

Indications for a PMD as Reasonable and Necessary and Types of PMD Categories Available

The face-to-face examination provides the clinical information needed to determine if a patient needs a Power Mobility Device (PMD) and what type of PMD may be needed. This information needs to be clearly and completely documented in the medical record in order to communicate and substantiate the need for a PMD. All payers have a set of criteria established that is used as guidelines in providing coverage and reimbursement based on a patient's needs as supported in the clinical documentation. Most payers will default to the PMD criteria established under Medicare. This is the default criteria referred to within these guidelines and being presented as "Indications" for consideration of coverage of a PMD as reasonable and necessary.

As presented previously, PMDs consist of two categories: Durable Medical Equipment (DME); Power Operated Vehicles (POVs) and Powered Wheelchairs (PWCs). Each type of PMD has specific designs to meet specific clinical needs. Standard powered wheelchairs have features that can be adjusted:

- Support for the feet;
- Support for the arms;
- Positioning of the joystick; and
- Replacement of the upholstery.

There is basic clinical information that supports the need for use and benefit from a PMD. The following is the basic clinical criteria under Medicare that supports the need for a PMD as reasonable and necessary:

- "The patient has a mobility limitation that significantly impairs his/her 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 patient from accomplishing an MRADL entirely, or
 - Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - Prevents the patient from completing an MRADL within a reasonable time frame.
- The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- The patient 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.
 - 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."

Patients who meet the basic criteria under Medicare may benefit from a PMD which includes Power Operational Vehicles (POV) and Power Wheel Chairs (PWC). What differentiates whether a patient can benefit from one category of PMD or another is the level of functional impairment and limitations in capacity identified through the face-to-face examination and documented in the physician or treating practitioner's medical record. The criteria presented within this attachment will include the following categories of PMDs:

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- Power Operated Vehicles (POVs)
- Power Wheel Chairs (PWCs)
 - Group 1 and Group 2
 - Group 2 - Single Power Option
 - Group 2 - Multiple Power Option
 - Group 3 - No Power Options
 - Group 3 - Single Power Option
 - Group 3 - Multiple Power Options

Power Operational Vehicles (POVs)

POVs are a three or four wheeled vehicle that is a non-highway motorized form of transportation having a seat on a pedestal secured to a base floor that can be used within the home to assist patients with impaired ambulation. Steering is accomplished by turning the front wheel or wheels using handlebars attached to a tiller. A four wheeled POV will have two front wheels that are linked and turn together in the same direction the handlebars are turned. Tiller steering does allow the patient to turn the POV rapidly which can be a problem should it begin to tilt to one side. Unless the tilt is corrected by turning the wheel(s) in the opposite direction the POV could fall over, injuring the patient. At the same time, depending on the width, a POV may be more stable side to side than a PWC. The POV has a longer wheelbase that provides greater stability in the “fore-aft” direction. Maneuvering can be more difficult due to the longer wheelbase in some settings and situations.

Speed is generally controlled by pressing a lever on the handlebar using the thumbs or the near aspect of the hands. In general, a POV requires arm function and hand movement exceeding that needed to operate a PWC. POVs do not provide foot positioning for a patient with no leg function. POVs are generally for patients who have the ability to walk but who have limitations in how far they are able to ambulate and stand. POVs generally have seats that can rotate and lock into position, allowing a patient to transfer onto and off of the device in order to get close enough to a table or object they need to reach. Some have seats that can be adjusted, elevated or lowered, to accommodate the height of the user. They do not provide seating for a patient with poor trunk stability. The seat cushions and back supports can easily be placed and replaced.

In order for a patient to qualify for a POV under Medicare guidelines all of the basic criteria listed needs to be met plus the following:

- “The patient is able to:
 - Safely transfer to and from a POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability and position while operating the POV in the home.
- The patient’s mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are sufficient for safe mobility using a POV in the home.
- The patient’s home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.
- The patient’s weight is less than or equal to the weight capacity of the POV that is provided.
- Use of a POV will significantly improve the patient’s ability to participate in MRADLs and the patient will use it in the home.

