



<b>TITLE:</b>	WHEELCHAIRS AND POWER OPERATED VEHICLES (SCOOTERS) POLICY
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## 1. PURPOSE

This policy will be used to inform medical necessity decisions related to authorization requests for Wheelchairs and Powered Operated Vehicles (Scooters)

## 2. SCOPE

This Clinical Policy addresses wheelchairs, power operated vehicles (POV) / scooters, wheelchair options and accessories, hand-driven or pedal-driven tricycles, and Segway personal transporters.

## 3. DEFINITIONS

N/A

## 4. RESPONSIBILITIES

Medical UM Department

## 5. POLICY

### **Manual Wheelchairs**

Curative considers the rental or purchase of one manual wheelchair (including any medically necessary accessories and attachments) medically necessary when the member's condition is such that, without the use of a wheelchair, the member would otherwise be unable to ambulate about the home (e.g., from bedroom to bathroom, bedroom to kitchen, etc.). A manual wheelchair for use inside the home is considered medically necessary when:

- A. Criteria a, b, c, d, and e (see below) are met; *and*
- B. *Either* criterion f *or* g (see below) is met; *and*
- C. For specialized wheelchairs, type-specific criteria (see section I.Q. below) are met.

### **Criteria**

The member has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that:

- 1. Prevents the member from completing an MRADL within a reasonable time frame; or
- 2. Prevents the member from accomplishing an MRADL entirely, or

3. Places the member at determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL.
  - a. The member's mobility limitation cannot be sufficiently resolved using an appropriately fitted cane or walker.
  - b. The members' home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.
  - c. Use of a manual wheelchair will significantly improve the member's ability to participate in MRADLs and the member will use it on a regular basis in the home.
  - d. The member has not expressed an unwillingness to use the manual wheelchair that is provided in the home.
  - e. The member has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home during a typical day; limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function;
  - f. The member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.
    - i. Manual wheelchairs would be considered not medically necessary when these criteria are not met.
    - ii. Manual wheelchairs that are only indicated for use outside the home are considered not medically necessary.

### ***Electric, Power or Motorized Wheelchairs***

An electric or power wheelchair is a motorized wheelchair. Electric wheelchairs are for people who are unable to walk and have upper extremity impairment.

Curative considers the rental or purchase of 1 power mobility devices (including power operated vehicles, power wheelchairs, or push-rim activated power assist devices) medically necessary when *all* of the following basic criteria (1 - 3) are met and the criteria for the specific type of power mobility device listed below (see section I.C below) are met:

- The member has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home; a mobility limitation is one that:
- Prevents the member from accomplishing an MRADL entirely, *or*
- Places the member at determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; *or*
- Prevents the member from completing an MRADL within a reasonable time frame.
  - The members' mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker;
  - The member does not have sufficient upper extremity function to self-propel an optimally configured manual wheelchair in the home to perform MRADLs during a typical day. **Note:** Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. An optimally configured manual wheelchair is

one with an appropriate wheelbase, device weight, seating options, and other appropriate non powered accessories.

### **Power Mobility Devices**

#### **Power Operated Vehicle (POV) / Scooter**

Power operated vehicles (POV), commonly known as "scooters", are 3- or 4-wheeled non-highway motorized transportation systems for people with impaired ambulation. Center for Medicare and Medicaid Services states that the criteria for a power operated vehicle are slightly different than a power wheelchair. A POV is considered medically necessary when all the basic coverage criteria I.B. (1-3) above have been met and criteria i-vi below are also met.

- A. The member can:
  - a. Safely transfer to and from a POV, *and*
  - b. Operate the tiller steering system, *and*
  - c. Maintain postural stability and position while operating the POV in the home.
  - d. The member's mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
  - e. The members' home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
  - f. The member's weight is less than or equal to the weight capacity of the POV that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class POV - i.e., a Heavy Duty POV is considered medically necessary for a member weighing 285 - 450 pounds; a Very Heavy Duty POV is considered medically necessary for a member weighing 428 - 600 pounds;
  - g. Use of a POV will significantly improve the member's ability to participate in MRADLs and the member will use it in the home.
- B. The member has not expressed an unwillingness to use a POV in the home.
  - a. A POV is considered not medically necessary when basic criteria I.B. (1-3) above and criteria in section I.C.1.a.(i-vi) above are not met.
  - b. Group 2 POVs (K0806-K0808) are considered not medically necessary because they have added capabilities that are not needed for use in the home.
  - c. POVs are considered not medically necessary when they are needed only for use outside the home.

**Note:** To qualify for retrofittable wheelchair wheels (e.g., Wijit®, Tetra®, and Voyager® driving and braking systems) to a manual wheelchair that makes it work like an electric wheelchair or scooter, members need to meet criteria for a scooter.

#### **Power Wheelchairs (PWCs)**

A power wheelchair is considered medically necessary when *all* the following criteria are met:

- I. All the basic criteria in section I.B. (1-3) above are met; *and*
- II. The member does not meet criterion in section I.C.1.a.(i, ii, or iii) for a POV; *and*
- III. *Either* of the following is met;
  - A. The member has the mental and physical capabilities to safely operate the power wheelchair that is provided; *or*
  - B. If the member is unable to safely operate the power wheelchair, the member has a caregiver who is unable to adequately propel an optimally configured manual wheelchair, but is available, willing, and able to safely operate the power wheelchair that is provided; *and*
  - C. *All* the following are met:

1. The member's weight is less than or equal to the weight capacity of the power wheelchair that is provided and greater than or equal to 95% of the weight capacity of the next lower weight class PWC; i.e., a Heavy Duty PWC is considered medically necessary for a member weighing 285 - 450 pounds; a Very Heavy Duty PWC is considered medically necessary for a member weighing 428 - 600 pounds; an Extra Heavy Duty PWC is considered medically necessary for a member weighing 570 pounds or more;
  2. The members' home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided.
  3. Use of a powerful wheelchair will significantly improve the member's ability to participate in mobility related activities of daily living (MRADLs) and the member will use it in the home. For members with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver.
  4. The member has not expressed an unwillingness to use a power wheelchair in the home.
- D. Any criteria pertaining to the specific wheelchair type (see section I.D. below) are met.
1. PWCs considered not medically necessary when criteria C.2.a. (i - v) above are not met.
  2. PWCs considered not medically necessary when they are needed only for use outside the home.

