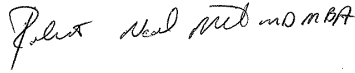


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Developed By: Medical Criteria Committee	



Approved: **Robert Neal Mills, MD**

Date: 07/28/11

Description:

Wheelchairs are a type of mobility device and are considered durable medical equipment. Wheelchairs can be either manual or electric, powered by a battery. A wheelchair is approved when the member's condition is such that without the use of a wheelchair or power operated vehicle (POV), he/she is confined to a bed or chair or is not functionally ambulatory.

General Wheelchair/POV Policy:

- All wheelchairs/POVs are subject to medical necessity review.
- The most cost-effective product to meet the medical need will be approved.
- Wheelchairs/POVs require a physician's order.
- Living quarters must be able to accommodate the approved wheelchair/POV. ODS does not cover adaptations to living quarters to accommodate the wheelchair/POV.
- ODS may provide coverage for a wheelchair/POV when it is determined to be medically necessary and the criteria are met.
- Wheelchair/POV replacements will be reviewed on a case-by-case basis when there has been a change in the member's physical condition, a chair is deemed unrepairable under normal use conditions or when the required repairs cost more than a replacement.
- Replacement or repair of a wheelchair/POV that has been misused or abused will be the responsibility of the member.
- ODS will have the option to repair or purchase a new wheelchair/POV.
- Rental or purchase of two or more mobility devices (manual wheelchair, electric wheelchair, POV, rollabout or transport chair, etc) is considered a matter of convenience and is not covered unless there is a change in the member's physical condition that makes it medically necessary for the member to change to a different mobility device.
- All plan benefits, provisions and limitations apply

Criteria:

I. Standard Manual Wheelchairs

- A. A standard manual adult wheelchair (K0001) or a standard manual wheel chair for a child (K0003 or K0009) will be approved if the member has a medical condition or injury in which weight bearing or ambulation is contraindicated, or if the member has decreased neuromuscular function in the lower extremities. This chair does not need a formal authorization, but must meet medical necessity criteria if reviewed.

II. Specialized Manual Wheelchairs and Strollers

ODS will cover the following specialized manual wheelchairs and strollers when the member meets the criteria for a standard wheelchair and the additional criteria below are also met:

- A. A standard hemi-wheelchair (K0002) may be approved when the member requires a lower seat height (17-18") because of his/her short stature or to enable the member to place his/her feet on the ground for propulsion. This chair does not need a formal authorization, but must meet medical necessity criteria, if review.

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- B. A lightweight wheelchair (K0003) may be approved when a member cannot self propel in a standard wheelchair using arms and/or legs **but** is able to self propel in a lightweight wheelchair.
- C. An ultra-lightweight wheelchair (K0005) may be approved when the member is unable to self-propel in a standard or lightweight wheelchair **but** is able to self-propel in an ultra-lightweight wheelchair.
- D. A high-strength lightweight wheelchair (K0004) may be approved when **one** of the following additional criteria are met:
 - 1. The member can self propel the wheelchair while engaging in frequent activities that cannot otherwise be performed in a standard or lightweight wheelchair; or
 - 2. The member requires a seat width, depth or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair and the member spends at least 2 hours per day in the wheelchair.
- E. A heavy-duty wheelchair (K0006) may be approved if the member weighs more than 250 pounds or the member has severe spasticity.
- F. An extra-heavy-duty wheelchair (K0007) may be approved if the member weighs more than 300 pounds.
- G. A custom manual wheelchair base (K0009, E1220) may be approved if it is uniquely constructed or substantially modified for a specific member. In addition, the features that are needed are not available as an option to an existing manufactured base. The wheelchair is considered customized when the unique seating, arm rests, leg rests, and/or head rests make it virtually impossible to meet another member's positioning needs.
- H. A pediatric wheelchair (E1229) may be approved if a seat width and/or depth of 14 inches or less is recommended.
- I. A customized pediatric stroller may be covered for a child who is non-ambulatory and **one** of the following conditions apply:
 - 1. The child requires more support than is available in a standard pediatric wheelchair; or
 - 2. The child is too small to safely use a standard pediatric wheelchair

III. Rollabout Chairs and Transport Chairs:

ODS considers a rollabout chair or transport chair medically necessary when used in lieu of a wheelchair, for persons who would qualify for a wheelchair but they are not able to self-propel a manual wheelchair. Rollabout chairs and transport chairs are particularly useful for persons who are unable to self-propel a manual wheelchair or operate a POV or power wheelchair, and who have a caregiver who is willing and able to operate the transport chair or rollabout chair.

IV. Electric, Motorized or Power Wheelchairs (E1239, K0010-K0014)

ODS will cover an electric, motorized or power wheelchair when **all** of the following criteria are met:

- A. The member has a medical condition or injury resulting in decreased neuromuscular function in all four extremities. The member requires support of the body's trunk, and weight bearing or ambulation is contraindicated or very limited. In addition, the member's condition is such that without the use of a wheelchair, the member would not be able to move around in their residence; and
- B. The member does not have sufficient upper extremity function or strength to self-propel a manual wheelchair in the home; and
- C. The member has the physical and mental capabilities to safely operate the power wheelchair OR the patient has a caregiver who is unable to adequately propel a manual wheelchair, but is willing and able to safely operate a power wheelchair; and

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- D. The member's weight does not exceed the weight capacity of the requested power wheelchair; and
- E. The member's home provides adequate access for the operation of the power wheelchair; and
- F. The member's condition is such that the requirement for a power wheelchair will be long term.

