

CMS Manual System

Department of Health &
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Pub 100-03 Medicare National Coverage Determinations

Center for Medicare and &
Medicaid Services

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Date: JUNE 3, 2005

CHANGE REQUEST 3791

SUBJECT: Mobility Assistive Equipment (MAE)

I. SUMMARY OF CHANGES: The CMS addresses numerous items that it has termed mobility assistive equipment (MAE) and includes within that category canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters. This list is not exhaustive. The CMS determines that MAE is reasonable and necessary for beneficiaries 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 by an algorithmic process, as outlined in the Clinical Criteria for MAE Coverage, to provide the appropriate MAE to correct the mobility deficit. This revision of section 280.3, to Pub. 100-03, is a national coverage determination (NCD) made under section 1862(a)(1)(A) of the Social Security Act. NCDs are binding on all carriers, fiscal intermediaries, quality improvement organizations, health maintenance organizations, competitive medical plans, health care prepayment plans, the Medicare Appeals Council, and administrative law judges (see 42 CFR sections 405.732, 405.860). An NCD that expands coverage is also binding on a Medicare advantage organization. In addition, an administrative law judge may not review an NCD. (See section 1869(f)(1)(A)(i) of the Social Security Act.)

NEW/REVISED MATERIAL :

EFFECTIVE DATE : May 5, 2005

IMPLEMENTATION DATE : July 05, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Table of Contents

R	1/280.1/Durable Medical Equipment Reference List (Effective May 5, 2005)
N	1/280.3/Mobility Assistive Equipment (MAE) (Effective May 5, 2005)
D	1/280.5/Safety Rollers
D	1/280.9/Power-Operated Vehicles That May be Used as Wheelchairs

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Medicare National Coverage Determinations Manual

Chapter 1, Part 4 (Sections 200 – 310.1)

Coverage Determinations

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(Rev. 37, 06-03-05)

280.1– Durable Medical Equipment Reference List (Effective May 5, 2005)

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280.1 - Durable Medical Equipment Reference List (Effective May 5, 2005)

(Rev. 37, Issued: 06-03-05; Effective: 05-05-05; Implementation: 07-05-05)

The durable medical equipment (DME) list that follows is designed to facilitate the contractor's processing of DME claims. This section is designed as a quick reference tool for determining the coverage status of certain pieces of DME and especially for those items commonly referred to by both brand and generic names. The information contained herein is applicable (where appropriate) to all DME national coverage determinations (NCDs) discussed in the DME portion of this manual. The list is organized into two columns. The first column lists alphabetically various generic categories of equipment on which NCDs have been made by the Centers for Medicare & Medicaid Services (CMS); the second column notes the coverage status.

In the case of equipment categories that have been determined by CMS to be covered under the DME benefit, the list outlines the conditions of coverage that must be met if payment is to be allowed for the rental or purchase of the DME by a particular patient, or cross-refers to another section of the manual where the applicable coverage criteria are described in more detail. With respect to equipment categories that cannot be covered as DME, the list includes a brief explanation of why the equipment is not covered. This DME list will be updated periodically to reflect any additional **NCDs** that CMS may make with regard to other categories of equipment.

When the contractor receives a claim for an item of equipment which does not appear to fall logically into any of the generic categories listed, the contractor has the authority and responsibility for deciding whether those items are covered under the DME benefit.

These decisions must be made by each contractor based on the advice of its medical consultants, taking into account:

- *The Medicare Claims Processing Manual, Chapter 20, "Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS)."*
- Whether the item has been approved for marketing by the Food and Drug Administration (FDA) and is otherwise generally considered to be safe and effective for the purpose intended; and
- Whether the item is reasonable and necessary for the individual patient.

The term DME is defined as equipment which:

- Can withstand repeated use; i.e., could normally be rented and used by successive patients;
- Is primarily and customarily used to serve a medical purpose;

- Generally is not useful to a person in the absence of illness or injury; and,
- Is appropriate for use in a patient's home.

