# Coverage Summary

## Mobility Assistive Equipment (MAE)

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<td>Original Approval Date:</td>
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<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
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<td>Last Review Date:</td>
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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
- Mobility Devices (Non-Ambulatory)

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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 is 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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### II. DEFINITIONS
I. COVERAGE

Coverage Statement: 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 for 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 Guidelines #1.f.5 below.

Guidelines/Notes:

1. Mobility assistive equipment (MAE) is covered when criteria are met. Refer to the NCD for Mobility Assistive Equipment (MAE) (280.3) for coverage criteria. (Accessed March 31, 2020)

   Also see the MLN Matters #MM3791 – An Algorithmic Approach to Determine if Mobility Assistive Equipment is Reasonable and Necessary for Medicare Beneficiaries with a Personal Mobility Deficit. (Accessed April 15, 2020)

Mobility assistive equipment (MAE) includes, but is not limited to:

a. Canes
   
   Note: Local Coverage Determinations exist and compliance with these policies is required where applicable. See the DME MAC LCD for Canes and Crutches (L33733). (Accessed April 15, 2020)

b. Crutches
   
   Note: Local Coverage Determinations exist and compliance with these policies is required where applicable. See the DME MAC LCD for Canes and Crutches (L33733). (Accessed April 15, 2020)

c. Walkers (pick up or wheeled)
   
   Note: Local Coverage Determinations exist and compliance with these policies is required where applicable. See the DME MAC LCD for Walkers (L33791). (Accessed April 15, 2020)

   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.

d. Safety Roller-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 April 15, 2020)
e. **Wheelchairs**
   - Standard wheelchair
   - Lightweight wheelchair
   - High strength, lightweight
   - Specially sized wheelchair
   - Electric wheelchair

   *Note:* Local Coverage Determinations (LCD)/Local Coverage Articles (LCA) exist and compliance with these policies is required where applicable. See the DME MAC LCDs and related Articles in the LCD/LCA Availability Grid (Attachment A).

f. **Power Mobility Devices (PMDs)** which includes power operated vehicles (POVs) or scooters and power (motorized) wheelchairs (PWCs).

   *Notes:*
   - 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.
   - Local Coverage Determinations and related Articles exist for PMDs and compliance with these policies is required where applicable. For coverage guidelines, coding clarification and additional coverage information, refer to the LCD/LCA Availability Grid (Attachment B). Also see the LCD/LCA Availability Grid (Attachment A).

1) **Differentiation Between Common Group 1 and Group 2 Power Wheelchairs**

   *The following are based on the following DME MAC Articles for Power Mobility Devices. Refer to the LCD/LCA Availability Grid (Attachment B).*

   **All PWCs (K0813-K0891, K0898) must have the specified components and meet the following requirements:**
   - Have all components in the PWC Basic Equipment Package
   - Have the seat option listed in the code descriptor
   - Seat Width: Any width appropriate to weight group
   - Seat Depth: Any depth appropriate to weight group
   - Seat Height: Any height (adjustment requirements-none)
   - Back Height: Any height (minimum back height requirement-none)
   - Seat to Back Angle: Fixed or adjustable (adjustment requirements-none)
   - May include semi-reclining back
   - Meet the following testing requirements:
     - Fatigue test-200, 000 cycles
     - Drop test-6,666 cycles

   **Both Group 1 PWCs (K0813-K0816) and Group 2 PWCs (K0820-K0843) must have the specified components and meet the following requirements**

   *(Note: Quoted from the Article but order rearranged for clarity):*
   - Standard integrated or remote proportional joystick
   - Non-expandable controller
   - Incapable of upgrade to expandable controller
   - Incapable of upgrade to alternative control devices
   - May have crossbrace construction
• Accommodates non-powered options and seating systems (e.g., recline- only backs, manually elevating leg rests) (except captain’s chairs)
• Minimum Top End Speed-3 MPH
• Dynamic Stability Incline-6 degrees

The following are the differences between the non-portable Group 1 (K0815, K0816) and the non-portable Group 2 (K0822, K0823)
(Note: Quoted from the Article but order rearranged for clarity):

Group 1:
- Length-less than or equal to 40 inches
- Width-less than or equal to 24 inches
- Minimum Range-5 miles
- Minimum Obstacle Climb-20 mm

