

Department of Origin: Integrated Healthcare Services	Effective Date: 12/03/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 12/03/24
Clinical Policy Document: DMEPOS, Wheelchairs and Mobility Assistive Equipment	Replaces Effective Clinical Policy Dated: 05/01/24
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PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:

Medical Necessity Criteria – Must satisfy the following: I, and any of II - V

- I. Request for *mobility assistive equipment (MAE)* must satisfy all the following: A – D
 - A. The member has a mobility limitation that significantly impairs their ability to participate in *activities of daily living (ADLs)* – as evidenced by any of the following: 1 - 3
 1. Member cannot accomplish an *ADL* entirely; or
 2. Member is at a heightened risk of morbidity or mortality secondary to the attempts to perform an *ADL*; or
 3. Member cannot complete an *ADL* within a reasonable time frame.
 - B. The member's mobility limitation cannot be sufficiently resolved by the use of other assistive devices, including but not limited to, an appropriately fitted cane or walker; and
 - C. Features of the *power operated vehicle*, wheelchair, or transport chair are based upon the member's physical and functional capabilities and body size as assessed by a qualified professional or professionals and appropriate to the type of device requested; and
 - D. An assessment of the member's home demonstrated that the home provides adequate access between rooms, maneuvering space and surfaces for use of the *MAE* provided.
- II. *Power operated vehicle (POV)* /scooter (K0800, K0801, K0802, K0806, K0807, K0808, K0812) request – must satisfy all of the following: A – D
 - A. The member is unable to self-propel an optimally configured manual wheelchair to perform *ADLs*. [Note: An optimally configured wheelchair includes an appropriate wheelbase, weight, seating options and other non-powered accessories.]
 - B. The member can do all of the following: 1 - 3
 1. Safely transfer to and from a *POV*; and
 2. Operate the tiller steering system; and

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3. Maintain postural stability and position to safely operate the *POV*.
- C. The *POV* is being requested in lieu of a power wheelchair.
- D. Standard equipment allowed for a *POV* include any of the following: 1 - 8
1. Battery or batteries required for operation
 2. Single mode battery charger
 3. Weight appropriate upholstery and seating system
 4. Tiller steering
 5. Non-expandable controller with proportional response to input
 6. Complete set of tires
 7. All accessories needed for safe operation
 8. Options and accessories provided at the time of initial issue of a power operated vehicle are not separately billable
- III. Power wheelchair (PWC) request – must satisfy the following: A and B, and C - E, as applicable
- A. Age specific PWC – must satisfy any of the following: 1 or 2
1. The member is at least 18 months of age but less than 4 years of age – must satisfy the following: a, and b - c, as applicable
 - a. Documentation supports all the following: 1) – 5)
 - 1) A completed assessment supports that the member is developmentally and cognitively ready to operate a power wheelchair; and
 - 2) The member is expected to use a powered mobility device as a primary means of mobility for more than one year; and
 - 3) The device will be used to support age appropriate *ADLs*; and
 - 4) The member's caregivers have carefully considered the risks and benefits of independent power mobility for very small children; and
 - 5) The member has participated in an age-appropriate mobility training program and/or instruction.
 - b. Power seat elevation system (E2298) is allowed
 - c. An attendant control (power wheelchair drive control system) (E2331), remote stop switch and/ or impact guards – is allowed when necessary for the child's safe and effective functioning in the power wheelchair (see also, III.D.2).
 2. The member is equal to or greater than 4 years of age – must satisfy all the following: a - d
 - a. The member is unable to self-propel an optimally configured manual wheelchair to perform *ADLs* during a typical day; and
 [Note: An optimally configured wheelchair is one with an appropriate wheelbase, weight, seating options and other appropriate non-powered accessories]
 - b. The member is unable to safely operate a *POV* or maintain postural stability and position while operating a *POV*; and
 - c. The member is capable of safely operating the controls of a power wheelchair, or has a caregiver who cannot push a manual chair but can propel the power chair using an attendant control; and
 - d. The additional features provided by a power wheelchair are needed to allow the member to participate in one or more *ADLs*.