Durable Medical Equipment Reference List

Item	Coverage
Air Cleaners	Deny--environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Air Conditioners	Deny--environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Air-Fluidized Beds ^s	(See Air-Fluidized Beds §280.8 of this manual.)
Alternating Pressure Pads, Mattresses and Lambs Wool Pads	Covered if patient has, or is highly susceptible to, decubitus ulcers and patient's physician <i>specifies that he/she</i> will be supervising <i>the</i> course of treatment.
Audible/Visible Signal/Pacemaker Monitor ^s	(See Self-Contained Pacemaker Monitor ^s .)
Augmentative Communication Device ^s	(See Speech-Generating Devices §50.1 of this manual.)
Bathtub Lifts	Deny--convenience item; not primarily medical in nature (§1861(n) of the Act).
Bathtub Seats	Deny--comfort or convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act).
Bead Bed ^s	(See §280.8 .)
Bed Baths (home type)	Deny--hygienic equipment; not primarily medical in nature (§1861(n) of the Act).
Bed Lifter ^s (bed elevator ^s)	Deny--not primarily medical in nature (§1861(n) of the Act).
Bedboards	Deny--not primarily medical in nature (§1861(n) of the Act).
Bed Pans (autoclavable hospital type)	Covered if patient is bed-confined.

Item	Coverage
Bed Side Rails	(See Hospital Beds §280.7 of this manual.)
Beds-Lounge ^s (power or manual)	Deny--not a hospital bed; comfort or convenience item; not primarily medical in nature (§1861(n) of the Act).
Beds (Oscillating)	Deny--institutional equipment; inappropriate for home use.
Bidet Toilet Seats ^s	(See Toilet Seats.)
Blood Glucose Analyzers (Reflectance Colorimeter)	Deny--unsuitable for home use (see §40.2 of this manual).
Blood Glucose Monitors ^s	Covered if patient meets certain conditions (see §40.2 of this manual).
Braille Teaching Texts	Deny--educational equipment; not primarily medical in nature (§1861(n) of the Act).
Canes	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
Carafes	Deny--convenience item; not primarily medical in nature (§1861(n) of the Act).
Catheters	Deny—non-reusable disposable supply (§1861(n) of the Act). (See Medicare Claims Processing Manual, Chapter 20, <i>DMEPOS</i>).
Commodes	Covered if patient is confined to bed or room. NOTE: The term “room-confined” means that patient’s condition is such that leaving the room is medically contraindicated. The accessibility of bathroom facilities generally would not be a factor in this determination. However, confinement of a patient to <i>a</i> home in a case where there are no toilet facilities in the home may be equated to room confinement. Moreover, payment may also be made if a patient’s medical condition confines him to a floor of <i>the</i> home and there is no bathroom located on that floor.
Communicators ^s	(See §50.1 of this manual, Speech Generating Devices.)

Item	Coverage
Continuous Passive Motion <i>Devices</i>	Continuous passive motion devices are devices covered for patients who have received a total knee replacement. To qualify for coverage, use of the device must commence within 2 days following surgery. In addition, coverage is limited to that portion of the <i>3-week</i> period following surgery during which the device is used in the patient's home. There is insufficient evidence to justify coverage for longer periods of time or for other applications.
Continuous Positive Airway Pressure (CPAP) <i>Devices</i>	(See §240.4 of this manual.)
Crutches	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see section 280.3 of this manual).</i>
Cushion Lift Power Seats	(See Seat Lifts.)
Dehumidifiers (room or central heating system type)	Deny--environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Diathermy Machines (standard pulses wave types)	Deny--inappropriate for home use (see §150.5 of this manual).
Digital Electronic Pacemaker Monitors	(See Self-Contained Pacemaker Monitors).
Disposable Sheets and Bags	Deny--nonreusable disposable supplies (§1861(n) of the Act).
Elastic Stockings	Deny--nonreusable supply; not rental-type items (§1861(n) of the Act.) (See §270.5 of this manual.)
Electric Air Cleaners	Deny--(see Air Cleaners.) (§1861(n) of the Act).
Electric Hospital Beds	(See Hospital Beds §280.7 of this manual.)
Electrical Stimulation for Wounds	Deny--inappropriate for home use. (See §270.1 of this manual.)
Electrostatic Machines	Deny--(see Air Cleaners and Air Conditioners.) (§1861(n) of the Act).
Elevators	Deny--convenience item; not primarily medical in nature (§1861(n) of the Act).

