Definition: Mobility Assistive Equipment (MAE)

MEDICAL POLICY NUMBER: 175

Effective Date: 7/1/2022

Last Review Date: 6/2022

Next Annual Review: 6/2023

INSTRUCTIONS FOR USE: Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

SCOPE: Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☒ **Medicaid/OHP*** ☒ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

This policy is based on the Centers for Medicare & Medicaid Services. NCD 280.3 Title: Mobility Assistive Equipment (MAE). Effective date 5/5/2005. Accessed: 5/25/2022.[1]

The Centers for Medicare and Medicaid Services (CMS) addresses numerous items that it terms "mobility assistive equipment" (MAE) and includes within that category canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters. This list is not exhaustive.

Mobility assistive equipment is reasonable and necessary for patients who have a personal mobility deficit sufficient to impair their performance of mobility-related activities of daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. Determination of the presence of a mobility deficit will be made as outlined below to provide the appropriate MAE to correct the mobility deficit.

Patients may require mobility assistance for a variety of reasons and for varying durations because the etiology of the disability maybe due to a congenital cause, injury, or disease.
Patients who depend on mobility assistive equipment are found in varied living situations.
Some may live alone and independently while others may live with a caregiver or in a custodial care facility. The patients' environment is relevant to the determination of the appropriate form of mobility assistance. For many patients a device of some sort is compensation for the mobility deficit. Many patients experience co-morbid conditions that can impact their ability to safely utilize mobility assistive equipment independently or to successfully regain independent function even with mobility assistance.

The patient, the patient's family or other caregiver, or clinician will usually initiate the discussion and consideration of mobility assistive equipment use.

Sequential consideration of the questions below provides clinical guidance for the coverage of

equipment of appropriate type and complexity to restore the patients' ability to participate in mobility-related activities of daily living. In individual cases where the patient's condition clearly and unambiguously precludes the reasonable use of a device, it is not necessary to under-take a trial of the device for that patient.

A. Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living in the home?

   A mobility limitation is one that:
   1. Prevents the patient from accomplishing the mobility-related activities of daily living entirely, or
   2. Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in mobility-related activities of daily living, or
   3. Prevents the patient from completing the mobility-related activities of daily living within a reasonable time frame.

B. Are there other conditions that limit the patient's ability to participate in mobility-related activities at home?
   1. Some examples are significant impairment of cognition or judgment and/or vision.
   2. For these patients, the provision of MAE might not enable them to participate in mobility-related activities of daily living if the comorbidity prevents effective use of the wheelchair or completion of the tasks even with MAE.

C. If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provisions of MAE will be reasonably expected to significantly improve the patient's ability to perform or obtain assistance to participate in mobility-related activities of daily living in the home?
   1. A caregiver, for example a family member, may be compensatory, if consistently available in the patient's home and willing and able to safely operate and transfer the patient to and from the wheelchair and to transport the patient using the wheelchair. The caregiver's need to use a wheelchair to assist the patient in the mobility-related activities of daily living is to be considered in this determination.
   2. If the amelioration or compensation requires the patient's compliance with treatment for example medications or therapy, substantive non-compliance, whether willing or involuntary, can be grounds for denial of MAE coverage if it results in the patient continuing to have a significant limitation. It may be determined that partial compliance results in adequate amelioration or compensation for the appropriate use of MAE.

D. Does the patient or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?
   1. Safety considerations include personal risk to the patient as well as risk to others. The determination of safety may need to occur several times during the process as the consideration focuses on a specific device.

2. A history of unsafe behavior in other venues may be considered.

E. Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?
    1. The cane or walker should be appropriately fitted to the patient for this evaluation.
    2. Assess the patient's ability to safely use a cane or walker.

F. Does the patient's typical environment support the use of wheelchairs including scooters/ power-operated vehicles (POVs)?
    1. Determine whether the patient's environment will support the use of these types of MAE.
    2. Keep in mind such factors as physical layout, surfaces, and obstacles, which may render MAE unusable in the patient's home.

G. Does the patient have sufficient upper extremity function to propel a manual wheelchair in the home to participate in mobility-related activities of daily living during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.
    1. Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.
    2. A patient with sufficient upper extremity function may qualify for a manual wheelchair. The appropriate type of manual wheelchair, i.e., light weight, etc., should be determined based on the patient's physical characteristics and anticipated intensity of use.
    3. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a manual wheelchair.
    4. Assess the patient's ability to safely use a manual wheelchair.

NOTE: If the patient is unable to self-propel a manual wheelchair and it there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.

H. Does the patient have sufficient strength and postural stability to operate a POV/Scooter?
    1. A POV is a 3- or 4-wheeled device with tiller steering and limited seat modification capabilities. The patient must be able to maintain stability and position for adequate operation.
    2. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a POV.
    3. Assess the patient's ability to safely use a POV/scooter.

I. Are the additional features provided by a power wheelchair needed to allow the patient to participate in one or more mobility-related activities of daily living?
    1. The pertinent features of a power wheelchair compared to a POV are typically control by a joystick or alternative input device, lower seat height for slide transfers, and the ability to accommodate a variety of seating needs.
    2. The type of wheelchair and options provided should be appropriate for the degree of the patient's functional impairments.

3. The patient's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.
4. Assess the patient's ability to safely use a power wheelchair

NOTE: If the patient is unable to use a power wheelchair, and it there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair is appropriate. A caregiver's inability to operate a manual wheelchair can be considered in covering a power wheelchair so that the caregiver can assist the patient.

Non-covered Indications

Patients not meeting the clinical criteria for prescribing MAE as outlined above, and as documented by the patient's physician, would not be eligible for coverage of the MAE.

POLICY CROSS REFERENCES

None

The full Company portfolio of current Medical Policies is available online and can be accessed here.

REGULATORY STATUS

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

Approval or clearance by the Food and Drug Administration (FDA) does not in itself establish medical necessity or serve as a basis for coverage. Therefore, this section is provided for informational purposes only.

REFERENCES

1. Centers for Medicare & Medicaid Services, National Coverage Determination (NCD) for Mobility Assistive Equipment (MAE) (280.3). Effective Date of this Version: 5/5/2005. https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=219. Accessed 5/24/2022.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.