

Mobility Assistive Equipment (MAE)

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
• INDEPENDENCE iBOT 4000 Mobility System (NCD 280.15)
• Knee Orthoses
• Mobility Devices (Ambulatory)
• Mobility Devices (Non-Ambulatory) and Accessories

Coverage Guidelines

Mobility assistive equipment (MAE) is covered in accordance with the Medicare coverage criteria.

DME Face to Face Requirement: Effective July 1, 2013, Section 6407 of the Affordable Care Act (ACA) established a face-to-face encounter requirement for certain items of DME [including manual wheelchairs (standard, special height, pediatrics, special sized) and accessories; Rollabout chair, patient transfer system; transport chairs]. For DME Face to Face Requirement information, refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#).

This does not apply to power mobility devices (PMDs) as these items are covered under a separate requirement. For PMDs Face-to-Face info, refer to the [Power Mobility Devices \(PMDs\) Devices](#) section.

COVID-19 Public Health Emergency Waivers & Flexibilities: In response to the COVID-19 Public Health Emergency, CMS has updated some guidance for certain DME services. For a comprehensive list of Coronavirus Waivers & Flexibilities, refer to <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. (Accessed March 29, 2021)

Mobility Assistive Equipment (MAE)

MAE is covered when criteria are met. Refer to the [National Coverage Determination \(NCD\) for Mobility Assistive Equipment \(MAE\) \(280.3\)](#) for coverage criteria. (Accessed March 29, 2021)

Canes and Crutches

For coverage guidelines refer to the DME MAC [LCD for Canes and Crutches \(L33733\)](#). (Accessed March 29, 2021)

Walkers (Pick up or Wheeled)

Refer to the DME MAC [LCD for Walkers \(L33791\)](#). (Accessed March 29, 2021)

The medical necessity for a walker with an enclosed frame (E0144) has not been established. Therefore, if an enclosed frame walker is provided, it will be denied as not reasonable and necessary.

Safety Roller

Applies to heavy duty, multiple braking system, variable wheel resistance walker (when unable to use wheeled walker)

Note: Local Coverage Determinations exist and compliance with these policies is required where applicable. See the DME MAC [LCD for Walkers \(L33791\)](#). (Accessed March 29, 2021)

Wheelchairs

Wheelchairs are covered when criteria are met. Refer to the DME MAC LCDs for:

- [Manual Wheelchair Bases \(L33788\)](#)
- [Wheelchair Options/Accessories \(L33792\)](#)
- [Wheelchair Seating \(L33312\)](#).

(Accessed March 29, 2021)

Power Mobility Devices (PMDs)

PMDs, which includes power operated vehicles (POVs) or scooters and power (motorized) wheelchairs (PWCs) are covered when criteria are met. Refer to the DME MAC [LCD for Power Mobility Devices \(L33789\)](#). (Accessed March 29, 2021)

Note: Proof of the home evaluation is not required at the time of prior authorization. The on-site home evaluation can be performed prior to, or at the time of, delivery of a PMD. The written report of the home evaluation must be available on request post-delivery.

Documentation Requirements

For a synopsis detailing documentation requirements for power wheelchairs and power operated vehicles.

Refer to the

- [CMS PMD Documentation Requirements \(Nationwide\)](#). (Accessed March 29, 2021)
- DME MAC [LCA for Power Mobility Devices – Policy Article \(A52498\)](#)
- [LCA for Standard Documentation Requirements for All Claims Submitted to DME MACs \(A55426\)](#). (Accessed March 29, 2021)

Face-to-Face Examination

One of MMA's requirements as a condition for payment is that the equipment be prescribed by a physician or other treating practitioner who has conducted a face-to-face examination of the member. A member who has had a face-to-face examination during an inpatient hospital stay will not need a separate face-to-face examination, as long as the physician or treating practitioner who performed the face-to-face examination during the hospital stay prescribes the PMD within 45 days after the date of discharge. The face-to-face examination requirement does not apply when only accessories for PMDs are being ordered.

For a detailed Medicare face-to-face examination guidelines, refer to the:

- [MLN Matters #SE1112 – Power Mobility Device Face-to-Face Examination Checklist](#). (Accessed March 29, 2021)
- DME MAC [LCD for Power Mobility Devices \(L33789\)](#).

Option of Purchasing Power-Driven Wheelchairs

In accordance with [42 CFR 414.229](#), the member must be offered the option of purchasing power-driven wheelchairs at the time the equipment is initially furnished. For all other DME, the initial decision to rent or purchase is determined by the PMG/IPA. However, the member must be offered the option to convert any rental DME items (including power-driven wheelchairs not purchased when initially furnished) to purchased equipment during the 10th continuous rental month. The member has one month to accept the purchase option from the date the purchase offer is made. (Accessed March 29, 2021)

INDEPENDENCE iBOT 4000 Mobility System

INDEPENDENCE iBOT 4000 Mobility System is a battery- powered mobility device that relies on a computerized system of sensors, gyroscopes, and electric motors to allow indoor and outdoor use on stairs as well as on level and uneven surfaces.

