



BlueCross BlueShield of Vermont

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Corporate Medical Policy Wheelchairs

File name: Wheelchairs
Origination: 04/09/07
Last Review: New policy
Next Review: 04/07
Effective Date: 6/04/07

Description of Procedure or Service

See Durable Medical Equipment (DME) medical policy.

Use of a wheelchair, may be considered medically necessary for a variety of conditions including, but not limited to congenital or chronic conditions, injury or disease. Functional disabilities requiring use of a wheelchair vary in degree and duration; therefore the nature of the functional disability will determine the need for either rental or purchase.

Policy

Benefits are subject to the terms, limitations and conditions of the subscriber contract.

Rental or purchase of a wheelchair requires prior approval for all lines of business except General Electric (GE).

Prior approval for General Electric (GE) members is only required if purchase price is greater than \$1,000.00.

For New England Health Plan (NEHP) members an approved referral authorization is required.

When service or procedure is covered

Manually operated wheelchairs: used when patients are unable to walk or weight bear, but have sufficient upper body strength to propel the wheelchair.

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Power/electrically operated wheelchairs: used when patients are unable to walk or weight bear and have a lack of upper body strength or upper extremity impairment.

Wheelchairs may be considered medically necessary when:

1. Member has impaired ability to perform one or more mobility related activities of daily living (MRADL), i.e. toileting, bathing, feeding in his/her residence and mobility limitation cannot be resolved by the use of a cane, walker, or crutches. Wheelchair provides therapeutic benefit to the member related to a medical condition or illness.
2. Wheelchair is prescribed by a physician.

Power wheelchairs may be considered medically necessary under the following conditions:

1. Member is unable to propel a manual wheelchair.
2. Member has demonstrated ability to safely operate the controls of the power wheelchair
3. Member has had a wheelchair evaluation by a physical therapist.

Information Required

For all wheelchair requests (rental or purchase), the following information is required to establish medical necessity:

1. Clinical summary including member's disease process, injury or disability with description of functional impairment
2. Length of time wheelchair will be medically necessary
3. HCPCS code for wheelchair requested
4. Physician's treatment plan
5. Rental or purchase price

In addition, when requesting purchase of a wheelchair, the following information must be provided:

1. Wheelchair evaluation by a physical therapist .
2. Invoice including description, HCPCS codes and pricing for all components of the wheelchair requested

When service or procedure is not covered

When the wheelchair request does not meet medical necessity criteria

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When prior approval is not obtained.

Motorized scooters are an explicit exclusion and not a covered benefit.

We will approve a wheelchair to the extent that it permits the member to achieve basic mobility. Advanced features such as seat lifts, electronic lifts or special tires are not considered medically necessary.

Eligible Providers

Allopathic Physicians (M.D)
Osteopathic Physicians (D.O.)
Durable Medical Equipment providers
Hospitals

Billing and Coding Information

See Attachment I

Policy Implementation/Update information

New Policy 04/07. Reviewed by CAC 7/2007

Scientific background and Reference Resources

BCBSNC Corporate Medical Policy for wheelchairs DME0250, BCBSMA
Wheelchairs:Motorized-Benefit Information

Cross References

Durable Medical Equipment medical policy

Approved by BCBSVT and TVHP Medical Directors

Stephen E. Perkins, M.D. (BCBSVT) and Frank Provato, M.D. (TVHP) Date
Approved:

Attachment I - Wheelchairs

Wheel chairs	K0001 – K0009	Standard w/c manual ultralight, light and heavy duty	PA required
	K0010 - K0011	Power w/c std	PA required
	K0012	Lightwt portable power wheelchair	PA required
	K0014	Other power w/c base	PA required
	E1050 – E1070	Fully reclining w/c	PA required
	E1083	Hemi wheelchair fully reclining	PA required
	E1087	High strength light wt w/c fully reclining	PA required
	E1092	Wide heavy duty w/c fully reclining	PA required
	E1100	Semi reclining w/c	PA required
	E1130	Std w/c fixed full length arms	PA required
	E1140 – E1150	Std w/c with detach arms	PA required
	E1160	Std w/c with detach arms with detach legs	PA required
	E1161	Manual adult size includes tilt in space	PA required
	E1170- E1200	Amputee w/c	PA required
	E1220- E1224	w/c specially sized or constructed	PA required
	E1230	Power op vehicle 3-4 wheels nonhighway not covered	Deny not covered
	E1231- E1234	Pediatric w/c with tilt in space	PA required
	E1235- E1238	Pediatric w/c folding adjustable	PA required
	E1239	Pediatric power w/c not specified	PA required
	E1240- E1270	Light wt w/c with detachable arms, footrests	PA required
	E1280- E1295	Heavy duty w/c	PA required

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	E1296- E1298	Special w/c seat height from floor	PA required
	E1399	Misc DME	PA required