Group 2:
- Length-less than or equal to 48 inches
- Width-less than or equal to 34 inches
- Minimum Range-7 miles
- Minimum Obstacle Climb-40 mm
- Accommodates seating and positioning items (e.g., seat and back cushions, headrests, lateral trunk supports, lateral hip supports, medial thigh supports) (except captain’s chairs)

HCPC CODE DEFINITIONS:
• K0815: Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
• K0816: Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
• K0822: Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
• K0823: Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds

2) Elimination of Least Costly Alternative Language (effective February 4, 2011):
CMS has instructed contractors that they may no longer make partial payment for claims based on a "least costly alternative" (LCA) determination. Therefore, for claims with dates of service on or after February 4, 2011, the following rules apply under this new guidance:

If the local coverage determination (LCD) currently states that an item will always be paid based on the allowance for the least costly item (if the criteria for the less costly item are met), then under the new policy a claim for that item will always be denied as not medically necessary. (Type 1 LCA denial)

If the LCD currently states that an item will be paid in full if specific additional coverage criteria are met but will be paid based on the allowance for the least costly item if the additional coverage criteria for the billed item are not met (and if the criteria for the less costly item are met), then under the new policy a claim for that item will be denied as not medically necessary if all of the additional coverage criteria for that item are not met. (Type 2 LCA denial) The claim will be paid in full if the additional coverage criteria are met.
If a KX modifier is required to attest to the additional coverage criteria being met, claims without a KX modifier (and with a GA, GY, or GZ modifier) will be denied.

If a base code for an item of durable medical equipment, prosthesis, or orthosis is denied as not medically necessary, all related accessories, supplies, additions, and drugs will be denied as not medically necessary.

3) Elimination of the Lump Sum Purchase Payment for Standard Power Wheelchairs (effective January 1, 2011)

Effective for items furnished on or after January 1, 2011, section 3136 of the Affordable Care Act eliminates the lump sum purchase payment for standard power wheelchairs. Suppliers must furnish these items on a monthly rental basis like other capped rental DME other than power wheelchairs. This elimination of lump sum purchase payment applies to standard power wheelchairs classified under the HCPCS codes for Group 1 power wheelchairs or Group 2 power wheelchairs without additional power options. The current HCPCS codes identifying standard power wheelchairs include codes K0813 thru K0831 and code K0898 for miscellaneous standard power wheelchairs. Claims with dates of service on or after January 1, 2011, for these HCPCS codes with modifier NU or UE will be denied since the statute prohibits payment on a purchase basis for these items.

Payment can continue to be made on a lump sum purchase basis or monthly rental basis for complex rehabilitative power wheelchairs. Complex rehabilitative power wheelchairs include Group 2 power wheelchairs with additional power options and Group 3 and higher power wheelchairs (HCPCS codes K0835 through K0843 and K0848 through K0864 as defined in Attachment B of CR 7116 in the Centers for Medicare & Medicaid Services (CMS) website). (Accessed April 15, 2020)

For more details, refer to the MLN Matters #MM7116 – Elimination of Lump Sum Purchase Payment for Standard Power Wheelchairs Furnished on or after January 1, 2011 due to the Affordable Care Act. (Accessed April 15, 2020)

Note: The UnitedHealthcare Medicare Advantage Plan does not participate in the Competitive Bidding Area (CBA) process.

4) Documentation Requirements

For a synopsis detailing documentation requirements for Power Wheelchairs and Power Operated Vehicles.

See the CMS PMD Documentation Requirements (Nationwide). (Accessed April 15, 2020)

Also see the DME MAC Local Coverage Article (LCA) for Power Mobility Devices – Policy Article (A52498) and the LCAs for Standard Documentation Requirements for All Claims Submitted to DME MACs (A55426) (Accessed April 15, 2020)

5) 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 April 15, 2020)

Also see the DME MAC Articles for Power Mobility Devices and the LCD/LCA Availability Grid (Attachment B).

6) 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 April 15, 2020)

   g. 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. In Standard Function, the INDEPENDENCE iBOT 4000 Mobility System functions like a traditional power wheelchair. The mobility device can be programmed for Standard Function only to meet the assessed needs of the user.