#### ***Criteria for Specific Types of Power Wheelchairs***

1. A Group 1 PWC or a Group 2 PWC is considered medically necessary when *all* the criteria in section I.C.2.a. (i - v) above for a PWC are met and the wheelchair is appropriate for the member's weight.
2. A Group 2 Single Power Option PWC is considered medically necessary when *all* the criteria in section I.C.2.a. (i - v) above for a PWC are met and when:
  - a. Criterion i *or* ii below is met; *and*
  - b. Criteria iii and iv below are met.
    - i. The member requires a drive control interface other than a hand or chin-operated standard proportional joystick (examples include but are not limited to head control, sip and puff, switch control).
    - ii. The member meets criteria for a power tilt, or a power recline seating system (see below) and the system is being used on the wheelchair.
    - iii. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT), or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features; **Note:** The PT, OT, or physician may have no financial relationship with the supplier.
    - iv. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the members.
  - c. A Group 2 Single Power Option PWC is considered not medically necessary if criterion 2.a. or 2.b. above is not met (including but not limited to situations in

which it is only provided to accommodate a power standing feature, or power elevating leg rests).

- d. A Group 2 Multiple Power Option PWC is considered medically necessary when *all* the criteria in section I.C.2.a. (i - v) above for a PWC are met and if:
  - i. Criterion i *or* ii below is met; *and*
  - ii. Criteria iii *and* iv below are met.
    1. The member meets criteria for a power tilt and recline seating system (see below) and the system is being used on the wheelchair.
    2. The member uses a ventilator which is mounted on the wheelchair.
    3. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features; **Note:** The PT, OT, or physician may have no financial relationship with the supplier.

The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the members.

A Group 2 Multiple Power Option PWC is considered not medically necessary when criterion 3.a. or 3.b. above is not met.

A Group 3 PWC with no power options is considered medically necessary when:

1. *All* the criteria in section I.C.2.a. (i - v) above for a PWC are met; *and*
2. The member's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; *and*
3. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the medical necessity for the wheelchair and its special features. **Note:** The PT, OT, or physician may have no financial relationship with the supplier; *and*
4. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the members.

A Group 3 PWC is considered not medically necessary when criteria 4.a. - 4.d. above are not met.

A Group 3 PWC with Single Power Option or with Multiple Power Options is considered medically necessary when:

1. The Group 3 criteria 4.a. and 4.b. above are met; *and*
2. Group 2 Single Power Option criteria 2.a. and 2.b. above or Multiple Power Options criteria 3.a. and 3.b. above (respectively) are met.
  - a. A Group 3 Single Power Option or Multiple Power Options PWC is considered not medically necessary when criterion 5.a. or 5.b. above is not met.
  - b. Group 4 PWCs are considered not medically necessary because they have added capabilities that are not needed for use in the home.

- c. A Group 5 (Pediatric) PWC with Single Power Option or with Multiple Power Options is considered medically necessary when:
  - i. All the criteria in section I.C.2.a. (i - v) above for a PWC are met; *and*
  - ii. The member is expected to grow in height; *and*
  - iii. Group 2 Single Power Option criteria 2.a. and 2.b. above or Multiple Power Options criteria 3.a. and 3.b. above (respectively) are met.

A Group 5 PWC is considered not medically necessary when criteria 7.a. - 7.c. are not met.

### ***Power Seat Elevation System***

Curative considers a power seat elevation system medically necessary when criteria 1, 2, *and* 3 below are met; *and* when criterion 4 *or* 5 is met:

- 1. All the criteria in section I.C.2.a. (i - v) above for a PWC are met; *and*
- 2. A specialty evaluation was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations of the member's seating and positioning needs. The PT, OT, or physician does not have any financial relationship with the supplier; *and*
- 3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member; *and*
- 4. The member does not have the ability to transfer independently from a static seat height but by adjusting the seat height the member is able to:
  - a. stand and transfer to and from the wheelchair; *or*
  - b. transfer across unequal seat heights; *or*
  - c. pivot for lateral transfer: *or*
  - d. The member is at high risk for repetitive strain injury or has limited range of reach of the upper extremities, which prohibits participation in MRADLs from a static seat height due to:
- 5. limited upper extremity strength; *or*
- 6. limited upper extremity active range of motion; *or*
- 7. deformity; *or*
- 8. short stature.

### ***Power Tilt Only or Recline Only***

Curative considers power tilt *only* or recline *only* medically necessary when criteria 1, 2, *and* 3 below are met; *and at least one* of criterion 4, 5, *or* 6 below is met:

- 1. All the criteria in section I.C.2.a. (i - v) above for a PWC are met; *and*
- 2. A specialty evaluation was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations of the member's seating and positioning needs. The PT, OT, or physician does not have any financial relationship with the supplier; *and*
- 3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member; *and*
- 4. The member is at high-risk for development of a pressure ulcer and is unable to perform a functional weight shift or pressure relief; *or*

5. The member uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; *or*
6. The power seating system is needed to manage increased tone or spasticity.

