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

Date of Origin: 08/2019 **Last Review Date: 08/28/2024** **Effective Date: 09/01/2024**

Dates Reviewed: 08/28/2019, 08/26/2020, 08/25/2021, 07/2022, 08/2023, 08/2024

Developed By: Medical Necessity Criteria Committee

I. Description

A push-rim activated power assist device (HCPCS E0986) is an option for a manual wheelchair in which sensors in specially designed wheels determine the force that is exerted by the beneficiary on the wheel. Additional propulsive and/or braking force is then provided by motors in each wheel. E0986 is all-inclusive. All components, e.g., drive wheels, batteries, chargers, controls, mounting hardware, etc., for a manual wheelchair conversion are considered as included in 1 UOS of the code.

II. Criteria: CWQI HCS-0267

A. Moda Health considers the push-rim activated power assist device for a manual wheelchair medically necessary when **ALL** of the following criteria are met:

- a. Member 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, dressing, grooming, and bathing in customary locations in the home. A mobility limitation is one that either;
  - i. Prevents the member from accomplishing an MRADL entirely, or
  - ii. Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL, or
  - iii. Prevents the member from completing an MRADL within a reasonable time frame
- b. The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker
- c. 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
  - i. 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
  - ii. An optimally configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories
- d. The member has been self-propelling in a manual wheelchair for at least one year
- e. The member has had a specialty evaluation that was performed by a licensed/certified medical professional, such as a PT or OT, or practitioner who has specific training and experience in rehabilitation wheelchair evaluations and that documents the need for the device in the member's home. The PT, OT, or practitioner may have no financial relationship with the supplier
- f. 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 beneficiary

III. Information Submitted with the Prior Authorization Request:

1. Chart notes submitted for review
2. Specialty evaluation of the patient's physical and medical condition with patient's diagnosis, abilities and limitations as they relate to the equipment needed, expected prognosis and past experience using similar equipment

IV. CPT or HCPC codes covered:

Codes	Description
E0986	Manual Wheelchair Accessory, Push Rim-Activated Power-Assist System

V. CPT or HCPC codes NOT covered:

Codes	Description

VI. Annual Review History

Review Date	Revisions	Effective Date
08/28/2019	New criteria	11/04/2019
08/26/2020	Annual Review: No changes	09/01/2020
08/25/2021	Annual Review: No changes	09/01/2021
07/27/2022	Annual Review: No changes	08/01/2022
08/23/2023	Annual Review: No changes	09/01/2023
08/28/2024	Annual Review: No changes	09/01/2024

VII. References

1. The Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) L33789 Power Mobility Devices (for services performed on or after 1/1/2019)
2. Medicare National Coverage Determinations (NCD) Manual, Chapter 1, Part 4, Section 280.3 – Mobility Assistive Equipment (MAE) (Effective May 5, 2005); https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description