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- The patient has not expressed an unwillingness to use a POV in the home.”

Power Wheelchairs (PWCs)

PWCs differ from POVs in design and operation. They have a power base that houses the motors and batteries, attaches to the wheels and provides a mount for the seating system. Most PWCs have at a minimum, four wheels. PWC steering is accomplished using a variety of input switches, most commonly using a joystick device that operated using the hand. A joystick can be operated by other parts of the body or through the use of single or multiple switches; i.e., sip and puff breath-activated controls. Many patients who are unable to operate a POV due to limitations in the use of their arms or hands can operate a PWC.

There are a variety of PWC drive wheel types:

- Front-wheel drive;
- Rear-wheel drive;
- Mid-wheel drive.

Front-wheel drive – Large drive wheels attached to the front of the chair with casters that are usually smaller wheels attached in the rear of the PWC. The mass of the PWC is behind the drive wheels, creating a tendency for the chair to turn around backwards when slowing down. The controller monitors the position of the front wheels to keep the PWC tracking in a straight direction. This type of PWC has good downhill traction but has a tendency to lose traction going uphill over a sandy or slippery surface. When operating a front-wheel drive PWC in the home there should not be an issue with traction unless there are ramps built inside the house accommodating travel from one level to another.

Rear-wheel drive – Large drive wheels attached to the rear of the chair with casters attached in the front of the PWC. The rear-wheel drive PWC has the opposite problem with turning around upon deceleration as the front-wheel drive PWC; deceleration when driving backwards tends to cause the PWC to turn. This type of PWC has better traction uphill than downhill. Here again, when operating a rear-wheel drive PWC in the home there should not be an issue with traction unless there are ramps built inside the house accommodating travel from one level to another.

Mid-wheel drive – Main drive wheels centered beneath the patient’s center of mass. Mid-wheeled PWC have six wheels:

- Two drive wheels;
- Two casters – mounted in the front or the back;
- Two anti-tipping wheels - mounted in the front or the back.

In the mid-wheel drive PWC there is a potential for better traction than the front- or rear-wheel drive PWC because the patient’s center of mass is directly over the drive wheels. This allows for maximum traction. This type of PWC will tip back onto the anti-tip wheels when accelerating or going up an incline or hill. This type of PWC tends to be easier to maneuver in limited space environments than a front- or rear-wheel PWC.

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Positioning of the drive wheels determines the steering and how the PWC handles. Computer microprocessors have provided for the creation of control mechanisms and features allowing a patient to control either a front-wheel, rear-wheel, or mid-wheel drive chair.

Seat Width

The PWC seat needs to be as narrow as feasible without touching the hips. A seat that is too narrow increases the risk of developing pressure ulcers. On the other hand, a seat that is too wide provides too much play, allowing the patient to lean to one side, increasing the risk for the development of a spinal deformity. Ideally there should be approximately ½ inch spacing on the lateral side of each thigh, allowing room to move and to accommodate for clothing.

Seat Depth

The PWC seat depth is essential in providing the appropriate amount of support under the thighs. A seat that is too deep interferes with patient being able to position up against the back of the seat. This impact posture and creates a situation where the patient slouches, increases pressure on the backs of the knees and calves, and potentially interferes with circulation. If the seat depth is too short the patient is at risk of developing pressure ulcers.

Seat Surface Height

The PWC seat height needs to be high enough to accommodate the length of the patient's lower legs as the feet rest on the footing supports. The seat need to be high enough to allow the feet supports to be able to clear obstacles and low enough to allow the patient's knees to fit under tables. Americans with Disabilities Act Accessibility Guidelines has established standards in tables or counters at 27 inches high, 30 inches wide, and 19 inches deep.

Back Support Height and Angle

The PWC seat back support height needs to be appropriately set at a height that does not interfere with the patient's shoulder or arm movements while providing sufficient back support while in the wheelchair. Some PWC seating allows adjustment in the back angle which provides added seating comfort for the patient.