### ***Power Tilt and Recline Combination***

Curative considers power tilt and recline combination medically necessary when criteria 1, 2, *and* 3 below are met; *and two or more* of criterion 4, 5, or 6 below are met:

1. *All* the criteria in section I.C.2.a. (i - v) above are met; *and*
2. A specialty evaluation was performed by a licensed/certified medical professional, such as a physical therapist (PT) or occupational therapist (OT) or physician who has specific training and experience in rehabilitation wheelchair evaluations of the member's seating and positioning needs. The PT, OT, or physician does not have any financial relationship with the supplier; *and*
3. The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member; *and*
4. The member is at high-risk for development of a pressure ulcer and is unable to perform a functional weight shift or pressure relief; *or*
5. The member uses intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed; *or*
6. The power seating system is needed to manage increased tone or spasticity.

### ***Push-Rim Activated Power Assist Device for a Manual Wheelchair***

- A push-rim activated power assist device for a manual wheelchair is considered medically necessary when *all* of the following criteria are met:
  - *All* the criteria for a power mobility device listed in the Basic Coverage Criteria section are met; *and*
  - The member's home does not provide adequate access between rooms, maneuvering space, and surfaces to operate a power mobility device; *and*
  - The member meets criteria for an ultra-lightweight manual wheelchair; *and*
  - The member is a full-time wheelchair user; *and*
  - The member has developed or is at high risk for developing upper extremity overuse pain syndromes; *and*
  - The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the member's home. **Note:** The PT, OT, or physician may have no financial relationship with the supplier; *and*
  - The wheelchair is provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the members.
  - A push-rim activated power assist device is considered not medically necessary when *all* of these criteria are not met.

### ***Custom Power Wheelchair Base***

Custom power wheelchair base is one in which the frame has been uniquely constructed or modified for a specific member.

1. A custom motorized/power wheelchair base is considered medically necessary when:
  - a. The member meets the general coverage criteria for a power wheelchair; *and*
  - b. The specific configurational needs of the member are not able to be met using wheelchair cushions, or options or accessories (prefabricated or custom fabricated), which may be added to another power wheelchair base.
  - c. A custom motorized/power wheelchair base is considered not medically necessary when *all* these criteria are not met.
  - d. A custom motorized power wheelchair base is considered not medically necessary when the expected duration of need for the chair is less than three months (e.g., postoperative recovery).
  - e. If the PWC base is considered not medically necessary, then related accessories are considered not medically necessary.

### ***Captain's Chair***

1. A POV or power wheelchair with Captain's Chair is considered not medically necessary for a member who needs a separate wheelchair seat and/or back cushion.
2. A POV or PWC with a Captain's chair is considered not medically necessary when a skin protection and/or positioning seat or back cushion that meets criteria is provided.
3. For members who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be considered medically necessary only when *either* criterion *a* or criterion *b* is met:
  - . The cushion is provided with a medically necessary power wheelchair base that is not available in a Captain's Chair model; *or*
    - A skin protection and/or positioning seat or back cushion that meets medical necessity criteria is provided.
4. Both the power wheelchair with a sling/solid seat and the general use cushion is considered not medically necessary when none of these criteria are met.

### ***Other Wheelchair and POV Features***

1. A heavy duty, very heavy duty, or extra heavy duty POV or PWC is considered not medically necessary when the member's weight is outside the range listed in criterion I.C.1.a.iv. above (for POV) or I.C.2.a.iv. above (for PWC) (i.e., for heavy duty 285 - 400 pounds, for very heavy duty 428 - 600 pounds, for extra heavy duty 570 pounds or more).
2. An add-on to convert a manual wheelchair to a joystick-controlled power mobility device or to a tiller-controlled power mobility device is considered not medically necessary.
3. Only one wheelchair at a time is considered medically necessary. Backup chairs are considered not medically necessary.
4. A power mobility device is considered not medically necessary when the underlying condition is reversible and the length of need is less than 3 months (e.g., following lower extremity surgery which limits ambulation).



5. Upgrades that are beneficial primarily in allowing the member to perform leisure or recreational activities are considered not medically necessary.

**Note:** Reimbursement for the wheelchair codes includes all labor charges involved in the assembly of the wheelchair. Reimbursement also includes support services, such as delivery, set-up, and education about the use of the power mobility device.

### ***Wheelchair Options and Accessories***

Curative considers certain wheelchair accessories medically necessary when the wheelchair is considered medically necessary, and the options or accessories are necessary for the member to function in the home and perform the activities of daily living.

The following wheelchair options and accessories may be considered medically necessary when the member meets the medical necessity criteria for a wheelchair:

- Amputee adapter
- General use back cushion
- General use seat cushion
- Heel loops.
- IV rod
- Oxygen carrier
- Speech generating device (SGD) table.
- Step tube.
- Suspension fork
- Ventilator tray
- Wide stance arm bracket
- Narrowing device.

The following table lists some wheelchair options and accessories considered medically necessary (unless otherwise specified) when the member meets the medical necessity criteria for a wheelchair and the options or accessories are necessary for the member to function in the home and perform the activities of daily living and the following medical necessity criteria are met:

