



**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>1403.DC</b>	
<b>Subject:</b>	<b>Power Mobility Devices (PMDs)</b>	
<b>Section:</b>	<b>Medical Non-Pharmacy Protocols</b>	
<b>Initial Effective Date:</b>	<b>10/01/2020</b>	
<b>Revision Effective Date(s):</b>		
<b>Review Effective Date(s):</b>		
<b>Responsible Parties:</b>	<b>Inna Kats, MD</b>	
<b>Responsible Department(s):</b>	<b>Clinical Operations</b>	
<b>Regulatory References:</b>		
<b>Approved:</b>	<b>Sharon Henry, RN Director, Clinical Operations</b>	<b>Patryce A. Toye, MD Chief Medical Officer</b>

**Purpose:** It is the purpose of this policy to define the conditions under which MedStar Family Choice (MFC) utilization staff may authorize motorized wheelchairs and motorized Scooters collectively called Power Operated Vehicles (POVs) as Durable Medical Equipment (DME).

**Scope:** MedStar Family Choice, District of Columbia

**Policy:** It is the policy of MFC to authorize motorized wheelchairs and motorized Scooters or Power Operated Vehicles (POVs) collectively called Power Mobility Devices (PMDs) by nurse utilization management staff as outlined in the criteria below. MFC coverage guidelines are based on the most recent Medicare Guidelines. Requests that do not specifically meet the criteria may be submitted with supporting medical records, articles from the literature, etc. and will be reviewed by a Medical Director for a medical exception.

**Procedure:**

1. Nurse utilization management staff may authorize initial requests for Power Mobility Devices (PMDs) if all the following criteria are met:

- a. Clinical received at MFC indicates that a face-to-face examination of the patient was completed and documents that the enrollee needs a PMD to complete his/her Mobility Related Activities of Daily Living (MRADLs) such as feeding, toileting and bathing within the home. (Community access is specifically noted as NOT a medically necessary indication for a PMD).
  - b. A home physical therapy evaluation is completed to evaluate for a PMD.
  - c. The enrollee is cognitively and physically able to safely use and operate the device.
  - d. The enrollee's needs cannot be met by an optimally configured manual wheelchair.
  - e. An evaluation from a Physical Therapist or physiatrist accompanies the letter of medical necessity (physician's prescription) along with pertinent clinical notes from the Primary Care Physician (PCP) or specialist to provide the appropriate PMD.
  - f. The determination for the specific device (wheelchair vs. scooter) will be made by the PCP/physiatrist in conjunction with physical therapist and DME provider assessment. A power wheelchair base is covered only if the feature needed is not available as an option in an already manufactured base.
  - g. The patient's condition is such that the need for the PMD is expected to exceed six months.
  - h. A home physical therapy evaluation indicates that the enrollee's home can safely accommodate the PMD. This evaluation will include but not be limited to the following: measurements of doorways, entranceway, and intentions for enrollee to be on one floor for all ADL's and to keep PMD inside the home.
  - i. The enrollee does not currently have and utilize another functioning manual wheelchair or power mobility device (MFC will only cover the purchase of one PMD at a time and will not supply a PMD and a Manual wheelchair to the same enrollee).
  - j. The enrollee is greater than 5 years of age.
2. Nurse utilization management staff may authorize repairs for Power Mobility Devices (PMDs) if all the following criteria are met:
    - a. One-month rental of a (PMD) is covered if a patient's PMD is being repaired and a loaner is not provided.
    - b. Charges for repairing a PMD are necessary to make the PMD usable.
    - c. The charge for repairing the PMD does not exceed the estimated cost of a replacement PMD
3. Nurse utilization management staff may authorize replacement of Power Mobility Devices (PMDs) if one the following criteria are met:
    - a. The PMD for an adult enrollee (>18 years old) is greater than 5 years old and in need of replacement.
    - b. The PMD for a pediatric enrollee (<18 years old) is greater than 3 years old and in need of replacement.

- c. The replacement interval as indicated above is not met but replacement of the PMD is documented to be medically necessary because of a change in the patient's physical condition, change in diagnosis or when the (PMD) is inoperative and cannot be repaired at a cost less than rental or replacement.
  - i. Exception: Wheelchairs that are deemed to have been misused, abused or not properly cared for will not be replaced without an explanation from the enrollee and the requesting practitioner. All such situations will be forwarded to the MFC Medical Director for review.
- d. Replacement of a stolen PMD will be authorized only when documented by a police report for the stolen property.

**References:**

National Coverage Determination (NCD 280.3)

Local Coverage Determination (LCD L33789), Local Coverage Article #A52498

<https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&ncdver=2&bc>

<b>Summary of Changes:</b>	<b>10/20:</b> <ul style="list-style-type: none"> <li>• New policy.</li> </ul>
----------------------------	---