Arm Supports

The adjustable arm support height of a PWC is important for good shoulder and arm positioning. Controlling the PWC is dependent upon the positioning of the arm that operates the chair. The elbows should be aligned slightly forward of the shoulders when the arms are in a resting position.

Head Support

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Not all patients need nor want a head support. A head support is essential for those patients who have difficulty supporting their neck and tend to fatigue while sitting upright. Head supports are a safety feature while riding in a vehicle.

Powered Seating

Power seating is an available option for PWC patients who are unable to shift their weight in the chair. This allows them to tilt their entire body backward, recline the back, or both, reducing pressure on the buttocks and the risk for pressure ulcers.

Lap Trays

Removable lap trays are available options for PWC patients for eating, reading, operating a computer or communication device.

Lap Belts

Most PWC have a lap belt as a safety measure to help keep the patient from falling out of the chair should they come to an abrupt stop. These are not considered equivalent to seat belts for transportation. Unless the wheelchair and lap belt has been tested as a system, meeting transportable wheelchair test standards, the wheelchair lap belt combination should not be considered safe to be used by itself for transport.

Trunk and Lateral Supports

A patient with difficulty maintaining trunk stability has options to add extended lateral supports and/or a chest strap to assist with providing needed stability. Chest straps include straps that go across the chest and under the arms or over-the-shoulder style supports.

Joystick Type

Some patients are unable to use hand-operated joysticks and as a result, they require alternate control systems for their PWC. Most PWC are offered with only one joystick option, on either the left or right side of the chair. There are options such as long throw vs short throw, swing-away joystick mount, and alternate controls as needed to accommodate the patient's functional limitations in being able to control the PWC. Alternate controls include alternate joysticks knobs such as a tennis ball or suction cup, or one mounted on an anatomical part of the patient's body; foot, elbow, arm, chin, etc. Sip and puff controls make use of an air switch while switches mounted on a head support or other armature allow the patient to use head movements to control the PWC. The face-to-face evaluation and specialty examination provides essential information needed to determine which type of joystick or control mechanism best meets the patient's needs. (See "The Powered Wheelchair Training Guide," Axelson P, Minkel J, Perr A, and Yamada D.)

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Group 1 or 2 PWC

In order for a patient to qualify for a Group 1 or 2 PWC as reasonable and necessary under Medicare guidelines all of the basic criteria listed above needs to be met plus the following:

- “The patient is **unable** to:
 - Safely transfer to and from a POV, and
 - Operate the tiller steering system, and
 - Maintain postural stability and position while operation the POV in the home.
- The patient’s mental capabilities (e.g., cognition, judgment) and physical capabilities (e.g., vision) are **not** sufficient for safe mobility using a POV in the home.
- The patient’s home does not provide adequate access between rooms, maneuvering space, and surfaces for the operation of the POV that is provided.”
- “The patient has the mental and physical capabilities to safely operate the power wheelchair that is provided; or
- If the patient is unable to safely operate the power wheelchair, the patient 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
- The patient’s weight is less than or equal to the weight capacity of the power wheelchair that is provided; and
- The patient’s home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair that is provided; and
- Use of a power wheelchair will significantly improve the patient’s ability to participate in MRADLs and the patient will use it in the home. For patients with severe cognitive and/or physical impairments, participation in MRADLs may require the assistance of a caregiver; and
- The patient has not expressed an unwillingness to use a power wheelchair in the home.”
- Criteria listed for indications of a specific wheelchair type also need to be met in order for that particular type of wheelchair to be considered reasonable and necessary. (See the specific PWC sections presented below).

If the patient meets criteria for a Group 1 or 2 PWC as stated above, the wheelchair needs to be appropriate for the patient’s weight.

In order for a patient to qualify for a Group 2 Single Power Option PWC as reasonable and necessary under Medicare guidelines all of the criteria listed for Group 1 and 2 PWC above needs to be met plus the following:

- “The patient 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) or meets coverage criteria for a power tilt or a power recline seating system (see Wheelchair Options and Accessories policy for R&N criteria) and the system is being used on the wheelchair, and
- The patient 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 (see Documentation Requirements section). The PT, OT, or physician may have no financial relationship with the supplier, and

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- 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 patient.”