Table: Wheelchair options and accessories medical necessity criteria

<b>Option/Accessory</b>	<b>Medical Necessity Criteria</b>
Adjustable arm-height option	<ul style="list-style-type: none"> <li>● The member requires an arm height that is different than that available using non-adjustable arms; <i>and</i></li> <li>● The member spends at least 2 hours per day in a wheelchair.</li> </ul>
Anti-rollback device and anti-tip device	The member can propel himself/herself and needs the device because of ramps.
Arm trough	The member has quadriplegia, hemiplegia, or requires support to maintain upper extremity positioning (e.g., due to uncontrolled arm movements).
Batteries: U-1 battery, 22 NF deep-cycle lead acid battery, gel battery or Group 24 battery	A sealed battery is separately payable from a power wheelchair base. Up to 2 batteries at one time are considered medically necessary if

	required for the power wheelchair. Non-sealed lead acid batteries are considered not medically necessary. The usual maximum medically necessary frequency of replacement for a lithium-based battery is one every 3 years.
Chin control	The member has weak neck muscles and needs a chin control for support.
Electronic interface	The member has a medically necessary SGD.
Allows a speech generating device (SGD) to be operated by the power wheelchair control interface.	Electronic interface to control lights or other electrical devices is not considered medically necessary because it is not primarily medical in nature.
Elevating leg rests	<ul style="list-style-type: none"> <li>• The member has a musculoskeletal condition or the presence of a cast or brace that prevents 90-degree flexion of the knee, <i>or</i></li> <li>• The member has significant edema of the lower extremities that require having an elevating leg rest, <i>or</i></li> <li>• The member meets criteria for and has a reclining back on a wheelchair.</li> </ul>
Enhanced joystick (e.g., Q Logic EX Joystick)	Considered not medically necessary.
Gear reduction drive wheel	<ul style="list-style-type: none"> <li>• The member has been self-propelling in a manual wheelchair for at least one year; and</li> <li>• The need for the device in the member's home is documented.</li> </ul>
Headrest	Member meets the criteria for and has a medically necessary manual tilt-in-space, manual semi or fully reclining back on a manual wheelchair, manual fully reclining back on a power wheelchair, or power tilt and/or recline seating system.
Lap tray wheelchair attachment	<p>When used to provide trunk support in wheelchairs.</p> <p>Wheelchair trays not used to provide trunk support, work trays, and cutout tables are not considered medically necessary.</p>
Lateral positioning components	<p>Considered medically necessary when used to provide lateral thigh or knee support or lateral trunk or hip support.</p> <p><b>Note:</b> A swing away or removable mounting hardware upgrade (HCPCS code E1028) may be billed in addition to a lateral thigh or knee support</p>

	(E0953), a cushioned headrest (E0955), a lateral trunk or hip support (E0956), or a medial thigh support (E0957). It must not be billed in addition to a shoulder harness or chest strap (E0960). It must not be used for mounting hardware related to a wheelchair seat cushion or back cushion code. One example (not all-inclusive) of a medically necessary indication for swing away, retractable, or removable hardware would be to move the component out of the way so that a member can perform a slide transfer to a chair or bed.
Lever-activated wheel drive	Considered not medically necessary.
Manual fully reclining back option	The member has one or more of the following conditions: <ul style="list-style-type: none"> <li>• The member is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; <i>or</i></li> <li>• The member utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to bed.</li> </ul>
Manual standing system	Consistent with Medicare policy, a manual standing system for a manual wheelchair is considered not medically necessary because it is not primarily medical in nature.
Mechanical or power shear reduction features  A shear reduction feature consists of 2 separate back panels. For a mechanical shear reduction feature, as the posterior back panel reclines or raises there is a mechanical linkage between the 2 panels which allows the user's back to stay in contact with the anterior panel without sliding along that panel. For a power shear reduction feature, a separate motor controls the linkage between the 2 panels as the posterior back panel reclines or raises.	The member meets medical necessity criteria for a power wheelchair.
Mechanically linked leg elevation feature  A mechanically linked leg elevation feature involves a pushrod which connects the leg rest to a power recline seating system. With this feature, when the back reclines, the leg rest elevates; when the back raises, the leg rest lowers.	The member meets medical necessity criteria for a power recline seating system.

Non-powered seat elevator or standing device	The member is unable to bend or sit.
Combination of sit-to-stand frame/table system with seat lift feature	Considered not medically necessary.
Non-powered, single position standing device	<p>Individual with a neuromuscular disorder, which results in the inability to stand independently or ambulate despite use of other assistive devices or having undergone physical therapy; AND</p> <p>Individual has the needed lower body (e.g., hips and legs) residual strength to stand with the assistance of the standing system; AND</p> <p>Use of a standing system/device will allow improvement in the functional use of the arms or hands, head and trunk control, performance of ADL, digestive, circulatory, respiratory function or skin integrity (by off-loading weight and/or relief of pressure sores)</p>
Non-powered multipositional standing frame system	<p>Criteria for non-powered, single position standing device is met; AND</p> <p>Frequent position changes are required due to the individual's medical condition</p>
Non-powered mobile (dynamic) standing frame system	<p>Criteria for non-powered, single position standing device is met; AND</p> <p>Individual has the upper body strength needed to self-propel the standing system</p>
Non-standard seat width, depth, or height	<ul style="list-style-type: none"> <li>• The ordered item is at least 2 inches greater than or less than a standard option, <i>and</i></li> <li>• The members' dimensions justify the need.</li> </ul>
One-arm drive attachment	<ul style="list-style-type: none"> <li>• The member propels the chair himself/herself with only 1 hand; <i>and</i></li> <li>• The need is expected to last at least 6 months.</li> </ul>
<p>Power leg elevation feature</p> <p>A power leg elevation feature involves a dedicated motor and related electronics with or without variable speed programmability which allows the leg rest to be raised and lowered independently of the recline and/or tilt of the seating system. It includes a switch control which may or may not</p>	The member has a medically necessary power wheelchair and meets criteria for elevating leg rests.