Item	Coverage
Emesis Basins	Deny--convenience item; not primarily medical in nature (§1861(n) of the Act).
Esophageal Dilator ^s	Deny--physician instrument; inappropriate for patient use.
Exercise Equipment	Deny--not primarily medical in nature (§1861(n) of the Act).
Fabric Supports	Deny—non-reusable supplies; not rental-type <i>items</i> (§1861(n) of the Act).
Face Masks (oxygen)	Covered if oxygen is covered. (See §240.2 of this manual.)
Face Masks (surgical)	Deny—non-reusable disposable items (§1861(n) of the Act).
Flowmeter ^s	(See Medical Oxygen Regulators.) (See §240.2 of this manual.)
Fluidic Breathing Assister ^s	(See Intermittent Positive Pressure Breathing Machines.)
Fomentation Device ^s	(See Heating Pads.)
Gel Flotation Pads and Mattresses	(See Alternating Pressure Pads and Mattresses.)
Grab Bars	Deny--self-help device; not primarily medical in nature (§1861(n) of the Act).
Heat and Massage Foam Cushion Pad ^s	Deny--not primarily medical in nature; personal comfort item (§1861(n) and 1862(a)(6) of the Act).
Heating and Cooling Plants	Deny--environmental control equipment not <i>primarily</i> medical in nature (§1861(n) of the Act).
Heating Pads	Covered if contractor's medical staff determines patient's medical condition is one for which the application of heat in the form of a heating pad is therapeutically effective.
Heat Lamps	Covered if contractor's medical staff determines patient's medical condition is one for which the application of heat in the form of a heat lamp is therapeutically effective.
Hospital Beds	(See §280.7 of this manual.)
Hot Packs	(See Heating Pads.)

Item	Coverage
Humidifiers (oxygen)	(See Oxygen Humidifiers.)
Humidifiers (room or central heating system types)	Deny--environmental control equipment; not medical in nature (§1861(n) of the Act).
Hydraulic Lifts	(See Patient Lifts.)
Incontinent Pads	Deny—non-reusable supply; hygienic item (§1861(n) of the Act).
Infusion Pumps	For external and implantable pumps, see §40.2 of this manual . If pump is used with an enteral or parenteral nutritional therapy system, see §180.2 of this manual for special coverage rules.
Injectors (hypodermic jet)	Deny--not covered self-administered drug supply; pressure-powered devices (§1861(s)(2)(A) of the Act) for injection of insulin.
Intermittent Positive Pressure Breathing Machines	Covered if patient's ability to breathe is severely impaired.
Iron Lungs	(See Ventilators.)
Irrigating Kits	Deny—non-reusable supply; hygienic equipment (§1861(n) of the Act).
Lambs Wool Pads	(See Alternating Pressure Pads, Mattresses, and Lambs Wool Pads.)
Leotards	Deny--(See Pressure Leotards.) (§1861(n) of the Act).
Lymphedema Pumps	Covered (See Pneumatic Compression Devices §280.6 of this manual.)
Massage Devices	Deny--personal comfort items; not primarily medical in nature (§1861(n) and 1862(a)(6) of the Act).
Mattresses	Covered only where hospital bed is medically necessary. (Separate Charge for replacement mattress should not be allowed where hospital bed with mattress is rented.) (See §280.7 of this manual.)

Item	Coverage
Medical Oxygen Regulators	Covered if patient's ability to breathe is severely impaired. (See §240.2 of this manual.)
Mobile Geriatric Chairs	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual). (See Rolling Chairs).</i>
Motorized Wheelchairs	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
Muscle Stimulators	Covered for certain conditions. (See §250.4 of this manual.)
Nebulizers	Covered if patient's ability to breathe is severely impaired.
Oscillating Beds	Deny--institutional equipment; inappropriate for home use.
Over-bed Tables	Deny--convenience item; not primarily medical in nature (§1861(n) of the Act).
Oxygen	Covered if oxygen has been prescribed for use in connection with medically necessary <i>DME</i> . (See §240.2 of this manual.)
Oxygen Humidifiers	Covered if oxygen has been prescribed for use in connection with medically necessary <i>DME</i> for purposes of moisturizing oxygen. (See §240.2 of this manual.)
Oxygen Regulators (Medical)	(See Medical Oxygen Regulators.)
Oxygen Tents	(See §240.2 of this manual.)
Paraffin Bath Units (Portable)	(See Portable Paraffin Bath Units.)
Paraffin Bath Units (Standard)	Deny--institutional equipment; <i>inappropriate for</i> home use.
Parallel Bars	Deny--support exercise equipment; primarily for institutional use; in the home setting other devices (e.g., <i>walkers</i>) satisfy patient's need.
Patient Lifts	Covered if contractor's medical staff determines patient's condition is such that periodic movement is necessary to effect improvement or to arrest/retard deterioration in condition.

