Mobility Related Device Purchase
DME-010

Iowa Medicaid Program	Prior Authorization, Claims Pre-pay	**Effective Date**	07/10/2006
Revision Number	6	**Last Reviewed**	01/17/2025
Reviewed By	Medicaid Medical Director	**Next Review**	01/16/2026
Approved By	Medicaid Clinical Advisory Committee	**Approved Date**	11/22/2017

Criteria

Mobility-related device purchase may be approved if **ALL** the following are documented (as applicable):

1. For members 22 years of age and older, Medicare's criteria for mobility devices is followed. The Medicare website is updated on a regular basis and should be reviewed; **AND**
2. If the member is 3 through 21 years of age, an individualized education program (IEP) from the member's school must be requested, if applicable.
   a. Federal regulations require that schools address the special needs for supplementary aids and services to enable member with disabilities to participate with their non-disabled peers to the maximum extent possible in the academic environment as well as in extracurricular services and activities.
   b. The child's IEP must identify the special services, adaptive technology, and equipment necessary to meet those needs. Medicaid may be used as a resource for funding special services and equipment.
   c. Medicaid, therefore, considers a child's academic environment in determining the need for medical items, but not to the exclusion of the above general requirements; **AND**
3. Canes, crutches, walkers, manual wheelchairs, and power wheelchairs are all mobility devices in that all serve the same function of enabling a person to be mobile. Duplicate forms of mobility devices are not covered. For example, manual wheelchairs are a duplicate item for persons who can ambulate with a cane, crutches, or walker. A power wheelchair is a duplicate item for someone who can use a manual wheelchair; **AND**
4. Repair: If a mobility device is a replacement, the cost of repairs to the existing device must exceed 2/3 the cost of new device for a new device

to be covered. Reimbursements are based on Medicaid's reimbursements of allowed charges, not the submitted charges. If the member is going from a manual wheelchair to a power wheelchair **OR** an accessory is medically needed that cannot be added to current wheelchair, then 2/3 of the repair costs comparison is not required; **AND**

5. A wheelchair or power operated vehicle might be approved on a rental basis due to the member's prognosis or diagnosis based on individual review.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS/CPT code is inappropriate.

HCPCS	Description
K0005	Ultralightweight wheelchair.
K0008	Custom manual wheelchair/base.
E1161	Manual adult size wheelchair, includes tilt in space.
E1230	Power operated vehicle (3- or 4-wheel nonhighway) specify brand name and model #.
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system.
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system.
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system.
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system.
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system.
K0813-K0886	Power mobility devices.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical

coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Medicare's Criteria for Manual Wheelchairs
https://www.noridianmedicare.com/dme/coverage/docs/lcds/current_lcds/manual_wheelchair_bases.pdf.

Medicare's Criteria for Power Wheelchairs/Power Operated Vehicle/Scooters
https://www.noridianmedicare.com/dme/coverage/docs/lcds/current_lcds/power_mobility_devices.pdf.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			

Change Date	Changed By	Description of Change	Version
01/17/2025	CAC	Annual review. Coding section updated.	6
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
01/19/2024	CAC	Annual review.	5
Signature William (Bill) Jagiello, DO			
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01/20/2023	CAC	Annual review.	4
Signature William (Bill) Jagiello, DO			
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01/21/2022	CAC	Annual review.	3
Signature William (Bill) Jagiello, DO			
Change Date	**Changed By**	**Description of Change**	**Version**
10/16/2020	CAC	Annual review.	2

Criteria Change History

Signature
William (Bill) Jagiello, DO 

Change Date	Changed By	Description of Change	Version
10/17/2014	Medical Director	Grammar and formatting changes.	1

Signature

CAC = Medicaid Clinical Advisory Committee