V. Power Operated Vehicle (POV)/Scooter (E1230, K0800-K0802, K0812)

ODS will cover a POV when **all** of the following criteria are met:

- A. The member has a medical condition or injury resulting in decreased neuromuscular function of the extremities and weight bearing or ambulation is contraindicated or very limited; and
- B. The member does not have sufficient upper extremity function or strength to self propel a manual wheelchair in the home; and
- C. The member's condition is such that the requirement for a POV will be long-term; and
- D. The member has the physical and mental capabilities to safely operate the POV; and
- E. The member can safely transfer in and out of the POV and has adequate trunk stability to be able to safely ride in the POV; and
- F. The use of the POV will significantly improve the member's ability to participate in mobility-related activities of daily living (i.e. toileting, feeding, dressing, grooming and bathing) in the home; and
- G. The member's weight does not exceed the weight capacity of the requested POV; and
- H. The member's home provides adequate access for the operation of the POV; and

VI. Push-Rim Activated Power Assist Device

ODS will cover a push-rim activated power assist device (E0986) for a manual wheelchair (i.e. Independence i Glide) when **all** of the following criteria are met:

- A. The member has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (i.e. toileting, feeding, dressing, grooming, and bathing) in the home; and
- B. The member's mobility limitation cannot be resolved by the use of an appropriately fitted cane or walker; and
- C. The member has been self-propelling in a manual wheelchair for at least one year but no longer has sufficient upper extremity function to self-propel a manual wheelchair

VII. Wheelchairs/POVs are not covered when:

- A. The need for the wheelchair/POV fails to meet the medical criteria above
- B. It is a backup wheelchair/POV
- C. When the member already owns a wheelchair/POV that meets their medical needs
- D. A least costly alternative wheelchair/POV is available
- E. When it is only for use outside the home
- F. When it is beneficial primarily in allowing the member to perform leisure or recreational activities

VIII. Options and Accessories

Wheelchair options and accessories for both the manual and electric wheelchairs/POVs require documentation of medical necessity. The options and accessories may include, but are not limited to the following:

- A. Pressure reducing surfaces
- B. Pads and supports for the trunk of the body
- C. Abduction and adduction pads
- D. Head rests, head extensions

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- E. Arm rests
- F. Anti-tippers
- G. Tilt in space feature
- H. Trays
- I. Elevating leg rests
- J. Reclining back: covered if the member spends more than 2 hours per day in the wheelchair and has one of the following conditions/needs:
 - 1. Quadriplegia
 - 2. Fixed hip angle
 - 3. Trunk or lower extremity casts/braces that require the reclining back feature for positioning
 - 4. excess extensor tone of the trunk muscles
 - 5. Member needs to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is very difficult
- K. Oxygen holder: if patient requires oxygen
- L. Custom seating systems (must meet **all** of the following criteria):
 - 1. Significant spinal deformity and/or severe weakness of the trunk muscles; and
 - 2. Member's prolonged sitting tolerance, postural support to permit functional activities, or pressure reduction cannot be met adequately by a prefabricated seating system; and
 - 3. Member is expected to be in the wheelchair at least 2 hours per day.
- M. All other options/accessories will be reviewed on a case by case basis.

IX. Non-covered wheelchair options/accessories includes, but is not limited to the following:

- A. Tie downs
- B. Personal back packs, baskets, pouches
- C. Lifts, access ramps
- D. Upgrades for racing or sports
- E. Items that allow the member to perform leisure or sport activities
- F. Lights
- G. Home modifications
- H. Dual mode battery charger (a battery charger for a power wheelchair is included in the allowance for a power wheelchair base).

**Generally a wheelchair/POV accessory or attachment is not covered when it is needed to adapt the wheelchair/POV to the outside environment for convenience, work or to perform recreational or leisure activities.

X. Non-Covered Wheelchairs

- A. Stair climbing wheelchairs, computerized or gyroscopic mobility systems (i.e Independence IBOT Mobility System)
- B. Seat elevator wheelchairs
- C. Power standing option or standing wheelchairs
- D. Power wheelchair seat cushion

Information to be Submitted with Pre-Authorization Request:

- Medical records that indicate the member's medical condition or injury that necessitates use of the wheelchair
- The physician's plan of treatment and length of time the wheelchair will be medically necessary
- Prognosis or predicted outcomes
- Wheelchair and seating prescription and justification form for customized and power wheelchairs completed by physical therapist or seating specialist and signed by ordering physician.

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ODS may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

<p>References:</p> <ul style="list-style-type: none">• Centers for Medicare & Medicaid Services: Power Wheelchair Coverage Overview, June 2003.• Centers for Medicare and Medicaid Services (CMS). Decision Memo for Mobility Assistive (MAE (CAG-00274N). May 5, 2005. Accessed on July 25, 2011 at: http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?id=143.• Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) (280.3). Effective date May 5, 2005. Accessed July 26, 2011 at: http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd#PM.• Clifton DW. Paying for power. A look at the costs associated with power-operated vehicles. Rehab Manag. Nov 2004; 17(9):32-6, 54.• Levy C, Chow J. Pushrim-activated power-assist wheelchairs: elegance in motion. Am J Phys Med Rehabil. 2001;82:702-8.Center for Medicare & Medicaid Services. Decision Memo for Mobility Assistive Equipment (CAG-00274N).• Mandac BR. Seating evaluation and wheelchair prescription. Updated marchMarch 19, 2009. Accessed July 26, 2011 at: http://emedicine.medscape.com/article/318092-overview.• OMAP DME guide, Updated January 2, 2008. Accessed on July 26, 2011 at: http://familycareinc.modwest.com/providers/includes/DMERequiringPriorAuth0308.pdf• U.S. Food and Drug Administration (FDA). FDA approves stair-climbing wheelchair. FDA News. FDA; August 13, 2003• Physician Advisors