Item	Coverage
Percussors	Covered for mobilizing respiratory tract secretions in patients with chronic obstructive lung disease, chronic bronchitis, or emphysema, when patient/operator of powered percussor receives appropriate training by a physician/therapist, and no one competent to administer manual therapy is available.
Portable Oxygen Systems	<ol style="list-style-type: none"> 1. Regulated <i>Covered</i> (adjustable covered under conditions specified in a flow rate). Refer all claims to medical staff for this determination. 2. Preset <i>Deny</i> (flow rate deny emergency, first-aid, or not adjustable) precautionary equipment; essentially not therapeutic in nature.
Portable Paraffin Bath Units	Covered when patient has undergone a successful trial period of paraffin therapy ordered by a physician and patient's condition is expected to be relieved by long-term use of this modality.
Portable Room Heaters	Deny--environmental control equipment; not primarily medical in nature (§1861(n) of the Act).
Portable Whirlpool Pumps	Deny--not primarily medical in nature; personal comfort items (§§1861(n) and 1862(a)(6) of the Act).
Postural Drainage Boards	Covered if patient has a chronic pulmonary condition.
Preset Portable Oxygen Units	Deny--emergency, first-aid, or precautionary equipment; essentially not therapeutic in nature.
Pressure Leotards	Deny--non-reusable supply, not rental-type item (§1861(n) of the Act).
Pulse Tachometers	Deny--not reasonable or necessary for monitoring pulse of homebound patient with/without a cardiac pacemaker.
Quad-Canes	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
Raised Toilet Seats	Deny--convenience item; hygienic equipment; not primarily medical in nature (§1861(n) of the Act).
Reflectance Colorimeters	(See Blood Glucose Analyzers.)

Item	Coverage
Respirators	(See Ventilators.)
Rolling Chairs	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual). Coverage is limited to those roll-about chairs having casters of at least 5 inches in diameter and specifically designed to meet the needs of ill, injured, or otherwise impaired individuals. Coverage is denied for the wide range of chairs with smaller casters as are found in general use in homes, offices, and institutions for many purposes not related to the care/treatment of ill/injured persons. This type is not primarily medical in nature. (§1861(n) of the Act.)</i>
Safety Rollers	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
Sauna Baths	Deny--not primarily medical in nature; personal comfort items (§§1861(n) and (1862(a)(6) of the Act).
Seat Lifts	Covered under conditions specified in §280.4 of this manual. Refer all to medical staff for this determination.
Self-Contained Pacemaker Monitor	Covered when prescribed by a physician for a patient with a cardiac pacemaker. (See §§20.8.1 and 280.2 of this manual.)
Sitz Bath	Covered if contractor's medical staff determines patient has an infection/injury of the perineal area and the item has been prescribed by the patient's physician as part of planned regimen of treatment in patient's home.
Spare Tanks of Oxygen	Deny--convenience or precautionary supply.
Speech Teaching Machines	Deny--education equipment; not primarily medical in nature (§1861(n) of the Act).
Stairway Elevators	Deny--(See Elevators.) (§1861(n) of the Act).
Standing Tables	Deny--convenience item; not primarily medical in nature (§1861(n) of the Act).
Steam Packs	These packs are covered under same conditions as heating pads. (See Heating Pads.)
Suction Machines	Covered if contractor's medical staff determines that the

