Electric or Power Wheelchairs and Scooters

Policy Number: 1.01.507  Last Review: 5/2020

Blue KC has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits.

When reviewing for a Medicare beneficiary, guidance from National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) supersede the Medical Policies of Blue KC. Blue KC Medical Policies are used in the absence of guidance from an NCD or LCD.

Policy
Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for power wheelchairs and scooters when it is determined to be medically necessary because the criteria shown below are met.

When Policy Topic is covered
The medical necessity of an electric or power wheelchair or a scooter may be determined by answering the following questions:

1) Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLs), see Considerations section for definition, in the home? A mobility limitation is one that:
   a) Prevents the patient from accomplishing the MRADLs entirely, or,
   b) Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,
   c) Prevents the patient from completing the MRADLs within a reasonable time frame.
If yes, continue to the next question. If no, an electric or power wheelchair or a scooter is not medically necessary.

2) Are there other conditions that limit the patient’s ability to participate in MRADLs at home?
   a) Some examples are significant impairment of cognition or judgment and/or vision.
   b) For these patients, the provision of Mobility Assistive Equipment (MAE) might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with MAE.

If yes, continue to the next question. If no, go to question #4.

3) If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the patient’s ability to perform or obtain assistance to participate in MRADLs in the home?
   a) A caregiver, for example a family member, may be compensatory, if consistently available in the patient's home and willing and able to safely operate and transfer the patient to and from the wheelchair and to transport the patient using the wheelchair. The caregiver’s need to use a wheelchair to assist the patient in the MRADLs is to be considered in this determination.
   b) If the amelioration or compensation requires the patient's compliance with treatment, for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of MAE coverage if it results in the patient continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of MAE.

If yes, continue to the next question. If no, an electric or power wheelchair or a scooter is not medically necessary.

4) Does the patient or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?
   a) Safety considerations include personal risk to the patient as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.
b) A history of unsafe behavior in other venues may be considered.

**If yes, continue to the next question. If no, an electric or power wheelchair or a scooter is not medically necessary.**

---

5) Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?
   a) The cane or walker should be appropriately fitted to the patient for this evaluation.
   b) Assess the patient’s ability to safely use a cane or walker.

**If yes, an electric or power wheelchair or a scooter is not medically necessary (a cane or walker would be appropriate). If no, continue to the next question.**

---

6) Does the patient’s typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?
   a) Determine whether the patient’s environment will support the use of these types of MAE.
   b) Keep in mind such factors as physical layout, surfaces, and obstacles, which may render MAE unusable in the patient’s home.

**If yes, continue to the next question. If no, an electric or power wheelchair or a scooter is not medically necessary.**

---

7) Does the patient have sufficient upper extremity function to propel a manual wheelchair in the home to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.
   a) Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.
   b) A patient with sufficient upper extremity function may qualify for a manual wheelchair. The appropriate type of manual wheelchair, i.e. light weight, etc., should be determined based on the patient’s physical characteristics and anticipated intensity of use.
   c) The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a manual wheelchair.
d) Assess the patient’s ability to safely use a manual wheelchair.

**NOTE:** If the patient is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.

**If yes, and the patient or caregiver is able to safely propel a manual wheelchair, an electric or power wheelchair or scooter is not medically necessary (a manual wheelchair would be appropriate). If no, continue to the next question.**

---

8) Does the patient have sufficient strength and postural stability to operate a POV/scooter?
   
   a) A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities. The patient must be able to maintain stability and position for adequate operation.
   
   b) The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a POV/scooter.
   
   c) Assess the patient’s ability to safely use a POV/scooter.

**If yes, a scooter would be considered medically necessary. If no, continue to the next question.**

---

9) Are the additional features provided by a power wheelchair needed to allow the patient to participate in one or more MRADLs?
   
   a) The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
   
   b) The type of wheelchair and options provided should be appropriate for the degree of the patient’s functional impairments.
   
   c) The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.
   
   d) Assess the patient’s ability to safely use a power wheelchair.

**If yes, a power wheelchair would be considered medically necessary. If no, the patient does not meet the criteria for an electric or power wheelchair or scooter and it is considered not medically necessary.**
NOTE: If the patient is unable to use a power wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver’s inability to operate a manual wheelchair can be considered in covering a power wheelchair so that the caregiver can assist the patient.

Replacement of a wheelchair or scooter is considered **medically necessary** only when the replacement is needed due to a change in the member’s physical condition or when the wheelchair is inoperative and cannot be repaired at a cost less than replacement.

**When Policy Topic is not covered**
An electric or power wheelchair or scooter is considered **not medically necessary** when:

- The above criteria are not met, or
- It is only for use outside the home, or
- When it is beneficial primarily to allow the member to perform leisure or recreational activities, or
- An upgrade that is beneficial primarily to perform leisure or recreational activities, or
- Multiple wheelchairs and/or scooters.

**Considerations**
Mobility-related activities of daily living (MRADLs) include activities such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home.

**Note:** Review benefits regarding DME calendar year maximums, exclusions, limitations on replacements, etc.

If it is determined a scooter is medically necessary, then it will be paid in lieu of a wheelchair, not in addition to a wheelchair.

Request for purchase may be considered if the disability is expected to continue for 6 months or longer and the prescribed vehicle is anticipated to meet the member’s mobility needs for a reasonable period of time.

A custom power wheelchair base is one in which the frame has been uniquely constructed or substantially modified for a specific member. A customer power wheelchair is considered medically necessary only if the feature needed is not available as an option in an already manufactured base.
**Description of Procedure or Service**

An electric or power wheelchair is a motorized wheelchair. Electric wheelchairs are for persons who are unable to walk and have upper extremity impairment. A physician does not need to have a particular specialty in order to prescribe a power wheelchair.

