

# Medical Policy

## Power Wheelchairs

**Policy Number:** 1093

### Policy History

Approve Date:	06/01/2018	Effective Date:	06/01/2018
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### Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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### Policy

#### Indications of Coverage

Health Tradition Health Plan considers a power wheelchair to be medically necessary when there is documentation of ALL the following:

A Physical Therapy, Occupational Therapy or Assistive Technology Professional assessment performed by someone trained in wheelchair evaluations has been completed and submitted to the Plan. This evaluation shows the member has a mobility limitation that significantly impairs participation in mobility related activities of daily living, such as toileting, feeding, grooming, bathing, dressing, community activities or work outside the home, and

- The member is unable to safely and efficiently ambulate with a cane, a walker or another assistive device, and
- The member is physically unable to safely and efficiently propel a manual wheelchair, and
- The home or work environment accommodates use of the power wheelchair, and
- The member has demonstrated the physical and mental ability to safely, properly and efficiently operate the power wheelchair, and
- The member's medical condition which necessitates a power wheelchair is determined to be a permanent, lifelong condition, and
- The member is able to transfer to and from the power wheelchair.

Power seating systems and other power options added onto the power wheelchair will be reviewed for medical necessity after all of the above criteria are fulfilled. These will be reviewed for medical necessity and will be considered in situations where documentation shows the member is at high risk for developing pressure ulcers as he/she is functionally unable to shift his/her weight in the wheelchair.

All other requests for a power wheelchair will be considered not medically necessary and are not a covered benefit of any plan.

Health Tradition Health Plan does not cover a power operated vehicle(POV) (HCPCS codes K0806, 0807, 0808) under any circumstance as this is considered to be a convenience item, which is not a covered benefit of any plan.

A power wheelchair will be replaced no more frequently than every five years for adults and as medically indicated for children to accommodate growth. Replacement will be considered by the Medical Director or Associate Medical Director when it is requested due to a significant change in the member's condition or status of a known condition. For example, if disease progression necessitates addition of the tilt in space function, then the Plan will review that request in light of the information provided in writing by the Assistive Technology Professional. In the event of technology or manufactured part failure beyond the time of the power wheelchair's warranty, the Plan will determine if the power wheelchair will be repaired or replaced.

If the member alters the power wheelchair in any way, such as by adding equipment that was not originally purchased by the Plan as medically necessary for use of the wheelchair, replacement of the power wheelchair will not be considered within at least a five-year timeframe.

If the member uses the power wheelchair in any inappropriate way, as determined by the Plan, such as attempting to modify the wheelchair for any purpose that would put undue stress on the chair's mechanics, or performing activities listed in the manufacturer's warranty as inadvisable or as a warranty exclusion, which ultimately shortens the lifespan of the wheelchair, a replacement wheelchair would not be a covered benefit as requirement of such would be due to member abuse of the original power wheelchair. A repair for any damage to the power wheelchair that is caused by inappropriate use is not a covered benefit of any plan. Determination of such inappropriate use is made by the Medical Director or Associate Medical Director. A new wheelchair purchase can be considered five years from the initial purchase date.

## References

1. InterQual criteria will be initially utilized to determine medical necessity before HT policy is utilized.

Review of large national payers such as Anthem, Aetna, and CIGNA cover power wheelchairs as a benefit when specific criteria are met.