be integrated with the power tilt and/or recline control(s).	
Power stander feature	Consistent with Medicare policy, a power standing feature is considered not medically necessary because it is not primarily medical in nature. An electrical connection device for a wheelchair is considered not medically necessary if the sole function of the connection is for a power standing feature.
Power tilt and/or recline seating systems – tilt only, recline only, or a combination tilt and recline – with or without power elevating leg rests	The members meet criteria for "Power Tilt Only or Recline Only" in Section I.F or "Power Tilt and Recline Combination" in Section I.G.
Power wheelchair drive control systems  An attendant control is one which allows the caregiver to drive the wheelchair instead of the member. The attendant control is usually mounted on one of the rear canes of the wheelchair.	Attendant control is considered medically necessary in place of a member-operated drive control system if the member is unable to operate a manual or power wheelchair and has a caregiver who is unable to operate a manual wheelchair but is able to operate a power wheelchair.
Reinforced back upholstery or reinforced seat upholstery	<ul style="list-style-type: none"> <li>• When used with a power wheelchair base; <i>and</i></li> <li>• Member weighs more than 200 pounds.</li> </ul> When used in conjunction with heavy duty or extra heavy duty wheelchair bases, the allowance for reinforced upholstery is included in the allowance for the wheelchair base. Reinforced back and seat upholstery are not medically necessary if used in conjunction with other manual wheelchair bases.
Safety belt/pelvic strap/chest strap/shoulder strap or harness/leg strap	The member has weak upper or lower body muscles, upper or lower body instability or muscle spasticity, which requires use of this item for proper positioning.
Semi-reclining back option	<p>Individual spends at least two hours per day in the wheelchair, cannot reposition self and has a medical need to rest in a recumbent position two or three times during the day, and transfer between wheelchair and bed is very difficult due to physical condition; OR</p> <p>Is at high risk for development of pressure ulcer and is unable to perform a functional weight shift; OR</p> <p>Utilizes intermittent catheterization for bladder management and is unable to independently transfer from the wheelchair to the bed</p>

Shoe holder	<p>Individual has weak lower body muscles, lower body instability or muscle spasticity that requires the use of this item for proper positioning</p> <p><b>Note:</b> Shoe holders differ from traditional footplates or foot rests; footplates/ foot rests provide the user someplace to put their feet while in the chair, rather than on the ground or floor; a shoe holder provides additional support and positioning with the use of padding, straps and/or contoured foot attachments</p>
Side guard	<p>Individual has poor trunk control, upper body instability, or muscle spasticity that requires this item to provide protection from the chair's wheels or attachments/accessories</p> <p><b>Note:</b> This differs from clothing guards, which protect clothing from mud, water, etc. splashing onto clothes</p>
<p>Solid seat insert</p> <p>A solid seat insert is a rigid piece of wood or plastic which is added to a seat cushion to provide a firm base for the seat cushion. A solid seat insert is considered an integral part of a seat cushion.</p>	<p>The member spends at least 2 hours per day in the wheelchair</p>
Swing away, retractable, or removable hardware	<p>Considered <i>not</i> medically necessary if the primary indication for its use is to allow the member to move close to desks or other surfaces.</p> <p>One example (not all-inclusive) of a medically necessary indication is to move the component out of the way so that the member could perform a slide transfer to a chair or bed. <b>Note:</b> Swing away, detachable footrests are considered part of the wheelchair base. They should be billed separately only when they are replaced.</p>
Tilt-in-space / rotation-in-space	<p>Individuals cannot reposition self, operate a manual tilt and require the tilt-in-space / rotation-in-space feature to medically manage pressure relief / spasticity/tone.</p>
<p>Power add-ons to manual wheelchairs: A power add-on is used to convert a manual wheelchair to a motorized wheelchair (e.g., an add-on to convert a manual wheelchair to a joystick-controlled power mobility device or to a tiller-controlled power mobility device).</p>	<p>Member meets medical necessity criteria for a powered operated vehicle (scooter).</p>

### ***Not Medically Necessary Wheelchair Accessory/Attachment or Wheelchair Upgrades***

A wheelchair accessory/attachment or wheelchair upgrade is considered a convenience item when used to adapt to the outside environment, for work, or to perform leisure or recreational activities.

1. Upgraded and specialty wheels (e.g., Spinergy) are considered not medically necessary because they are not required for performance of instrumental activities of daily living.
2. The following features of a power wheelchair are considered not medically necessary:
  - a. Stair climbing
  - b. Electronic balance
  - c. Ability to elevate the seat by balancing on two wheels; and
  - d. Remote operation.
3. The following wheelchair items are *not* covered as they are considered personal convenience items (not an all-inclusive list):
  - a. Active Reach Package
  - b. Articulating (telescoping) elevating leg rests
  - c. Back support systems: Back support systems have a plastic frame which is padded and covered with cloth or other material; they are designed to be attached to a wheelchair base, but do not completely replace the wheelchair back; these back support systems are considered convenience items, because they are not generally necessary to provide trunk support in members in wheelchairs; an adequate seating system would allow the member to function appropriately in the wheelchair
  - d. Back up camera
  - e. Battery charger: A battery charger for a power wheelchair is included in the allowance for a power wheelchair base; a dual mode battery charger for a power wheelchair is considered a convenience item and is not covered.
  - f. Blind spot sensor system for wheelchairs
  - g. Canopies
  - h. Clothing guards to protect clothing from dirt, mud, or water thrown up by the wheels (similar to mud flaps for cars)
  - i. Color kits.
  - j. Cup holder.
  - k. Crutch or cane holder
  - l. Dynamic seating (for wheelchair)
  - m. Electric leg bag emptier
  - n. Eye-tracking control system for power wheelchairs (e.g., the Munevo DRIVE)
  - o. Flat-free inserts (zero pressure tubes): Flat free inserts have a removable ring of firm material that is placed inside of a pneumatic tire; flat free inserts are intended to allow the wheelchair to continue to move if the pneumatic tire is punctured.
  - p. Gloves
  - q. Handle extensions.
  - r. Home modifications: Modifications to the structure of the home to accommodate wheelchairs are not considered treatment of disease and are not covered; examples of home modifications and installations that are not covered include wheelchair ramps, wheelchair accessible showers, elevators, stairway lifts, and lowered bath or kitchen counters and sinks.
  - s. Identification devices (such as labels, license plates, name plates)
  - t. Lighting systems

