



**MedStar Family
Choice**

DISTRICT OF COLUMBIA

ADMINISTRATIVE POLICY AND PROCEDURE

Policy #:	1403.DC	
Subject:	Power Mobility Devices (PMDs)	
Section:	Medical Non-Pharmacy Protocols	
Initial Effective Date:	10/01/2020	
Revision Effective Date(s):	07/21, 07/22, 07/23, 07/24	
Review Effective Date(s):		
Responsible Parties:	Medical Director	
Responsible Department(s):	Clinical Operations	
Regulatory References:	Medicare NCD	
Approved:	AVP Clinical Operations	Senior Medical Director (Chief Medical Officer-DC)

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

Scope: MedStar Family Choice District of Columbia

Policy: It is the policy of MedStar Family Choice DC to authorize motorized wheelchairs and motorized Scooters or Power Operated Vehicles (POVs) collectively called Power Mobility Devices (PMDs) by clinical operations staff as outlined in the criteria below. MedStar Family Choice DC 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, and articles from the literature, and will be reviewed by a Medical Director for a medical exception.

Procedure:

1. Nurse clinical operations staff may authorize initial requests for Power Mobility Devices (PMDs) if all the following criteria are met:

- a. Clinical received at MedStar Family Choice DC indicates that a face-to-face examination of the patient was completed and documents that the Enrollee 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 Enrollee is cognitively and physically able to safely use and operate the device.
 - d. The Enrollee'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 Enrollee'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 Enrollee to be on one floor for all ADL's and to keep PMD inside the home.
 - i. The Enrollee does not currently have and utilize another functioning manual wheelchair or power mobility device (MedStar Family Choice DC will only cover the purchase of one PMD at a time and will not supply a PMD and a Manual wheelchair to the same Enrollee).
 - j. The Enrollee is greater than 5 years of age.
2. Nurse clinical operations 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 clinical operations staff may authorize replacement of Power Mobility Devices (PMDs) if one the following criteria are met:
 - a. The PMD for an adult Enrollee (>18 years old) is greater than 5 years old and in need of replacement.
 - b. The PMD for a pediatric Enrollee (<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 Enrollee and the requesting practitioner. All such situations will be forwarded to the MedStar Family Choice DC 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:

National Coverage Determination (NCD 280.3)

Local Coverage Determination (LCD L33789), Local Coverage Article #A52498

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

Accessed: 05/21/2024

Summary of Changes:	<p>07/24:</p> <ul style="list-style-type: none"> • Updated Responsible Parties to include only position titles and not names. • Updated MCP name to follow MedStar Health branding guidelines. <p>07/23:</p> <ul style="list-style-type: none"> • Reviewed references. • Updated MFC to MFC-DC throughout document. <p>07/22:</p> <ul style="list-style-type: none"> • Updated Approved. • Updated Responsible Parties. <p>07/21:</p> <ul style="list-style-type: none"> • Changed utilization management department to clinical operations. <p>10/20:</p> <ul style="list-style-type: none"> • New policy.
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