

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0149
EFFECTIVE DATE January 1, 2014	SUBJECT: Power Mobility Devices

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Power Mobility Devices includes power operated vehicles (POVs) and power wheelchairs (PWCs).

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Basic Coverage Criteria for all Power Mobility Devices

- A. BCNEPA will provide coverage for a power mobility device when medically necessary.
 - 1. A power mobility device may be considered medically necessary when:

- a) All of the basic coverage criteria are met, AND
- b) All of the additional coverage criteria for the specific device are met.

2. The following are basic coverage criteria:

- a) The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. A mobility limitation is one that:
 - Prevents the patient from accomplishing an MRADL entirely; or
 - Places the patient at reasonable determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the patient from completing an MRADL within a reasonable time frame.
- b) The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- c) The patient does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day.
 - Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.
 - An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

Additional Coverage Criteria for Power Operated Vehicles (K0800-K0808, K0812)

B. BCNEPA will provide coverage for a power operated vehicle (POV) when medically necessary.

1. A POV may be considered medically necessary when all of the above basic coverage criteria have been met; and when all of the following additional specific coverage criteria are also met:

- a) The patient is able to:
 - Safely transfer to and from a POV, and

- Operate the tiller steering system, and
 - Maintain postural stability and position while operating the POV in the home.
- b) The patient's mental capabilities (cognition, judgment) and physical capabilities (vision) are sufficient for safe mobility using a POV in the home.
 - c) The patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
 - d) The patient's weight is less than or equal to the weight capacity of the POV that is provided; and greater than or equal to 95% of the weight capacity of the next lower weight class POV.
 - e) Use of a POV will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home.
 - f) The patient is willing to use a POV in the home.
2. When all of the above policy criteria have not been met, the POV will be denied as this is considered not medically necessary.
 3. When a POV will only be used outside the home, it will be denied as this is considered not medically necessary.
 4. When a Group 2 POV (K0806-K0808) is requested, it will be denied because it has added capabilities that are not needed for use in the home, and this is considered not medically necessary.

Additional Coverage Criteria for Power Wheelchairs (K0813-K0891, K0898)

- C. BCNEPA will provide coverage for a power wheelchair (PWC) when medically necessary.
 1. A PWC may be considered medically necessary when all of the above basic coverage criteria have been met; and when the following additional specific coverage criteria are also met:
 - a) The patient does not meet coverage criteria for a POV; and
 - b) The patient has the mental and physical capabilities to safely operate the PWC that is provided; or
 - c) If the patient is unable to safely operate the PWC, the patient has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing and able to safely operate the PWC that is provided; and
 - d) The patient's weight is less than or equal to the weight capacity of the PWC that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC; and

- e) The patient's home provides adequate access between rooms, maneuvering space and surfaces for the operation of the PWC that is provided; and
 - f) Use of a PWC will significantly improve the patient's ability to participate in MRADLs and the patient will use it in the home; and
 - g) The patient is willing to use a PWC in the home.
 - h) The patient has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features.
 - i) 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 patient.
2. When the above required policy criteria have not been met, the PWC will be denied as this is considered not medically necessary.
 3. When a PWC will only be used outside the home, it will be denied as this is considered not medically necessary.

Guidelines for Specific Groups of Power Wheelchairs

- D. BCNEPA will provide coverage for a Group 1 PWC (K0813-K0816) or a Group 2 PWC (K0820-K0829) when all of the policy criteria are met and the PWC is appropriate for the patient's weight.
- E. BCNEPA will provide coverage for a Group 2 Single Power Option PWC (K0835-K0840) when all of the policy criteria are met and:
 1. The patient requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); or
 2. The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.
- F. BCNEPA will provide coverage for a Group 2 Multiple Power Option PWC (K0841-K0843) when all of the policy criteria are met and:
 1. The patient meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; or
 2. The patient uses a ventilator which is mounted on the wheelchair.