- u. Powered seat elevator attachments for electric, powered, or motorized wheelchairs
- v. Shock absorbers.
- w. Snow tires for wheelchair
- x. Speed conversion kits.
- y. Surge hand-rim.
- z. Tie-down restraints.
- aa. Transit option (including tie-down restraints, and wheelchair tie downs)
- bb. USB charger
- cc. Warning devices, such as horns and backup signals
- dd. Wheelchair baskets, bags, or pouches - used to hold personal belongings.
- ee. Wheelchair lifts (e.g., Wheel-O-Vator, trunk loader) – devices to assist in lifting wheelchair up stairways, into car trunks, or in vans (see **Seat Lifts and Patient Lifts**)
- ff. Wheelchair-mounted assistive robotic arm (JACO)
- gg. Wheelchair rack for automobile (auto carrier) – car attachment to carry wheelchair.

### ***Specialized Seat and Back Cushions***

Specialized seat and back cushions are considered medically necessary when the member has a wheelchair and meets Curative medical necessity criteria for it, and the member meets the following medical necessity criteria:

Table: Specialized seat and back cushions medical necessity criteria

<b>Specialized Seat and Back Cushions</b>	<b>Medical Necessity Criteria</b>
General use seat cushion and general use wheelchair back cushion	<p>Considered medically necessary for a member who has a medically necessary manual wheelchair or a power wheelchair with a sling/solid seat/back.</p> <p>For members who meet medical necessity criteria for a power wheelchair and who do not have special skin protection or positioning needs, a power wheelchair with Captain's Chair provides appropriate support. Therefore, if a general use cushion is provided with a power wheelchair with a sling/solid seat/back instead of Captain's Chair, the wheelchair and the cushion(s) will be considered medically necessary if either criterion 1 or criterion 2 is met:</p> <ol style="list-style-type: none"> <li>1. The cushion is provided with a medically necessary power wheelchair base that is not available in a Captain's Chair model; or</li> <li>2. A skin protection and/or positioning seat or back cushion that meets medical necessity criteria is provided.</li> </ol>
Non-adjustable skin protection seat cushion or	<ul style="list-style-type: none"> <li>• Past history of or current pressure ulcer on the area of contact with the seating surface; <i>or</i></li> </ul>



<p>an adjustable skin protection seat cushion</p>	<ul style="list-style-type: none"> <li>Absent or impaired sensation in the area of contact with the seating surface or inability to carry out a functional weight shift due to one of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia, other spinal cord disease, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy, arthrogryposis, osteogenesis imperfecta, spinocerebellar disease or transverse myelitis.</li> </ul>
<p>Positioning seat cushion, positioning back cushion, and positioning accessory</p>	<p>The member has any significant postural asymmetries that are due to any of the following diagnoses: spinal cord injury resulting in quadriplegia or paraplegia; other spinal cord disease; multiple sclerosis; other demyelinating disease; cerebral palsy; anterior horn cell diseases including amyotrophic lateral sclerosis; post-polio paralysis; traumatic brain injury resulting in quadriplegia; spina bifida; childhood cerebral degeneration; Alzheimer's disease; Parkinson's disease; muscular dystrophy; hemiplegia; Huntington's chorea; idiopathic torsion dystonia; athetoid cerebral palsy; arthrogryposis; osteogenesis imperfecta; spinocerebellar disease; transverse myelitis; monoplegia of the lower limb due to stroke, traumatic brain injury, or other etiology; above knee amputation.</p>
<p>Non-adjustable combination skin protection and positioning seat cushion or adjustable combination skin protection and positioning seat cushion.</p>	<p>The member meets the criteria for both a skin protection seat cushion and a positioning seat cushion.</p>
<p>Powered wheelchair seat cushion</p> <p>A powered wheelchair seat cushion is a battery-powered, prefabricated cushion in which an air pump provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the cushion. One type of</p>	<p>Experimental and investigational</p> <p>A powered seat cushion is considered experimental and investigational because its effectiveness has not been established.</p>

powered seat cushion is an alternating pressure cushion.	
Custom fabricated seat and back cushions	<p>Considered medically necessary, when a written evaluation by a healthcare professional clearly explains why a prefabricated seating system is not sufficient to meet the member's seating and positioning needs and the following criteria is met:</p> <ul style="list-style-type: none"> <li>• Custom fabricated seat cushion: The member meets all the criteria for a prefabricated skin protection seat cushion or positioning seat cushion.</li> <li>• Custom fabricated back cushion: The member meets all the criteria for a prefabricated positioning back cushion.</li> </ul>

### Replacement Cushions

Replacement of wheelchair seat cushions, wheelchair back cushions, and wheelchair positioning accessories is considered medically necessary every 5 years or when *any* of the following is met:

- The item has been accidentally, irreparably damaged (other than usual wear and tear), *or*
- There is documentation that item has been lost or stolen, *or*
- There is a change in the member's medical condition that requires a different type of seating or positioning item.

**Note:** A seat or back cushion includes any rigid or semi-rigid base or posterior panel, respectively, that is an integral part of the cushion. It also includes any mounting hardware that is directly attached to the cushion.

### ***Not Medically Necessary Seat and Back Cushions***

- A static, prefabricated wheelchair seat or back cushion not meeting the definition of general use, skin protection, or positioning cushion is considered not medically necessary (see background section: **General Use Seat and Back Cushions**).
- Roll about chair seat and back cushions: Consistent with Medicare rules, Curative does not allow separate payment for a wheelchair seat and back cushion for use with a roll about chair.
- Transport chair seat and back cushions: A seat or back cushion that is provided for use with a transport chair is considered not medically necessary.

