



Corporate Medical Policy

Power Operated Vehicle (Scooter)

File Name: power_operated_vehicle_(scooter)
Policy Number: DME0230
Origination: 3/1995
Last Review: 6/2008
Next Review: 6/2010

Description of Procedure or Service

The power operated vehicle is a three or four wheel non-highway motorized transportation system for patients with impaired ambulation. It is considered Durable Medical Equipment (DME). To qualify as DME, the vehicle must primarily serve a medical purpose and be able to withstand repeated use.

Motorized (electrically powered) wheelchairs are addressed in the policy titled "Wheelchairs."

Policy

BCBSNC will provide coverage for a power operated vehicle when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. See Other Services for Durable Medical Equipment.

When the Power Operated Vehicle (Scooter) is covered

The Power Operated Vehicle may be covered when **all** of the following criteria are met:

1. It is clearly established that the vehicle serves a therapeutic purpose for the patient, **and**
2. The patient has a mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living such as toileting, feeding, dressing, grooming and bathing in customary locations in the home, **and**
3. The member does not have sufficient upper extremity function to safely self-propel an optimally configured manual wheelchair, **and**
4. Without a wheelchair, the patient would be confined to bed or a chair in the home, **and**
5. The patient has sufficient strength, postural stability, and other physical or mental capabilities needed to safely operate a power operated vehicle in the home, i.e., adequate range of motion, coordination, trunk control, appropriate judgement, cognitive skills, vision and perceptual abilities, **and**
6. The patient has expressed a willingness to use a power operated vehicle, **and**

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7. The patient's home provides adequate access between rooms, maneuvering space and surfaces for the safe operation of a power operated vehicle, *and*
8. There was an evaluation [must be completed by a professional independent from the vendor supplying the equipment] either in a specialized seating/mobility clinic or by a physician and therapist who are knowledgeable about the consequences of long-term disability and the prescription of motorized wheelchairs, *and*
9. The disability is expected to continue for 6 months or longer and the prescribed vehicle is anticipated to meet the member's mobility needs for a reasonable period of time.

When the Power Operated Vehicle (Scooter) is not covered

1. For use as a convenience item
2. When it is used only outside the home
3. When it is used primarily to allow the patient to perform leisure or recreational activities
4. For use in addition to a manual wheelchair
5. When the patient is disoriented or cannot be left unattended
6. When the patient is unable to operate the controls
7. For any condition requiring support of the trunk of the body
8. For any condition requiring padding or additional support
9. When the vehicle was purchased without a prescription
10. For use as a "back-up item" in case of need

No accessory items will be covered. Car lifts are considered an accessory item.

Policy Guidelines

The motorized vehicle will be covered when there is severe impairment of functional mobility such that the member is unable to maneuver a manual wheelchair for a distance greater than 50 feet per attempt.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable code: E1230

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

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Policy Key Words

Key Words: DME0230, Amigo Cart/Scooter, Durable Medical Equipment, DME, Power Operated Vehicle, Cart, Scooter, three wheeled vehicle

Medical Term Definitions

Scientific Background and Reference Sources

Senior Director, Medical Affairs

BCBSNC Matrix Program - Certificate language

Region C DMERC Supplier Manual - 9/93

Region C DMERC Supplier Manual - Spring 1997

Region C DMERC Supplier Manual - Autumn 1998

Medical Policy Advisory Group Review - 3/99

MEDLINE and MDConsult search from 1995 to 2/2001

Specialty Matched Consultant Advisory Panel - 4/2001

Specialty Matched Consultant Advisory Panel - 9/2002

Specialty Matched Consultant Advisory Panel - 8/2004

Region C DMERC (L11447) Supplier Manual - Summer 2006

For Policy renamed: Power Operated Vehicle (Scooter)

Centers for Medicare and Medicaid Services (CMS). Decision Memo for Mobility Assistive Equipment (MAE) (CAG-00274N). May 5, 2005. Retrieved 4/17/08 from <http://www.cms.hhs.gov/mcd/viewdecision-memo.asp?id=143>

Policy Implementation/Update Information

3/95	Original policy issued
11/96	Reaffirmed
5/97	Revised. Added DME Supplier information and Source as contract language
5/99	Revised with the Region C DMREC Supplier Manual and feedback from the MPAG's 3/99 review
7/99	Reformatted, Medical Term Definition added.
7/00	System coding changes.
2/01	Reaffirmed. No change in criteria.
4/01	Specialty Matched Consultant Advisory Panel review. Removed differentiation between three and four wheeled vehicles from "Policy Guidelines" section.
4/02	Format changes.

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- 10/02 Specialty Matched Consultant Advisory Panel review. Clarified policy guidelines to indicate that the member is unable to maneuver a manual wheelchair for a distance of greater than 50 feet per attempt.
- 9/23/04 Specialty Matched Consultant Advisory Panel review with no changes to policy criteria. Reference added. Benefits Application and Billing/Coding sections updated for consistent policy language. When the Power Operated Vehicle is not covered section updated to say, "2. For use in addition to a manual wheelchair." Statement added in the Description section to say, "Motorized wheelchairs are addressed in a separate policy." When the Power Operated Vehicle is covered section updated to say, "2....unable to ambulate consistently"..., changed 4.e. to say "appropriate cognitive skills", and added verbiage to "5. There was an evaluation [must be completed by a professional independent from the vendor supplying the equipment] either in a....."
- 9/18/06 In the section When the Power Operated Vehicle is Covered changed item #2 to read: the patient has a mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living such as toileting, feeding, dressing, grooming and bathing in customary locations in the home; added item #3 that reads: the member does not have sufficient upper extremity function to safely self-propel an optimally configured manual wheelchair; changed item #5 to read: the patient has sufficient strength, postural stability, and other physical or mental capabilities needed to safely operate a power operated vehicle in the home, i.e., adequate range of motion, coordination, trunk control, appropriate judgement, cognitive skills, vision and perceptual abilities; added items #6 and #7 that read: the patient has expressed willingness to use a power operated vehicle and the patient's home provides adequate access between rooms, maneuvering space and surfaces for safe operation of a power operated vehicle. In the section When the Power Operated Vehicle is Not Covered, added #2 and #3 that read: when it is used only outside the home and when it is used primarily to allow the patient to perform leisure or recreational activities. Added policy number to Key Words. Updated references. Specialty Matched Consultant Advisory Panel review 8/21/08.

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- 8/11/08 Policy renamed: Power Operated Vehicle (Scooter). Specialty Matched Consultant Advisory Panel review 6/19/08. No change to policy statement.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

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