



AmeriHealth Caritas[™]
District of Columbia

To:	All AmeriHealth Caritas DC Providers
Date:	September 10, 2021
Subject:	Wheelchair Mobility Assistive Device Reimbursement Policy
Summary:	Effective October 15, 2021, wheelchair mobility assistive devices are covered by AmeriHealth Caritas District of Columbia (DC) when certain criteria are met.

Wheelchairs are clinically proven and therefore medically necessary for enrollees when the criteria as outlined by U.S. Centers for Medicare & Medicaid Services (CMS), 2020d, 2020e are met and the appropriate documentation is provided.

A comprehensive in-person physical assessment must be performed by a physician and/or credentialed therapy provider, including documented evidence of current neurological status and functional limitations, range of motion, extremity strength, coordination, sensation and pain, residential living environment, mobility, activity, seating, positioning needs and recommendations (U.S. Centers for Medicare & Medicaid Services, 2020c, 2020d).

Documentation must also include:

- how the enrollee's health makes it very hard to move even with the aid of a walker or cane in the home;
- their difficulties performing activities such as toileting, bathing, dressing, and feeding (activities of daily living or ADL's); and
- how using a wheelchair independently (or with assistance) can help with a specific medical condition or event to provide a quality of life improvement (U.S. Centers for Medicare & Medicaid, 2020c).

The in-person assessment can be no more than six months before the prescription is written (U.S. Centers for Medicare & Medicaid, 2020c, 2020e).

A face-to-face examination is required each time a new prescription for one of the specified items is ordered:

- For all initial purchase or rental claims
- When there is a change in the prescription for an accessory parts, supplies etc.
- If the benefit plan requires a periodic prescription renewal
- Whenever an item is replaced
- When there is a change in the network supplier
- When required by state law
- Whenever a repair is required



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Power Wheelchairs (U.S Centers for Medicare & Medicaid, 2020a, 2020d, 2020e)

An electric or power wheelchair is a motorized vehicle for those who are unable to walk AND have impaired upper extremity coordination. Devices such as power operated wheelchairs, or push-rim activated power assist devices are medically necessary if ALL of the following basic medical necessity criteria are met. Medical necessity for specific accessories or components is established by meeting the criteria for the specific type of accessory or component listed below:

- The enrollee's ability renders them unable to complete activities of daily living; has a higher risk of morbidity or mortality due to the performance attempts; and/or does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home during a typical day.
- The enrollee's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker.
- Range of motion, strength, endurance, coordination, presence of pain, deformity or absence of one or both upper limbs are relevant and should be documented in the upper extremity assessment.

Wheelchair components

There are wheelchair components that are conditionally reimbursable. Please reference the entire policy at AmeriHealth Caritas DC's website www.amerihealthcaritasdc.com for complete criteria.

- Arm
- Footrest/leg-rest
- Seat-frame
- Wheels/tires
- Batteries/chargers
- Power-tilt and/or -recline seating
- Power wheelchair drive-control systems
- Other power wheelchair accessories such as a speech generating electronic interface and miscellaneous accessories such as anti-rollback device, safety belt/pelvic strap, a manual, fully reclining back.

Exclusions:

THE FOLLOWING OPTIONS/ACCESSORIES ARE NOT CLINICALLY PROVEN AND THEREFORE NOT MEDICALLY NECESSARY (U.S. Centers for Medicare & Medicaid Services, 2020b):



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- If an attendant control is provided in addition to a patient-operated drive-control system.
- An option/accessory that is beneficial primarily in allowing an individual to perform leisure or recreational activities.
- An unsealed battery.
- A single-mode battery charger is appropriate for charging a sealed lead acid battery. If a dual-mode battery charger is provided as a replacement, it is considered not medically necessary.
- Customization such as painting, artwork or design decals or personalization preferences
- Specialized tires such as foam filled flat free polyurethane, high performance, outdoor pneumatic

THE FOLLOWING ARE NOT PRIMARILY MEDICAL IN NATURE (BENEFIT CONTRACT EXCLUSION) AND THEREFORE NOT MEDICALLY NECESSARY (U.S. Centers for Medicare & Medicaid Services, 2020a, 2020b)

Power wheelchairs with a seat elevator or a standing system that is integral to the wheelchair are distinguished from other power wheelchairs by a feature that is not primarily medical in nature; therefore, they are not covered (benefit contract exclusion) with the exception of but not limited to, disabilities such as; Duchenne Muscular dystrophy, Cerebral Palsy, certain Spinal cord injuries, congenital limb deformity issues, and/or neuromuscular wasting diseases.

- If a wheelchair has an electrical connection device that's sole function to operate a power-seat elevator or power-standing feature, it will be considered not primarily medical in nature (benefit contract exclusion) and therefore, not covered.
- A manual standing system for a manual wheelchair (benefit contract exclusion).
- An electronic interface used to control lights or other electrical devices (benefit contract exclusion).

Other power wheelchair device features (benefit contract exclusions) not covered include:

- Stair climbing
- Electronic balance
- Ability to elevate the seat by balancing on two wheels
- Remote operation
- Tilt in space

Questions:

If you have questions about this communication, please contact your Provider Account Executive or the Provider Services department at 1-888-656-2383.