### ***Specialized Wheelchairs***

- **Specialized manual wheelchairs**

The member must meet the medical necessity criteria for a manual wheelchair and the following medical necessity criteria:

Table: Manual Wheelchair medically necessity criteria

Wheelchair/Description	Medical Necessity Criteria
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<p><b>Lightweight wheelchair</b></p> <p>A lightweight wheelchair is one that weighs between 30 to 36 lbs.</p> <ul style="list-style-type: none"> <li>• Weight: 30-36 lbs.</li> <li>• Weight capacity: 250 pounds or less</li> </ul>	<p>The member must provide information to indicate they cannot propel themselves in a standard wheelchair, but can propel themselves in a lightweight wheelchair.</p>
<p><b>Ultralightweight wheelchair</b></p> <p>An ultralightweight wheelchair is one that weighs less than 30 lbs.:</p> <ul style="list-style-type: none"> <li>• Weight: Less than 30 lbs.</li> <li>• Adjustable rear axle position</li> <li>• Lifetime warranty on side frames and cross braces.</li> </ul>	<p>Criteria (a) or (b) must be met, and criteria (c) and (d) must be met:</p> <ul style="list-style-type: none"> <li>• The member must be a full-time manual wheelchair user.</li> <li>a. The member must require individualized fitting and adjustments for one or more features such as, but not limited to, axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a standard wheelchair, a standard hemi-wheelchair, a lightweight wheelchair, or a high-strength lightweight wheelchair.</li> <li>• The member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that document the medical necessity for the wheelchair and its special features. Note: The LCMP may have no financial relationship with the supplier.</li> <li>• The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.</li> </ul> <p><b>Note:</b> Documentation of the medical necessity for an ultra- lightweight manual wheelchair must include a description of the member's routine</p>

	<p>activities. This may include the types of activities the member frequently encounters and whether the member is fully independent in the use of the wheelchair. The features of the ultra lightweight base which are needed compared to the lightweight high strength base must be described.</p>
<p>High-strength lightweight wheelchair</p> <p>A high-strength lightweight wheelchair is one that weighs less than 34 lbs. and has high-strength side frames and cross braces:</p> <ul style="list-style-type: none"> <li>• Weight: Less than 34 lbs.</li> <li>• Lifetime warranty on side frames and cross braces.</li> </ul>	<ul style="list-style-type: none"> <li>• The member self-propels the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair; <i>or</i></li> <li>• The member requires seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least 2 hours per day in the chair.</li> </ul> <p>A high-strength lightweight wheelchair is rarely considered medically necessary when the expected duration of need is less than 3 months (e.g., post-operative recovery).</p>
<p>Hemi-type wheelchair</p> <p>A standard hemi-type (low seat) wheelchair has a lower seat height (17" to 18") than a standard wheelchair (19" to 21")</p> <ul style="list-style-type: none"> <li>• Weight: Greater than 36 lbs.</li> <li>• Seat Height: Less than 19"</li> <li>• Weight capacity: 250 pounds or less.</li> </ul>	<ul style="list-style-type: none"> <li>• The member requires a lower seat height because of short stature; <i>or</i></li> <li>• To enable the member to place his feet on the ground for propulsion (e.g., due to amputation, stroke, paralysis, or weight imbalance, etc.).</li> </ul>
<p>Heavy duty and extra heavy-duty wheelchairs</p> <p>A heavy-duty wheelchair is one that can support a member weighing more than 250 lbs. and an extra heavy-duty wheelchair can support a member weighing more than 300 lbs. Reinforced back and seat upholstery are standard features of these wheelchairs</p> <ul style="list-style-type: none"> <li>• Heavy-duty weight capacity: Greater than 250 pounds</li> </ul>	<ul style="list-style-type: none"> <li>• The member must have severe spasticity; <i>or</i></li> <li>• The member must weigh over 250 lbs. for the heavy-duty wheelchair and over 300 lbs. for the extra heavy-duty wheelchair.</li> </ul>

<ul style="list-style-type: none"> <li>• Extra heavy-duty weight capacity: Greater than 300 pounds.</li> </ul>	
<p>Custom manual wheelchair base</p> <p>A custom manual wheelchair base is one that has been uniquely constructed or modified for a specific member. There must be customization of the frame for the wheelchair base to be considered customized.</p>	<p>The feature needed is not available as an option to an already manufactured base.</p>
<p>Adult tilt-in-space wheelchair</p> <ul style="list-style-type: none"> <li>• Ability to tilt the frame of the wheelchair greater than or equal to 20 degrees from horizontal while maintaining the same back to seat angle. Lifetime Warranty: On side frames and cross braces.</li> <li>• <b>Note:</b> Wheelchairs with less than 20 degrees of tilt are not considered tilt in-space wheelchairs.</li> </ul>	<p>Considered medically necessary if the member meets the general criteria for a manual wheelchair above, and when criteria (a) and (b) are met:</p> <ul style="list-style-type: none"> <li>• The member must have a specialty evaluation that was performed by a licensed/certified medical professional (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations that documents the medical necessity for the wheelchair and its special features. Note: The LCMP may have no financial relationship with the supplier.</li> <li>a. The wheelchair is provided by a Rehabilitative Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.</li> </ul>
<p>Roll about chairs and transport chairs</p> <p>Roll about chairs may be called by other names such as "transport" or mobile geriatric chairs ("Geri-chairs"). Roll about chairs and transport chairs are particularly useful for persons who are unable to self-propel a manual wheelchair or operate a POV or power wheelchair, and who have a caregiver who is willing and able to operate the transport chair or roll about chair.</p>	<p>When used in lieu of a wheelchair, for persons who would qualify for a wheelchair (except that they are not required to be able to self-propel a manual wheelchair).</p>