Electric or power operated vehicles, also known as “scooters,” are three or four wheel non-highway motorized transportation systems for persons with impaired ambulation. Unlike power wheelchairs, a power scooter must be prescribed by a physician in one of the following specialties: physical medicine, orthopedic surgery, neurology, or rheumatology.

**Rationale**

A member who requires an electric, motorized, or power wheelchair usually is totally non-ambulatory and has severe weakness of the upper extremities due to a neurological or muscular disease or condition. If a member can only bear weight to transfer from a bed to a chair or wheelchair, the member is considered non-ambulatory. However, if the member is able to walk either without any assistance or with the assistance of an ambulatory aid, such as a walker, the power wheelchair is considered not medically necessary. A power wheelchair is considered medically necessary only if the member does not have sufficient trunk stability but otherwise meets selection criteria for a power operated vehicle/scooter, or the member is non-ambulatory and is unable to self-propel a manual wheelchair within the home.

**References**

**Billing Coding/Physician Documentation Information**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0983</td>
<td>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control</td>
</tr>
<tr>
<td>E0984</td>
<td>Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control</td>
</tr>
<tr>
<td>E0986</td>
<td>Manual wheelchair accessory, push activated power assist, each</td>
</tr>
<tr>
<td>E1220</td>
<td>Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification</td>
</tr>
<tr>
<td>E1230</td>
<td>Power operated vehicle (three- or four- wheel nonhighway), specify brand name and model number</td>
</tr>
<tr>
<td>E1239</td>
<td>Power wheelchair, pediatric size, not otherwise specified</td>
</tr>
<tr>
<td>E1399</td>
<td>Durable medical equipment, miscellaneous</td>
</tr>
<tr>
<td>K0010</td>
<td>Standard-weight frame motorized/power wheelchair</td>
</tr>
<tr>
<td>K0011</td>
<td>Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening,</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>K0012</td>
<td>Lightweight portable motorized/power wheelchair</td>
</tr>
<tr>
<td>K0013</td>
<td>Custom motorized/power wheelchair base</td>
</tr>
<tr>
<td>K0800</td>
<td>Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0801</td>
<td>Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0802</td>
<td>Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds</td>
</tr>
<tr>
<td>K0806</td>
<td>Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0807</td>
<td>Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0808</td>
<td>Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds</td>
</tr>
<tr>
<td>K0812</td>
<td>Power operated vehicle, not otherwise classified</td>
</tr>
<tr>
<td>K0813</td>
<td>Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0814</td>
<td>Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0815</td>
<td>Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0816</td>
<td>Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0820</td>
<td>Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0821</td>
<td>Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0822</td>
<td>Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0823</td>
<td>Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0824</td>
<td>Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0825</td>
<td>Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0826</td>
<td>Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds</td>
</tr>
<tr>
<td>K0827</td>
<td>Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds</td>
</tr>
<tr>
<td>K0828</td>
<td>Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more</td>
</tr>
<tr>
<td>K0829</td>
<td>Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more</td>
</tr>
<tr>
<td>K0830</td>
<td>Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0831</td>
<td>Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds</td>
</tr>
</tbody>
</table>
K0835  Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836  Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0837  Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838  Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0839  Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840  Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841  Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842  Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843  Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848  Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849  Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0850  Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851  Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds
K0852  Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853  Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity, 451 to 600 pounds
K0854  Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855  Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight 601 pounds or more
K0856  Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857  Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0858  Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0859  Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0860  Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861  Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862  Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863  Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds

K0864  Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more

K0868  Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds

K0869  Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds

K0870  Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds

K0871  Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds

K0877  Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

K0878  Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds

K0879  Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

K0880  Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds

K0884  Power wheelchair, group 4 standard multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

K0885  Power wheelchair, group 4 standard, multiple power option, captain's chair, weight capacity up to and including 300 pounds

K0886  Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds

K0890  Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds

K0891  Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds

K0898  Power wheelchair, not otherwise classified

K0899  Power mobility device, not coded by DME PDAC or does not meet criteria

**Additional Policy Key Words**

N/A

**Policy Implementation/Update Information**

5/1/05  New policy. Added to DME section

6/1/06  Policy statement revised to reflect Medicare’s change in criteria.

5/1/07  Coding updated. No policy statement changes.

5/1/08  No policy statement changes.

5/1/09  No policy statement changes.

5/1/10  No policy statement changes.

5/1/11  No policy statement changes.

5/1/12  No policy statement changes.

5/1/13  No policy statement changes.
<table>
<thead>
<tr>
<th>Date</th>
<th>Policy Statement Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/1/14</td>
<td>No policy statement changes.</td>
</tr>
<tr>
<td>5/1/15</td>
<td>No policy statement changes.</td>
</tr>
<tr>
<td>5/1/16</td>
<td>No policy statement changes.</td>
</tr>
<tr>
<td>5/1/17</td>
<td>No policy statement changes.</td>
</tr>
<tr>
<td>5/1/18</td>
<td>No policy statement changes.</td>
</tr>
<tr>
<td>5/1/19</td>
<td>No policy statement changes.</td>
</tr>
<tr>
<td>5/1/20</td>
<td>No policy statement changes.</td>
</tr>
</tbody>
</table>

State and Federal mandates and health plan contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The medical policies contained herein are for informational purposes. The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents Blue KC and are solely responsible for diagnosis, treatment and medical advice. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, photocopying, or otherwise, without permission from Blue KC.