In order for a patient to qualify for a Group 2 Multiple Power Option PWC as reasonable and necessary under Medicare guidelines all of the criteria listed for Group 1 and 2 PWC above needs to be met plus the following:

- “The patient meets coverage criteria for a power tilt and recline seating system (see Wheelchair Options and Accessories policy) and the system is being used on the wheelchair, or the patient uses a ventilator which is mounted on the wheelchair, and
- The patient 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 (see Documentation Requirements section). 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 patient.”

Group 3 PWCs

PWCs are further differentiated by function in to different Group 3 with No Power Options, Single Power Option or with Multiple Power Options. These PWC are considered to be in the rehabilitation category and are designed to meet the functional needs of a more significantly impaired patient. A patient will require this type of wheelchair when all the general criteria for PWC are meet and certain criteria for a Group 1 or 2 PWC as reasonable and necessary and the wheelchair is appropriate for the patient’s weight plus the additional criteria listed for each specific category of PWC.

In order for a patient to qualify for a Group 3 PWC with no power options as reasonable and necessary under Medicare guidelines all of the criteria listed for Group 1 and 2 PWC above needs to be met plus the following:

- “The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
- The patient 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 (see Documentation Requirements section). 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 patient.”

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In order for a patient to qualify for a Group 3 PWC with Single Power Option or with Multiple Power Options as reasonable and necessary under Medicare guidelines all of the criteria listed for Group 1 and 2 PWC above needs to be met plus the following:

- “The patient's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity”; and
 - “The patient 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)”; or
 - The patient meets coverage criteria for a power tilt or a power recline seating system (see Wheelchair Options and Accessories policy for coverage criteria) and the system is being used on the wheelchair”; and
 - “The patient 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 (see Documentation Requirements section). 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 patient.

OR

- “The patient meets coverage criteria for a power tilt and recline seating system (see Wheelchair Options and Accessories policy) and the system is being used on the wheelchair”; or
- “The patient uses a ventilator which is mounted on the wheelchair”; and
- “The patient 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 (see Documentation Requirements section). 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 patient.

Group 4 PWCs

Under Medicare Group 4 PWCs have additional capabilities that are considered not needed for use in the home. If these wheelchairs are requested and provided and Medicare will consider coverage or payment that will be based on what is called the “allowance for the least costly medically appropriate alternative” which is stated in the Power Mobility Device Local Coverage Decision as the “allowance for the comparable Group 3 PWC.”

Group 5 PWCs

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Group 5 PWC are Pediatric wheelchairs designed to meet specific and special functional needs of the pediatric patient. The guidelines presented in this publication have been largely developed to address the adult patient's needs for a PMD. With regard to Pediatric patients who are being evaluated for a PMD, in order to qualify for a Group 5 PWC with Single Power Option or with Multiple Power Options as under Medicare guidelines, all of the criteria listed for a Group 1 and 2 Single Power Option or Multiple Power Options PWC listed above needs to be met. In addition the patient is expected to grow in height.

Push-Rim Activated Power Assist Device

In addition to PMDs there is a assistive device, Push-Rim Activated Power, that can be added to a manual wheelchair that essentially converts it to a powered wheelchair. Indications for application and use of a Push-Rim Activated Power Assist Device include the following criteria:

- All of the basic coverage criteria for a PMD listed are met; and
- The patient is able to self-propelling in a manual wheelchair and has done so for at minimum of one year; and
- A face-to-face evaluation, which includes a specialty evaluation, (performed by a licensed/certified medical professional (includes a PT or OT), or physician who has experience and training in performing wheelchair evaluations, documents the need for the use of a Push-Rim Activated Power Assist Device, including use within the patient's home.

In order for a Push-Rim Activated Power Assist Device to be reimbursed under Medicare the following requirements must be met:

- 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 patient.