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- B. Additional coverage based on specific type of power wheelchair request - must satisfy the following: 1, and any of 2 - 8
1. The request meets all the following: a - c
 - a. Criteria is met for an age specific power wheelchair (A., above); and
 - b. Clinical documentation by a physical therapist (PT), occupational therapist (OT), or provider who has specific training and experience in rehabilitation wheelchair evaluations supports the medical necessity for the wheelchair and its special features; and
 - c. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.
 2. Group 1 PWC (K0813, K0814, K0815, K0816) or Group 2 PWC (K0820, K0821, K0822, K0823, K0824, K0825, K0826, K0827, K0828, K0829) – documentation supports that the wheelchair is appropriate for the member’s weight.
 3. Group 2 single power option PWC (K0835, K0836, K0837, K0838, K0839, K0840) - must satisfy the following: a or b
 - a. The member requires a drive control interface other than a hand or chin-operated standard proportional joystick (eg, head control, sip and puff, or switch control); or
 - b. The request meets the criteria for a power tilt or a power recline seating system (see Power wheelchair options section D., below), and the system is being used on the wheelchair.
 4. Group 2 PWC with multiple power options (K0841, K0842, K0843) - must satisfy the following: a or b
 - a. The member uses a ventilator which is mounted on the wheelchair; or
 - b. The request meets the criteria for a power tilt or a power recline seating system (see Power wheelchair options section D., below), and the system is being used on the wheelchair.
 5. Group 3 PWC with no power options (K0848, K0849, K0850, K0851, K0852, K0853, K0854, K0855) – documentation supports that the member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity.
 6. Group 3 PWC with single power option (K0856, K0857, K0858, K0859, K0860) or multiple power options (K0861, K0862, K0863, K0864) - request meets the criteria for a Group 2 single power option PWC (3., above) or Group 2 multiple power options PWC (4., above).
 7. Group 4 PWC (K0868, K0869, K0870, K0871, K0877, K0878, K0879, K0880, K0884, K0885, K0886) - must satisfy the following: a and b
 - a. The member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
 - b. The request meets the criteria for a Group 3 multiple power options PWC (6., above).
 8. Group 5 (pediatric) PWC with single power option (K0890) or multiple power options (K0891) - must satisfy the following: a and b
 - a. The member is expected to grow in height; and
 - b. The request meets the criteria for a Group 2 single power option or Group 2 multiple power options PWC (3., or 4., above).

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- C. Wheelchair accessory, power seat elevation system (E2298) request - must satisfy the following:
 - 1, and either 2 or 3
 1. Primarily needed to support *ADLS*; and
 2. Member is capable of independently operating the wheelchair that is provided; or
 3. Member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
- D. Power wheelchair options request - must satisfy any of the following: 1 – 3, and not 4
 1. Power seating system (tilt only, recline only, or combination tilt and recline [E1002, E1003, E1004, E1005, E1006, E1007, E1008] – with or without power elevating leg rests) – must satisfy any of the following: a - c
 - a. The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
 - b. The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; or
 - c. The power seating system is needed to manage increased tone or spasticity.
 2. Attendant control (power wheelchair drive control system [E2331]) – must satisfy the following: a or b
 - a. The member is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair; or
 - b. The member is less than 10 years of age.
 3. Standard options and accessories for power wheelchairs include any of the following: a - l
 - a. All types of tires and wheels
 - b. Any back width
 - c. Any seat width and depth
 - d. Weight-specific components required by the patient-weight capacity of the wheelchair
 - e. Battery charger
 - f. Fixed swing-away or detachable footrests or foot platform, including angle adjustable footrests for group 1 or 2 power wheelchairs
 - g. Fixed swing-away or detachable non-adjustable armrests with arm pad
 - h. Fixed swing-away or detachable non-elevating leg rests with or without calf pad
 - i. Lap belt or safety belt
 - j. Non-expandable controller
 - k. Standard integrated or remote proportional joystick
 - l. All labor charges involved in the assembly of the wheelchair
 4. Non-standard options or accessories for power wheelchairs may include:
 - a. Adjustable height arm rests
 - b. Elevating leg rests
 - c. Angle adjustable footrests for group 3, 4 or 5 power wheelchairs
 - d. Manual fully reclining back option
 - e. Power tilt (see D., above)
 - f. Power recline (see D., above)
 - g. Seat elevator
 - h. Shoulder harness or straps or chest straps or vest
 - i. Skin protection seat cushions, position accessories