Item	Coverage
	machine specified in the claim is medically required and appropriate for home use without technical/professional supervision.
Support Hose	Deny (See Fabric Supports.) (§1861(n) of the Act).
Surgical Leggings	Deny--non-reusable supply; not rental-type item (§1861(n) of the Act).
Telephone Alert Systems	Deny--these are emergency communications systems and do not serve a diagnostic/therapeutic purpose.
Toilet Seats	Deny--not medical equipment (§1861(n) of the Act).
Traction Equipment	Covered if patient has orthopedic impairment requiring traction equipment <i>that</i> prevents ambulation during period of use. (Consider covering devices usable during ambulation; e.g., cervical traction collar, under brace provision.)
Trapeze Bars	Covered if patient is bed-confined and needs a trapeze bar to sit up because of respiratory condition, to change body position for other medical reasons, or to get in/out of bed.
Treadmill Exercisers	Deny--exercise equipment; not primarily medical in nature (§1861(n) of the Act).
Ultraviolet Cabinets	Covered for selected patients with generalized intractable psoriasis. Using appropriate consultation, contractor should determine whether medical/other factors justify treatment at home rather than at alternative sites, e.g., outpatient department of a hospital.
Urinals autoclavable	Covered if patient is bed-confined (hospital type).
Vaporizers	Covered if patient has a respiratory illness.
Ventilators	Covered for treatment of neuromuscular diseases, thoracic restrictive diseases, and chronic respiratory failure consequent to chronic obstructive pulmonary disease. Includes both positive/negative pressure types. (See §240.5 of this manual.)
Walkers	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>

Item	Coverage
Water and Pressure Pads and Mattresses	(See Alternating Pressure Pads, Mattresses, and Lambs Wool Pads.)
<i>Wheelchairs (manual)</i>	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
Wheelchairs (power-operated)	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
<i>Wheelchairs (scooter/POV)</i>	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
<i>Wheelchairs (specially-sized)</i>	<i>Covered if patient meets Mobility Assistive Equipment clinical criteria (see §280.3 of this manual).</i>
Whirlpool Bath Equipment	Covered if patient is homebound and has a (standard) condition for which the whirlpool bath can be expected to provide substantial therapeutic benefit justifying its cost. Where patient is not homebound but has such a condition, payment is restricted to the cost of providing the services elsewhere; e.g., an outpatient department of a participating hospital, if that alternative is less costly. In all cases, refer claim to medical staff for determination.
Whirlpool Pumps	Deny--(See Portable Whirlpool Pumps.) (§1861(n) of the Act).
White Canes	Deny-- (See §280.2 of this manual.) (<i>Not considered Mobility Assistive Equipment</i>)

Cross-references:

Medicare Benefit Policy Manual, Chapters 13, “Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) Services,” 15, “Covered Medical and Other Health Services.”

Medicare Claims Processing Manual, Chapters 12, “Physician/Practitioner Billing,” 20, “Durable Medical Equipment, Prosthetics and Orthotics, and Supplies (DMEPOS),” 23, “Fee Schedule Administration and Coding Requirements.”

280.3 – Mobility Assistive Equipment (MAE) (Effective May 5, 2005)
(Rev. 37, Issued: 06-03-05; Effective: 05-05-05; Implementation: 07-05-05)

A. General

The Centers for Medicare & 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, however, is not exhaustive.

Medicare beneficiaries may require mobility assistance for a variety of reasons and for varying durations because the etiology of the disability may be due to a congenital cause, injury, or disease. Thus, some beneficiaries experiencing temporary disability may need mobility assistance on a short-term basis, while in contrast, those living with chronic conditions or enduring disabilities will require mobility assistance on a permanent basis.

Medicare beneficiaries who depend upon mobility assistance 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 beneficiary’s environment is relevant to the determination of the appropriate form of mobility assistance that should be employed. For many patients, a device of some sort is compensation for the mobility deficit. Many beneficiaries experience co-morbid conditions that can impact their ability to safely utilize MAE independently or to successfully regain independent function even with mobility assistance.

The functional limitation as experienced by a beneficiary depends on the beneficiary’s physical and psychological function, the availability of other support, and the beneficiary’s living environment. A few examples include muscular spasticity, cognitive deficits, the availability of a caregiver, and the physical layout, surfaces, and obstacles that exist in the beneficiary’s living environment.

B. Nationally Covered Indications

Effective May 5, 2005, CMS finds that the evidence is adequate to determine that MAE is reasonable and necessary for beneficiaries who have a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Determination of the presence of a mobility deficit will be made by an algorithmic process, Clinical Criteria for MAE Coverage, to provide the appropriate MAE to correct the mobility deficit.

