



**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>1403</b>	
<b>Subject:</b>	<b>Power Operated Vehicles (POVs)</b>	
<b>Section:</b>	<b>Care Management</b>	
<b>Effective Date:</b>	<b>12/01/2012</b>	
<b>Revision Date(s):</b>	<b>10/13, 10/14, 10/16</b>	
<b>Review Date(s):</b>	<b>10/15</b>	
<b>Responsible Parties:</b>	<b>Patryce Toye, MD</b>	
<b>Responsible Department(s):</b>	<b>Utilization Management</b>	
<b>Regulatory References:</b>	<b>Medicare coverage guideline reference:</b> <a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&amp;ncdver=2&amp;bc">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219&amp;ncdver=2&amp;bc</a>	
<b>Approved:</b>		
	<b>Carol Attia, RN AVP, Care Management</b>	<b>Patryce A. Toye, MD Senior Medical Director</b>

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

**Scope:** MedStar Family Choice, MD; MedStar Family Choice, District of Columbia Healthy Families and Alliance.

**Policy:** It is the policy of MFC to authorize motorized wheelchairs and motorized Scooters collectively called Power Operated Vehicles (POVs) 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 Physician Advisor for a medical exception.

**Procedure:**

**A. Nurse utilization management staff may authorize *initial* requests for Power Operated Vehicles (POVs) if all the following criteria are met:**

1. Clinical received at MFC indicates that a face-to-face examination of the patient was completed and documents that the member needs a POV 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 POV.)
2. A home physical therapy evaluation is completed to evaluate for a POV
3. The member is cognitively and physically able to safely use and operate the device.
4. The member's needs cannot be met by an optimally configured manual wheelchair.
5. 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 wheelchair.
6. 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.
7. The patient's condition is such that the need for the wheelchair is expected to exceed six months.
8. A home physical therapy evaluation indicates that the member's can safely accommodate the POV. This evaluation will include but not be limited to: measurements of doorways, entranceway, and intentions for member to be on one floor for all ADL's and to keep POV inside the home.
9. The member does not currently have and utilize another functioning manual or power operated wheelchair. (MFC will only cover the purchase of one POV at a time and will not supply a POV and a Manual wheelchair to the same member.)
10. The member is greater than 5 years of age.

**B. Nurse utilization management staff may authorize *repairs* for Power Operated Vehicles (POVs) if all the following criteria are met:**

1. One month rental of a wheelchair is covered if a patient's wheelchair is being repaired and a loaner is not provided
2. Charges for repairing a wheelchair are necessary to make the wheelchair serviceable.
3. The charge for repairing the wheelchair does not exceed the estimated cost of a replacement wheelchair

**C. Nurse utilization management staff may authorize *replacement* of Power Operated Vehicles (POVs) if one the following criteria are met:**

1. The POV for an adult member (>18 years old) is greater than 5 years old and in need of replacement.
2. The POV for a pediatric member (<18 years old) is greater than 3 years old and in need of replacement.
3. The replacement intervals as indicated above is not met but replacement of the POV is documented to be medically necessary because of a change in the patient's physical condition, change in diagnosis or when the wheelchair is inoperative and cannot be repaired at a cost less than rental or replacement.
  - a. **EXCEPTION:** Wheelchairs that are deemed to have been misused, abused or not properly cared for will not be replaced without an explanation from the member and the requesting practitioner. All such situations will be forwarded to the MFC Physician Advisor for review.
4. Replacement of a stolen POV will be authorized only when documented by a police report for the stolen property.

<b>Summary of Changes:</b>	<p><b>10/16:</b></p> <ul style="list-style-type: none"> <li>• Added Medicare reference</li> </ul> <p><b>10/15:</b></p> <ul style="list-style-type: none"> <li>• No changes</li> </ul>
----------------------------	---