



## MEDICAL COVERAGE POLICY

**SERVICE: Medicaid Power Scooters**

<b>Policy Number:</b>	<b>266</b>
<b>Effective Date:</b>	<b>10/01/2020</b>
<b>Last Review:</b>	<b>08/27/2020</b>
<b>Next Review Date:</b>	<b>08/27/2021</b>

### Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

### SERVICE: Medicaid Power Scooters

**PRIOR AUTHORIZATION: Required.**

**POLICY: For Medicaid plans**, please confirm coverage as outlined in the Texas Medicaid TMPPM.

Powered scooters may be medically necessary when **ALL** of the following are present:

- Ambulation is impaired, and **1 or more** of the following:
  - Mobility-related activities of daily living unable to be completed
  - Mobility-related activities of daily living unable to be completed in reasonable amount of time
  - Mobility-related activities of daily living unable to be completed safely
- Ambulatory assistive device (e.g., cane, crutches, walker) does not sufficiently resolve mobility deficit.
- Inability to operate wheelchair manually due to **1 or more** of the following:
  - Absence or deformity of upper extremity
  - Chronic upper extremity pain or dysfunction from long-term use of manual wheelchair (Decreased cardiopulmonary tolerance)
  - Inadequate endurance
  - Inadequate upper extremity strength, range of motion, or coordination
- Member able to participate in training
- Physical layout and surfaces of, and obstacles in, area in which scooter is to be used permit safe operation of device.
- Provider or team of experts with appropriate expertise in member's condition has evaluated member and concurs that scooter is most appropriate means for improving mobility.
- Scooter controls can be independently operated.
- Short-term functional decline is not expected (i.e., no requirement for additional support offered by powered wheelchair).
- Strength and postural stability allow safe riding in scooter.



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- Transfer into and out of scooter can be safely accomplished.
- No other uncompensated conditions that limit ability to participate in daily activities or safely operate scooter (e.g., impaired vision, cognition, or judgment)
- All components of the wheelchair assessment and fitting have been completed by the QRP (attach QRP attestation form)

**OVERVIEW:** Scooters are rechargeable battery-powered vehicles with 3 or 4 wheels, generally equipped with handlebar or tiller steering and a captain-type seat. They tend to be larger and less maneuverable than wheelchairs. Scooters may be used in the home for mobility-related activities of daily living and in the community for secondary mobility. Scooters can have rear-wheel or front-wheel drive. Three-wheeled scooters tend to be lighter with a smaller turning radius and may be easier to maneuver indoors; four-wheeled scooters are generally heavier and somewhat more stable outdoors over rougher terrain. As compared with wheelchairs (either manual or powered), scooters typically require some capacity for ambulation, offer very limited options for postural support, and are used primarily outdoors for long-distance travel.

**MANDATES:** [The Alberto N Agreement \(Section 8.1\)](#) states that all DME policies, guidelines, or provider manuals will prominently display the following statement when describing the scope of DME available to beneficiaries:

Medicaid beneficiaries under the age of 21 years are entitled to all medically necessary DME. DME is medical necessary when it is required to correct or ameliorate disabilities or physical or mental illnesses or condition. Any numerical limit on the amount of a particular item of DME can be exceeded for Medicaid beneficiaries under the age of 21 years if medically necessary. Likewise, time period for replacement of DME will not apply to Medicaid beneficiaries under the age of 21 years if the replacement is medically necessary. When prior authorization is required, the information submitted with the request must be sufficient to document the reasons why the requested DME item or quantity is medical necessary.

**CODES:**

**Important note:**

*CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.*

HCPCS Codes:	<p>K0800 - Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds</p> <p>K0801 - Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds</p> <p>K0802 - Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds</p> <p>K0806 - Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds</p> <p>K0807 - Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds</p> <p>K0808 - Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds</p> <p>K0812 - Power operated vehicle, not otherwise classified</p>
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ICD10 codes:

**CMS:**

### POLICY HISTORY:

Status	Date	Action
New	08/27/2020	New policy

### REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. The health plan will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to the health plan so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Texas Medicaid Provider Procedures Manual:  
[http://www.tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.aspx](http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx)
2. The Alberto N Agreement (Section 8.1):  
<http://www.tmhp.com/Homepage%20File%20Library/Archive/Second%20Partial%20Settlement%20Agreement.pdf>