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- j. Standing feature (see C., above)
 - k. Expandable controller
 - l. Nonstandard joystick or alternative control device
- IV. Manual wheelchair (E1161, E1229, E1231, E1232, E1233, E1234, E1235, E1236, E1237, E1238, K0001, K0002, K0003, K0004, K0005, K0006, K0007, K0009) request – must satisfy the following:
 - A or B; C or D ,as applicable, and not E
 - A. The member has sufficient upper extremity function to propel a manual wheelchair; or
 - B. The member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
 - C. Manual wheelchair accessory, manual standing system (E2230) request - must satisfy the following: 1, and either 2 or 3
 - 1. Primarily needed to support *ADLS*; and
 - 2. Member is capable of independently operating the wheelchair that is provided; or
 - 3. Member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
 - D. Standard options and accessories for manual wheelchairs include:
 - 1. Calf rests or pads
 - 2. Fixed height arm rests (fixed, swing-away or detachable)
 - 3. Footrests and foot plates (fixed, swing-away or detachable)
 - 4. Hand rims with or without projections
 - 5. Wheel lock assemblies
 - E. Non-standard options and accessories for manual wheelchairs may include:
 - 1. Adjustable height arm rests
 - 2. Anti-rollback device
 - 3. Elevating leg rests
 - 4. Head rest extensions
 - 5. Non-standard seat frames (standard is 15” – 19” width and depth)
 - 6. One-arm drive attachments
 - 7. Positioning accessories
 - 8. Push activated power assist
 - 9. Safety belts/straps
 - 10. General use seat and back cushions
 - 11. Skin protection seat and back cushions
- V. Transport chair (E1037, E1038, E1039), rollabout chair/geri chair (E1031) request as an alternative to a standard manual wheelchair (K0001) – the member has a caregiver who is available, willing, and able to provide assistance with the chair.

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NOT ROUTINELY COVERED:

Power wheelchairs for children under 18 months

An attendant control for a member 4 years of age or older is being provided in addition to a member-operated drive control system.

Standing systems: A power standing system (E2301) is non-covered because it is not primarily medical in nature. When a standing system is non-covered, a stand and drive package is ineligible for coverage because a standing feature is non-covered.

An electronic connection device (E2310 or E2311) when the sole function of the connection is for a power standing feature or power seat elevator.

[Note: the electrical connection device described by these codes is covered when needed to supply power for two different covered functions, such as when a member meets criteria for power tilt and power recline.]

A non-sealed battery (E2358, E2360, E2362, E2364, E2372)

A dual-mode battery charger (E2367)

Segway personal transporters (eg, the Segway i2 SE Patroller, Segway x2 SE Patroller, Segway SE-3 Patroller, Segway miniPLUS, and Segway miniPRO320) and other pedestrian-on-wheels products.

EXCLUSIONS (not limited to):

Refer to member's Certificate of Coverage or Summary Plan Description

DEFINITIONS:

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence

Functional reach package (also called active reach):

An added feature of the power wheelchair that combines forward tilt with a power seat elevating system. It allows the member to lean forward with the seat elevated so they can get closer to objects.

Mobility Assistive Equipment (MAE):

Refers to manual or power wheelchairs, scooters or power operated vehicles.

Mobility limitation:

Refers to a limitation that significantly impairs a member's ability to participate in one or more *ADLs*, prevents the member from accomplishing an *ADL* entirely, places the member at a heightened risk of morbidity or mortality secondary to the attempts to perform an *ADL* or prevents the member from completing an *ADL* within a reasonable time frame.

Power attendant control:

An accessory to allow a caregiver (someone other than yourself) to operate a power wheelchair.

Power mobility device:

Refers to a power wheelchair.

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Power Operated Vehicle (POV):

Refers to a power operated scooter. A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities.

Power seat elevation system:

An added feature of the wheelchair to raise the seat in order to reach items on counters or in cupboards, turn on lights, and other household tasks.

Seat elevation reduced drive:

A feature that allows you to drive slowly while your seat is elevated.

Stand and drive package:

A feature that allows you to drive the wheelchair while in a standing position. Used with the power standing system feature.

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Prior Authorization: Yes, per network provider agreement

CODING:

CPT® or HCPCS - See guideline

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REFERENCES:

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- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

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- Information written in other languages

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PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaaajila gargaarsa afaanij, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

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ማስታወሻ: የሚገኙት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግኝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ፡ 1.800.940.5049 (መለስማት ለተሳናቸው፡ 763.847.4013)፡

ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျဉ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

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Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

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Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).