary's medical condition.

**Coordination of Benefits:**

At all times, IEHP and its delegates shall ensure that the Member's Medicare and Medi-Cal benefits are correctly coordinated. Any discrepancies between the member's Medicare and Medi-Cal insurance benefits shall be adjudicated in favor of the line of business with the least restrictive criteria and the greatest potential benefit to the Member.

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#### **Two or More Mobility Devices:**

Rental or purchase of two or more mobility devices (manual wheelchair, electric wheelchair, and power operated vehicle) is considered a matter of convenience for the Member and his/her family and is not covered, unless there is a change in the Member's physical condition that makes it medically necessary to have a different mobility device.

#### **Medicare National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE):**

Effective May 5, 2005, Centers for Medicare and Medicaid Services (CMS) finds that the evidence is adequate to determine that mobility assistive equipment is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations **within the home**.

#### **Medi-Cal Regulation § 51321:**

Medi-Cal Regulation § 51321 states the following:

- A. Requests from the provider should include a description of the Member's medical status, functional limitation, and the manner in which the specific item being requested is expected to improve the medical status or functional ability of the patient, stabilize the patient's condition, or prevent additional deterioration of the medical status or functional ability of the patient, and an estimated length of time the item is determined to be medically necessary.
- B. Items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them are not covered.
- C. Authorization shall not be granted for medical equipment when a household or furniture item will adequately serve the patient's medical needs.
- D. Authorization for durable medical equipment shall be limited to the lowest cost item that meets the patient's medical needs.

Rental or purchase of two or more mobility devices (manual wheelchair, electric wheelchair, and power operated vehicle) is considered a matter of convenience for the Member and his/her family and is not covered, unless there is a change in the Member's physical condition that makes it medically necessary to have a different mobility device.

#### **Aetna Policy Wheelchairs and Power Operated Vehicles Highlights:**

The wheelchairs, manual, power-type, and power-operated vehicles guideline states the following (based upon Medicare review requirements):

- A. Wheelchairs are covered if the condition is such that without a wheelchair, the patient would otherwise be bed or chair confined.

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- B. Medicare coverage of durable medical equipment is limited to items that are necessary for use within the home.
- C. Although a power wheelchair may be useful to allow the beneficiary to move extended distances, especially outside the home, Medicare statute and national policy do not currently provide coverage solely for those uses.
- D. If the power wheelchair is being provided to a patient who has received a Medicare covered manual or power wheelchair within the past 5 years, information is needed from the patient's medical record that documents there has been a significant change in the patient's medical condition that necessitates a different type of equipment.

#### Electric, Power or Motorized Wheelchairs:

An electric or power wheelchair is a motorized wheelchair. Electric wheelchairs are for persons who are unable to walk and have upper extremity impairment. Aetna considers the rental or purchase of 1 power mobility devices (including power operated vehicles, power wheelchairs, or push-rim activated power assist devices) medically necessary if all of the following basic criteria (A-D) are met and the criteria for the specific type of power mobility device listed below are met:

- A. The Member has a mobility limitation that significantly impairs their 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. A mobility limitation is one that:
  - o Prevents the Member from accomplishing an MRADL entirely, *or*
  - o Places the Member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; *or*
  - o Prevents the Member from completing an MRADL within a reasonable time frame.
- B. The Member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- C. The Member 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. Note: Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories.

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#### **Power Operated Vehicle (POV)/Scooter:**

Power operated vehicles (POV), commonly known as “scooters”, are 3- or 4-wheeled non-highway motorized transportation systems for persons with impaired ambulation. Center for Medicare and Medicaid Services states that the criteria for a power operated vehicle are slightly different than a power wheelchair. A POV is considered medically necessary if all of the basic coverage criteria (A-C) have been met and criteria D-I are also met.

D. The Member is able to:

- o Safely transfer to and from a POV, and
- o Operate the tiller steering system, and
- o Maintain postural stability and position while operating the POV in the home.

E. 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.

F. The Member’s home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.

G. The Member’s weight is less than or equal to 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 – i.e., a Heavy Duty POV is considered medically necessary for a Member weighing 285 – 450 pounds; a Very Heavy Duty POV is considered medically necessary for a Member weighing 428 – 600 pounds.

H. Use of a POV will significantly improve the Member’s ability to participate in MRADLs and the Member will use it in the home.

I. The Member has not expressed an unwillingness to use a POV in the home.

A POV is considered not medically necessary if criteria A-I are not met.

#### **Medical Review Criteria Guidelines for Managing Care (Apollo):**

The wheelchairs, manual, power-type, and power-operated vehicles guideline states the following (based upon Medicare review requirements):

- A. Wheelchairs are covered if the condition is such that without a wheelchair, the patient would otherwise be bed or chair confined.
- B. Medicare coverage of durable medical equipment is limited to items that are necessary for use within the home.

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- C. Although a power wheelchair may be useful to allow the beneficiary to move extended distances, especially outside the home, Medicare statute and national policy do not currently provide coverage solely for those uses.
- D. If the power wheelchair is being provided to a patient who has received a Medicare-covered manual or power wheelchair within the past 5 years, information is needed from the patient's medical record that documents there has been a significant change in the patient's medical condition that necessitates a different type of equipment.

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