Clinical Criteria for MAE Coverage

The beneficiary, the beneficiary’s family or other caregiver, or a clinician, will usually initiate the discussion and consideration of MAE use. Sequential consideration of the questions below provides clinical guidance for the coverage of equipment of appropriate

type and complexity to restore the beneficiary's ability to participate in MRADLs such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. These questions correspond to the numbered decision points on the accompanying flow chart. In individual cases where the beneficiary's condition clearly and unambiguously precludes the reasonable use of a device, it is not necessary to undertake a trial of that device for that beneficiary.

- 1. Does the beneficiary have a mobility limitation that significantly impairs his/her ability to participate in one or more MRADLs in the home? A mobility limitation is one that:*
 - a. Prevents the beneficiary from accomplishing the MRADLs entirely, or,*
 - b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to participate in MRADLs, or,*
 - c. Prevents the beneficiary from completing the MRADLs within a reasonable time frame.*
- 2. Are there other conditions that limit the beneficiary's ability to participate in MRADLs at home?*
 - a. Some examples are significant impairment of cognition or judgment and/or vision.*
 - b. For these beneficiaries, the provision of MAE might not enable them to participate in MRADLs if the comorbidity prevents effective use of the wheelchair or reasonable completion of the tasks even with MAE.*
- 3. If these other limitations exist, can they be ameliorated or compensated sufficiently such that the additional provision of MAE will be reasonably expected to significantly improve the beneficiary's ability to perform or obtain assistance to participate in MRADLs in the home?*
 - a. A caregiver, for example a family member, may be compensatory, if consistently available in the beneficiary's home and willing and able to safely operate and transfer the beneficiary to and from the wheelchair and to transport the beneficiary using the wheelchair. The caregiver's need to use a wheelchair to assist the beneficiary in the MRADLs is to be considered in this determination.*
 - b. If the amelioration or compensation requires the beneficiary'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 beneficiary 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.*

4. *Does the beneficiary or caregiver demonstrate the capability and the willingness to consistently operate the MAE safely?*
 - a. *Safety considerations include personal risk to the beneficiary 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.*
 - b. *A history of unsafe behavior in other venues may be considered.*
5. *Can the functional mobility deficit be sufficiently resolved by the prescription of a cane or walker?*
 - a. *The cane or walker should be appropriately fitted to the beneficiary for this evaluation.*
 - b. *Assess the beneficiary's ability to safely use a cane or walker.*
6. *Does the beneficiary's typical environment support the use of wheelchairs including scooters/power-operated vehicles (POVs)?*
 - a. *Determine whether the beneficiary's environment will support the use of these types of MAE.*
 - b. *Keep in mind such factors as physical layout, surfaces, and obstacles, which may render MAE unusable in the beneficiary's home.*
7. *Does the beneficiary have sufficient upper extremity function to propel a manual wheelchair in the home to participate in MRADLs during a typical day? The manual wheelchair should be optimally configured (seating options, wheelbase, device weight, and other appropriate accessories) for this determination.*
 - a. *Limitations of strength, endurance, range of motion, coordination, and absence or deformity in one or both upper extremities are relevant.*
 - b. *A beneficiary 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 beneficiary's physical characteristics and anticipated intensity of use.*
 - c. *The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a manual wheelchair.*
 - d. *Assess the beneficiary's ability to safely use a manual wheelchair.*