The mobility system incorporates a number of different functions, including: a) Standard Function that provides mobility on smooth surfaces and inclines at home, work, and in other environments; b) 4-Wheel Function that provides movement across obstacles, uneven terrain, curbs, grass, gravel, and other soft surfaces; c) Balance Function that provides mobility in a seated position at an elevated height; d) Stair Function that allows for ascent and descent of stairs, with or without assistance; and e) Remote Function that assists in the transportation of the product while unoccupied.

Effective for services performed on and after July 27, 2006, the Centers for Medicare & Medicaid Services (CMS) finds that the evidence is sufficient to determine that the Standard Function of the INDEPENDENCE iBOT 4000 Mobility System meets the definition of Durable Medical Equipment (DME) under section 1861(n) of the Social Security Act (the Act) when very specific criteria are met.

Effective for services performed on and after July 27, 2006, CMS has reviewed the evidence and concludes that the 4-Wheel, Balance, Stair and Remote Functions of the INDEPENDENCE iBOT 4000 Mobility System do not meet the definition of DME under section 1861(n) of the Act.

Refer to the [NCD for INDEPENDENCE iBOT 4000 Mobility System \(280.15\)](#). (Accessed March 29, 2021)

Repairs, Replacements and Maintenance

Repairs

Repairs to equipment which a member owns are covered when necessary to make the equipment serviceable. However, do not pay for repair of previously denied equipment or equipment in the frequent and substantial servicing or oxygen equipment payment categories. If the expense for repairs exceeds the estimated expense of purchasing or renting another item of equipment for the remaining period of medical need, no payment can be made for the amount of the excess.

Maintenance

Routine periodic servicing, such as testing, cleaning, regulating, and checking of the member's equipment, is not covered. The owner is expected to perform such routine maintenance rather than a retailer or some other person who charges the member. Normally, purchasers of DME are given operating manuals which describe the type of servicing an owner may perform to properly maintain the equipment. It is reasonable to expect that members will perform this maintenance. Thus, hiring a third party to do such work is for the convenience of the member and is not covered.

However, more extensive maintenance which, based on the manufacturers' recommendations, is to be performed by authorized technicians, is covered as repairs for medically necessary equipment which a member owns. This might include, for example, breaking down sealed components and performing tests which require specialized testing equipment not available to the member.

Replacement

Replacement refers to the provision of an identical or nearly identical item. Situations involving the provision of a different item because of a change in medical condition are not addressed in this section.

Equipment which the member owns or is a capped rental item may be replaced in cases of loss or irreparable damage. Irreparable damage refers to a specific accident or to a natural disaster (e.g., fire, flood). A physician's order and/or new Certificate of Medical Necessity (CMN), when required, is needed to reaffirm the medical necessity of the item.

Irreparable wear refers to deterioration sustained from day-to-day usage over time and a specific event cannot be identified. Replacement of equipment due to irreparable wear takes into consideration the reasonable useful lifetime of the equipment. If the item of equipment has been in continuous use by the patient on either a rental or purchase basis for the equipment's useful lifetime, the member may elect to obtain a new piece of equipment. Replacement may be reimbursed when a new physician order and/or new CMN, when required, is needed to reaffirm the medical necessity of the item.

The reasonable useful lifetime of durable medical equipment is determined through program instructions. In the absence of program instructions, UnitedHealthcare may determine the reasonable useful lifetime of equipment, but in no case can it be less than 5 years. Computation of the useful lifetime is based on when the equipment is delivered to the member, not the age of

the equipment. Replacement due to wear is not covered during the reasonable useful lifetime of the equipment. During the reasonable useful lifetime, Medicare does cover repair up to the cost of replacement (but not actual replacement) for medically necessary equipment owned by the member.

Refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery](#). (Accessed March 29, 2021)

Battery Replacement

Battery replacement (purchased equipment) are covered only when the member owns or is purchasing (not renting) the electric wheelchair or POV; refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.3 – Coverage of Supplies and Accessories](#). (Accessed March 29, 2021)

The following items/services are not covered:

- Deluxe items or features; refer to the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed March 29, 2021)
- For wheelchair upgrades that are beneficial primarily in allowing the member to perform leisure or recreational activities; refer to the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed March 29, 2021)
- Items purchased for comfort or added convenience for the member or the member’s caretaker; refer to the [Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary](#). (Accessed March 29, 2021)
- POVs for members who are capable of ambulation within the home but require a power vehicle for movement outside of the home.
Refer to the DME MAC [LCD for Power Mobility Devices \(L33789\)](#).
- POVs that are primarily used to allow the member to perform leisure or recreational activities.
Refer to the DME MAC [LCD for Power Mobility Devices \(L33789\)](#).
- Replacement of a wheelchair due to malicious damage, neglect or abuse; refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery](#). (Accessed March 29, 2021)
- Repairs on rented DME items (DME provider is responsible for such repairs); refer to the [Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery](#). (Accessed March 29, 2021)
- A wheelchair provided at the same time or subsequent to coverage of a POV (except during a period where a member is having a POV repaired or is awaiting delivery of a POV).