- G. BCNEPA will provide coverage for a Group 3 PWC with no power options (K0848-K0855) when all of the policy criteria are met and the patient's mobility limitation is due to a neurological condition, myopathy or congenital skeletal deformity.
- H. BCNEPA will provide coverage for a Group 3 Single Power Option PWC (K0856-K0860) or Multiple Power Options (K0861-K0864) when all of the policy criteria are met and:
 - 1. Single Power Option PWC –
 - a) The patient requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); or
 - b) The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.
 - 2. Multiple Power Option PWC –
 - a) The patient meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; or
 - b) The patient uses a ventilator which is mounted on the wheelchair.
- I. BCNEPA will not provide coverage for Group 4 PWCs (K0868-K0886) because they have added capabilities that are not needed for use in the home, and this is considered not medically necessary.
- J. BCNEPA will provide coverage for a Group 5 (Pediatric) PWC with Single Power Option (K0890) or with Multiple Power Options (K0891) when all of the policy criteria are met and:
 - 1. Single Power Option PWC –
 - a) The patient requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control); or
 - b) The patient meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair.
 - 2. Multiple Power Option PWC –
 - a) The patient meets coverage criteria for a power tilt and recline seating system and the system is being used on the wheelchair; or
 - b) The patient uses a ventilator which is mounted on the wheelchair.

Guidelines for Special Considerations

- K. BCNEPA will provide coverage for push-rim activated power assist device (E0986) for a manual wheelchair when medically necessary.

1. A push-rim activated power assist device (E0986) for a manual wheelchair may be considered medically necessary when all of the following criteria are met:
 - a) All of the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; and
 - b) The patient has been self-propelling in a manual wheelchair for at least one year; and
 - c) The patient has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the patient's home; and
 - d) 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 patient.
2. When the above required policy criteria have not been met, the push-rim activated power assist device will be denied as this is considered not medically necessary.

- L. BCNEPA will not provide coverage for an add-on to convert a manual wheelchair to a joystick-controlled power mobility device (E0983) or to a tiller-controlled power mobility device (E0984) as this is considered not medically necessary.
- M. BCNEPA will not provide coverage for a power mobility device when the underlying condition is reversible and the length of need is less than three months, as this is considered not medically necessary.
- N. BCNEPA will not provide coverage for a PWC with a seat elevator (K0830, K0831) as this option is considered not medically necessary.
- O. BCNEPA will not provide coverage for more than one wheelchair at a time. Backup wheelchairs will be denied as this is considered not medically necessary.

IV. DEFINITIONS:

Power Wheelchair (PWC): Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated or modular seating system, electronic steering, and four or more wheel non-highway construction.

Power operated vehicles (POV): Chair-like battery powered mobility device for people with difficulty walking due to illness or disability, with integrated seating system, tiller steering, and three or four wheel non-highway construction.

PWC Basic Equipment Package: Each power wheelchair code is required to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue, unless otherwise noted). The statement that an item may be separately billed does not necessarily indicate coverage.

- Lap belt or safety belt. Shoulder harness/straps or chest straps/vest may be billed separately.
- Battery charger, single mode.
- Complete set of tires and casters, any type.
- Legrests. There is no separate billing/payment if fixed, swingaway, or detachable non-elevating legrests with or without calf pad are provided. Elevating legrests may be billed separately.
- Footrests/foot platform. There is no separate billing/payment if fixed, swingaway, or detachable footrests or a foot platform without angle adjustment are provided. There is no separate billing for angle adjustable footplates with Group 1 or 2 PWCs. Angle adjustable footplates may be billed separately with Group 3, 4 and 5 PWCs.
- Armrests. There is no separate billing/ payment if fixed, swingaway, or detachable non-adjustable height armrests with arm pad are provided. Adjustable height armrests may be billed separately.
- Any weight specific components (braces, bars, upholstery, brackets, motors, gears, etc.) as required by patient weight capacity.
- Any seat width and depth. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, seat width and/or depth greater than 20 inches;
 - For Heavy Duty, seat width and/or depth greater than 22 inches;
 - For Very Heavy Duty, seat width and/or depth greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
- Any back width. Exception: For Group 3 and 4 PWCs with a sling/solid seat/back, the following may be billed separately:
 - For Standard Duty, back width greater than 20 inches;
 - For Heavy Duty, back width greater than 22 inches;
 - For Very Heavy Duty, back width greater than 24 inches;
 - For Extra Heavy Duty, no separate billing
- Controller and Input Device. There is no separate billing/payment if a non-expandable controller and a standard proportional joystick (integrated or remote) is provided. An expandable controller, a nonstandard joystick (i.e., nonproportional or mini, compact or short throw proportional), or other alternative control device may be billed separately.