<p>Only roll about chairs having casters of at least 5 inches in diameter and specifically designed to meet the needs of ill, injured, or otherwise impaired individuals are considered medically necessary DME.</p> <p><b>Note:</b> Accessories provided at the time of initial issue of a roll about chair are not separately billable. Accessories provided with the initial issue of a transport chair are not separately billable with the exception of elevating leg rests.</p> <p><b>Note:</b> The wide range of chairs with smaller casters, which are found in general use in homes, offices, and institutions for many purposes do not meet the definition of durable medical equipment, in that they are not related to the care or treatment of ill or injured persons and they are not primarily medical in nature.</p>	
<p>Pediatric-sized wheelchairs</p> <p>A pediatric size wheelchair is a manual wheelchair with a seat width and/or depth of 14" or less.</p>	<p>Seat width and/or depth of 14 inches or less is recommended by a physician.</p>
<p>Specially adapted wheelchairs or strollers for children</p>	<ul style="list-style-type: none"> <li>• The child is non-ambulatory and either requires more support than a regular wheelchair provides; or</li> <li>• The child is too small for a standard children's wheelchair.</li> </ul> <p><b>Note:</b> Curative does not cover standard strollers that are not specially adapted because they do not meet the contractual definition of durable medical equipment in that they are not primarily for medical use, and they are of use in the absence of illness and injury. Sports strollers are considered not medically necessary.</p>
<p>Sports wheelchairs</p>	<p>Considered not medically necessary.</p>

Hand-driven or pedal-driven tricycles are considered medically necessary when used in lieu of a wheelchair for persons who meet medical necessity criteria for a wheelchair.

**Note:** Nonstandard manual wheelchairs include any seat height.

### **Specialized electric, power or motorized wheelchairs**

The member must meet the medical necessity criteria for an electric, power or motorized wheelchair and the following medical necessity criteria:

Table: Specialized Electric, Power or Motorized wheelchairs medically necessity criteria

<b>Specialized Electric, Power or Motorized Wheelchairs/ Description</b>	<b>Medical Necessity Criteria</b>
<p>Lightweight power wheelchair</p> <p>Lightweight power wheelchair is characterized by a weight of less than 80 lbs. without battery and a folding back or collapsible frame.</p>	<p>Requests for a lightweight power wheelchair will be reviewed on an individual basis to determine medical necessity.</p>
<p>Stair-climbing wheelchair (iBOT Mobility System, Independence Technology, LLC, Warren, NJ)</p>	<p>Considered not medically necessary.</p> <p>Curative has chosen to adopt Medicare rules with respect to power or motorized wheelchairs. Medicare does not consider inability to climb stairs a medically necessary indication for an electric, motorized, or powered wheelchair. An electric wheelchair is not considered medically necessary to elevate a person to eye level or to extend a wheelchair-bound person's reach. In addition, inability to navigate rough or uneven terrain outside the home is not considered a medically necessary indication for an electric wheelchair.</p>

### Special Notes

- Assembly
  - Reimbursement for wheelchairs includes all labor charges involved in the assembly of the wheelchair and all covered additions, accessories and modifications.
- Duplicate Mobility Devices
  - Rental or purchase of two or more mobility devices (manual wheelchair, electric wheelchair, power operated vehicle (POV), roll about chair, transport chair, etc.) is considered a matter of convenience for the member and his/her family and is not considered medically necessary, unless there is a change in the member's physical condition that makes medically necessary a different mobility device (see Repairs, Modifications, Maintenance, Replacements, and Rentals below).
- Rental versus Purchase
  - Curative considers the rental or, if less costly, purchase of 1 wheelchair at a time medically necessary when selection criteria are met. Whatever type of wheelchair is necessitated by the member's physical condition should be able to be used both inside or outside the home.
- Repairs, Modifications, Maintenance, Replacements, and Rentals

- One month's rental of a wheelchair is considered medically necessary if a member-owned wheelchair is being repaired. Payment for the rental is based on the type of replacement device that is provided but must not exceed the rental allowance for the mobility device that is being repaired. Charges for repairing a wheelchair are considered medically necessary when needed to make the wheelchair serviceable. The charge for repairing the wheelchair must not exceed the estimated cost of rental or purchase of a replacement wheelchair. Replacement of a wheelchair 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 can not be repaired at a cost less than rental or replacement. A replacement mobility assistive device (manual or electric) for appearance, convenience, or comfort is not considered medically necessary; replacements are not required more frequently than every five years.

## **Support Services**

Reimbursement for a wheelchair also includes support services such as emergency services, delivery, setup, education and ongoing assistance with use of the wheelchair.

## ***Segway Personal Transporters***

Curative considers Segway personal transporters (e.g., the Segway i2 SE Patroller, Segway x2 SE Patroller, Segway SE-3 Patroller, Segway miniPLUS, and Segway miniPRO320) and other pedestrian-on-wheels products not medically necessary.

## **6. PROCEDURE**

N/A

## **7. TRAINING REQUIREMENT**

- 7.1.** All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

## **8. ENFORCEMENT**

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal, and equitable remedies may apply.

## **9. DOCUMENTATION**

Documentation, in the form of a prescription written by the physician, must include an estimate of the frequency, duration of use, duration of need, type of system to be used and cost. A physician's statement of medical necessity and depending on nature of request a seating evaluation:

## **10. REFERENCE DOCUMENTS AND MATERIALS**

- 10.1.** Regulatory Authority - N/A

## **11. COLLABORATING DEPARTMENTS**

N/A



12. DOCUMENT CONTROL

APPROVED BY:		
Charles, Brandon	5/2/2024	<div>DocuSigned by: Charles, Brandon DE2813BF834C49A...</div>
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A:

N/A