



ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1403	
Subject:	Power Mobility Devices (PMDs)	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	12/01/2012	
Revision Effective Date(s):	07/18, 07/19, 07/20	
Historical Revision Date(s):	10/13, 10/14, 10/16, 07/17	
Review Effective Date(s):		
Historical Review Date(s):	10/15	
Responsible Parties:	Patryce Toyce, MD	
Responsible Department(s):	Utilization Management	
Regulatory References:		
Approved:	Theresa Bittle, RN AVP, Clinical Operations	Patryce A. Toyce, MD Chief Medical Officer

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

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 member 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 member is cognitively and physically able to safely use and operate the device.
 - d. The member'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 member'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 member to be on one floor for all ADL's and to keep PMD inside the home.
 - i. The member 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 member).
 - j. The member 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 member (>18 years old) is greater than 5 years old and in need of replacement.

- b. The PMD for a pediatric member (<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 member 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:

Medicare Coverage Guideline Reference (NCD 280.3)

LCD L33789, Local Coverage Article #A52498

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

Summary of Changes:	<p>07/20:</p> <ul style="list-style-type: none"> • Updated Section from Care Management to Medical Non-Pharmacy Protocols. <p>07/19:</p> <ul style="list-style-type: none"> • Removed “Maryland” from scope. <p>07/18:</p> <ul style="list-style-type: none"> • Removed references to DC health plans. • Updated References. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. <p>07/17:</p> <ul style="list-style-type: none"> • Changed Physician Advisor to Medical Director. • Changed Carol Attia to Theresa Bittle and updated Dr. Patryce Toyce’s title from Senior Medical Director to Chief Medical Officer. • Changed Power Operated Vehicles (POVs) to Power Mobility Devices (PMDs) reserving term Power Operated Vehicle (POV) for a scooter, including policy title. <p>10/16:</p> <ul style="list-style-type: none"> • Added Medicare reference. <p>10/15:</p> <ul style="list-style-type: none"> • No changes.
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