      INDEPENDENCE iBOT 4000 Mobility System is covered when criteria are met. Only the Standard Function is covered. The 4-Wheel, Balance, Stair and Remote Functions are not covered. See the NCD for INDEPENDENCE iBOT 4000 Mobility System (280.15). (Accessed April 15, 2020)

2. Repairs, Replacements and Maintenance
   a. 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.

   b. 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.

c. 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.

See the Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery. (Accessed April 9, 2020)

3. Battery replacement (purchased equipment) are covered only when the member owns or is purchasing (not renting) the electric wheelchair or POV; see the Medicare Benefit Policy Manual, Chapter 15, §110.3 – Coverage of Supplies and Accessories. (Accessed April 15, 2020)

4. The following items/services are not covered:
   a. Deluxe items or features; see the Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary. (Accessed April 15, 2020)
   b. Wheelchair upgrades that are beneficial primarily in allowing the member to perform leisure or recreational activities; see the Medicare Benefit Policy Manual, Chapter 16, §20 –
Services Not Reasonable and Necessary. (Accessed April 15, 2020)

Also see DME MAC Local Articles for Power Mobility Devices and the LCD/LCA Availability Grid (Attachment B).

c. Items purchased for comfort or added convenience for the member or the member’s caretaker; see the Medicare Benefit Policy Manual, Chapter 16, §20 – Services Not Reasonable and Necessary. (Accessed April 15, 2020)

d. POVs for members who are capable of ambulation within the home but require a power vehicle for movement outside of the home.

See the DME MAC Local Articles for Power Mobility Devices.

Also see the LCD/LCA Availability Grid (Attachment B).

e. POVs that are primarily used to allow the member to perform leisure or recreational activities.

See the DME MAC Local Articles for Power Mobility Devices; also see the LCD/LCA Availability Grid (Attachment B).

f. Replacement of a wheelchair due to malicious damage, neglect or abuse; see the Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery. (Accessed April 10, 2020)

g. Repairs on rented DME items (DME provider is responsible for such repairs); see the Medicare Benefit Policy Manual, Chapter 15, §110.2 – Repairs, Replacement and Maintenance and Delivery. (Accessed April 10, 2020)

h. 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).

See the DME MAC LCDs for Manual Wheelchair Bases; also see the LCD/LCA Availability Grid (Attachment A).

i. The 4-Wheel, Balance, Stair and Remote Functions of the INDEPENDENCE iBOT 4000 Mobility System as this does not meet the definition of DME; see the NCD for INDEPENDENCE iBOT 4000 Mobility System (280.15). (Accessed April 15, 2020)

II. 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 April 13, 2020)

Types of Wheelchairs (include but are not limited to):

• **Standard Wheelchair**: A wheelchair that weighs greater than 36 pounds; with seat height of 19 inches or greater and weight capacity of 250 pounds or less.

• **Standard Hemi (low seat) Wheelchair**: A wheelchair that weighs greater than 36 pounds, but the seat is lower to the floor in order to accommodate shorter stature or for a patient who self-propels with their feet on the floor; with seat height less than 19 inches and weight capacity of 250 pounds or less.

• **Lightweight Wheelchair**: A wheelchair that weighs 34-36 lbs.; with weight capacity of 250 pounds or less.
• **High Strength, Lightweight Wheelchair**: A wheelchair that weighs less than 34 pounds and has a lifetime warranty on side frames and cross braces.

• **Ultra lightweight Wheelchair**: A wheelchair that weighs less than 30 lbs.; with adjustable rear axle position and has a lifetime warranty on side frames and cross braces.

• **Heavy Duty Wheelchair**: A wheelchair with a weight capacity of greater than 250 pounds.

• **Extra Heavy Duty Wheelchair**: A wheelchair with a weight capacity of greater than 300 pounds.

_DME MAC LCDs and Policy Articles for Manual Wheelchair Bases; also see the DME MAC LCD/LCA Availability Grid (Attachment A)._

### III. REFERENCES

See above

### IV. REVISION HISTORY

04/21/2020 Attachments

- Updated Local Coverage Determination (LCD)/Local Coverage Article (LCA) Availability Grids to reflect the most current reference links

## ATTACHMENTS

### Attachment A–LCD/LCA Availability Grid

**Manual Wheelchairs Base; Wheelchair Options/Accessories; Wheelchair Seating**

CMS website accessed April 15, 2020

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