POV Basic Equipment Package: Each POV is to include all these items on initial issue (i.e., no separate billing/payment at the time of initial issue):

- Battery or batteries required for operation
- Battery charger, single mode
- Weight appropriate upholstery and seating system
- Tiller steering
- Non-expandable controller with proportional response to input
- Complete set of tires
- All accessories needed for safe operation

Power Options: Tilt, recline, elevating legrests, seat elevators, or standing systems that may be added to a PWC to accommodate a patient's specific need for seating assistance.

No Power Options: A category of PWCs that is incapable of accommodating a power tilt, recline, seat elevation, or standing system. If a PWC can only accept power elevating legrests, it is considered to be a No Power Option chair.

Single Power Option: A category of PWCs with the capability to accept and operate a power tilt or power recline or power standing or, for Groups 3, 4, and 5, a power seat elevation system, but not a combination power tilt and recline seating system. It may be able to accommodate power elevating legrests, seat elevator, and/or standing system in combination with a power tilt or power recline. A PMD does not have to be able to accommodate all features to qualify for this code. For example, a power wheelchair that can only accommodate a power tilt could qualify for this code.

Multiple Power Options: A category of PWCs with the capability to accept and operate a combination power tilt and recline seating system. It may also be able to accommodate power elevating legrests, a power seat elevator, and/or a power standing system. A PWC does not have to accommodate all features to qualify for this code.

Sling Seat/Back: Flexible cloth, vinyl, leather or equal material designed to serve as the support for buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user.

Solid Seat/Back: Rigid metal or plastic material usually covered with cloth, vinyl, leather or equal material, with or without some padding material designed to serve as the support for the buttocks or back of the user respectively. They may or may not have thin padding but are not intended to provide cushioning or positioning for the user. PWCs with an automotive-style back and a solid seat pan are considered as a solid seat/back system, not a Captains Chair.

Captains Chair: A one or two-piece automotive-style seat with rigid frame, cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It may or may not have a headrest, either integrated or separate.

Stadium Style Seat: A one or two piece stadium-style seat with rigid frame and cushioning material in both seat and back sections, covered in cloth, vinyl, leather or equal as upholstery, and designed to serve as a complete seating, support, and cushioning system for the user. It may have armrests that can be fixed, swingaway, or detachable. It will not have a headrest. Chairs with stadium style seats are billed using the Captains Chair codes.

Highway Use: Power Mobility Devices which are powered and configured to operate legally on public streets.

Push-rim activated power assist: An option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the patient on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. Batteries are included.

Groups: There are five PWC Groups and two POV Groups. Groups are divided based on performance. Each group of PMDs has subdivisions based on patient weight capacity, seat type, portability, and/or power seating system capability.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

E0983	K0807	K0825	K0840	K0856	K0871
E0984	K0808	K0826	K0841	K0857	K0877
E0986	K0812	K0827	K0842	K0858	K0878
E1230	K0813	K0828	K0843	K0859	K0879
K0010	K0814	K0829	K0848	K0860	K0880
K0011	K0815	K0830	K0849	K0861	K0884
K0012	K0816	K0831	K0850	K0862	K0885
K0014	K0820	K0835	K0851	K0863	K0886
K0800	K0821	K0836	K0852	K0864	K0890
K0801	K0822	K0837	K0853	K0868	K0891
K0802	K0823	K0838	K0854	K0869	K0898
K0806	K0824	K0839	K0855	K0870	

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