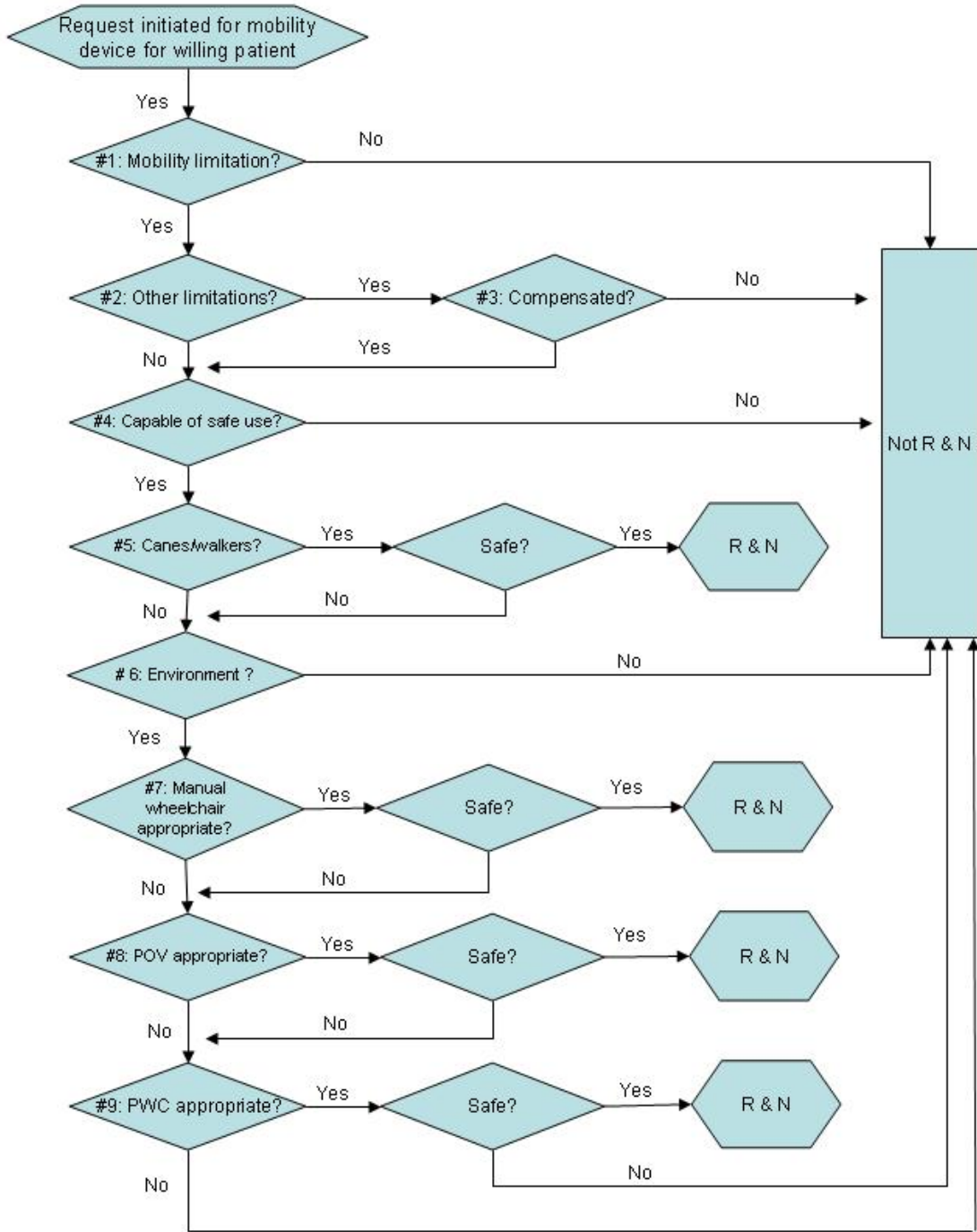
NOTE: *If the beneficiary is unable to self-propel a manual wheelchair, and if there is a caregiver who is available, willing, and able to provide assistance, a manual wheelchair may be appropriate.*

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

9. *Are the additional features provided by a power wheelchair needed to allow the beneficiary to participate in one or more MRADLs?*
 - a. *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.*
 - b. *The type of wheelchair and options provided should be appropriate for the degree of the beneficiary's functional impairments.*
 - c. *The beneficiary's home should provide adequate access, maneuvering space and surfaces for the operation of a power wheelchair.*
 - d. *Assess the beneficiary's ability to safely use a power wheelchair.*

NOTE: *If the beneficiary is unable to use a power wheelchair, and if 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 beneficiary.*

Clinical Criteria for MAE Coverage



C. *Nationally Non-Covered Indications*

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

D. *Other*

All other durable medical equipment (DME) not meeting the definition of MAE as described in this instruction will continue to be covered, or noncovered, as is currently described in the NCD Manual, in Section 280, Medical and Surgical Supplies. Also, all other sections not altered here and the corresponding policies regarding MAEs which have not been discussed here remain unchanged.

(This NCD last reviewed May 2005).

Cross-references: section 280.1 of the NCD Manual.