Refer to the DME MAC [LCDs for Manual Wheelchair Bases \(L33788\)](#), [Wheelchair Options/Accessories \(L33792\)](#) and [Wheelchair Seating \(L33312\)](#).

Definitions

Durable Medical Equipment (DME): Equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of an illness or injury, and is appropriate for use in the home. [Medicare Benefit Policy Manual, Chapter 15, §110.1 – Definition of Durable Medical Equipment. \(Accessed March 29, 2021\)](#)

Policy History/Revision Information

Date	Summary of Changes
04/20/2021	<p>Template Update</p> <ul style="list-style-type: none">• Reformatted policy; transferred content to new template <p>Coverage Guidelines</p> <p><i>Coverage Statement</i></p> <ul style="list-style-type: none">• Replaced language indicating “Centers for Medicare & Medicaid Services (CMS) has updated some guidance for certain <i>power mobility devices</i> in response to the COVID-19 Public Health Emergency,” with “Centers for Medicare & Medicaid Services (CMS) has updated some guidance for certain <i>DME services</i> in response to the COVID-19 Public Health Emergency”

Date	Summary of Changes
	<ul style="list-style-type: none"> • Updated notation pertaining to COVID-19 Public Health Emergency Waivers & Flexibilities; removed reference link to the waiver titled <i>Durable Medical Equipment (DME)</i> <p><i>Mobility Assistive Equipment (MAE)</i></p> <ul style="list-style-type: none"> • Removed reference link to the <i>Medicare Learning Network (MLN) Matters #MM3791 - An Algorithmic Approach to Determine if Mobility Assistive Equipment is Reasonable and Necessary for Medicare Beneficiaries with a Personal Mobility Deficit</i> <p><i>Canes and Crutches</i></p> <ul style="list-style-type: none"> • Replaced language with instruction to refer to the DME MAC Local Coverage Determination (LCD) titled <i>Canes and Crutches (L33733)</i> for coverage guidelines <p><i>Walkers (Pick up or Wheeled)</i></p> <ul style="list-style-type: none"> • Removed language indicating LCDs exist and compliance with these policies is required where applicable <p><i>Wheelchairs</i></p> <ul style="list-style-type: none"> • Revised language to indicate wheelchairs are covered when criteria are met; refer to the DME MAC LCDs titled: <ul style="list-style-type: none"> ○ <i>Manual Wheelchair Bases (L33788)</i> ○ <i>Wheelchair Options/Accessories (L33792)</i> ○ <i>Wheelchair Seating (L33312)</i> <p><i>Power Mobility Devices (PMDs)</i></p> <ul style="list-style-type: none"> • Revised language to indicate power mobility devices (PMDs), which includes power operated vehicles (POVs) or scooters and power (motorized) wheelchairs (PWCs), are covered when criteria are met; refer to the DME MAC LCD titled <i>Power Mobility Devices (L33789)</i> for coverage guidelines <p><i>INDEPENDENCE iBOT 4000 Mobility System</i></p> <ul style="list-style-type: none"> • Revised coverage guidelines for services performed on and after Jul. 27, 2006 to indicate: <ul style="list-style-type: none"> ○ The Centers for Medicare & Medicaid Services (CMS) finds that the evidence is sufficient to determine that the Standard Function of the INDEPENDENCE iBOT 4000 Mobility System meets the definition of Durable Medical Equipment (DME) under § 1861(n) of the Social Security Act (the Act) when very specific criteria are met ○ CMS has reviewed the evidence and concludes that the 4-Wheel, Balance, Stair and Remote Functions of the INDEPENDENCE iBOT 4000 Mobility System do not meet the definition of DME under § 1861(n) of the Act <p><i>Non-Covered Items/Services</i></p> <ul style="list-style-type: none"> • Added reference link to the DME MAC LCD titled: <ul style="list-style-type: none"> ○ <i>Power Mobility Devices (L33789)</i> ○ <i>Manual Wheelchair Bases (L33788)</i> ○ <i>Wheelchair Options/Accessories (L33792)</i> ○ <i>Wheelchair Seating (L33312)</i> • Removed reference link to the DME MAC LCA titled: <ul style="list-style-type: none"> ○ <i>Power Mobility Devices</i> <p>Definitions</p> <ul style="list-style-type: none"> • Removed definition of “Types of Wheelchairs” <p>Supporting Information</p> <ul style="list-style-type: none"> • Removed list of available Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) for: <ul style="list-style-type: none"> ○ <i>Manual Wheelchairs Base; Wheelchair Options/Accessories; Wheelchair Seating table</i> ○ <i>Power Mobility Devices</i>

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resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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