Introduction

A power operated vehicle, also called a mobility scooter or scooter, can run either on batteries or electronically. There are many different types of scooters based on use. They may be made for use in the home, outdoors, when traveling, indoors and outdoors, and for shopping or other activities. Scooters may be used by people who have problems with movement and may be helpful to those who have a hard time using a manual wheelchair due to lack of strength or flexibility. To use a scooter, the user must be able to sit upright without support and be able to control the steering. This policy outlines when scooters may be covered.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Medical Necessity</th>
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</table>
| Power operated vehicles (POVs) for home use | Power operated vehicles (POVs) also known as scooters may be considered medically necessary durable medical equipment for home use when ALL of the following criteria are met:  
- There must be documentation that the patient has a physical/functional deficit in mobility that impairs their ability to do mobility-related activities of daily living such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home  
  AND  
- There must be documentation of the health condition that makes the POV medically necessary  
  AND  
- There must be documentation that the patient’s upper extremity strength is inadequate to self-propel a manual wheelchair or the patient’s medical condition does not allow the patient to self-propel a manual wheelchair  
  AND  
- There must be documentation that the patient is capable of ALL of the following:  
  - Safe and independent operation of the controls of a POV  
  - Able to safely transfer to/from a POV, with or without someone’s help  
  - Able to self-support an upright position when using the POV |
| Power operated vehicles (POVs) | A power operated vehicle (POV) may be considered not medically necessary for any of the following:  
- If the patient is able to safely ambulate with a cane or a walker a distance that would allow access to all necessary rooms in their home and allow them to perform their activities of daily living  
  OR  
- If the POV is only for use outside the home  
  OR  
- When a POV exceeds the basic mobility requirements for the patient’s condition |
<table>
<thead>
<tr>
<th>Topic</th>
<th>Medical Necessity</th>
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<tbody>
<tr>
<td>OR</td>
<td>- When a POV is only used when the primary mobility device (eg manual/power wheelchair) requires repair</td>
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<tr>
<td>OR</td>
<td>- When the patient already has a manual or power wheelchair</td>
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<td>OR</td>
<td>- When used for convenience</td>
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<td>OR</td>
<td>- When used solely for recreational/leisure activities</td>
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<td>OR</td>
<td>- When the patient is unable to safely operate the POV independently</td>
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<tr>
<td>OR</td>
<td>- When the POV is purchased without a clinical evaluation and without a health care provider’s prescription</td>
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**Options / accessories**

Options/accessories are considered not medically necessary when they are used primarily for convenience or to assist the patient with leisure or recreational activities.

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**Clinical Evaluation**

Patients should have a face-to-face clinical evaluation with a physician, physical therapist, or other rehabilitation professional about whether a powered wheelchair or power operated vehicle (scooter) is most appropriate to meet their mobility needs.

**Documentation Requirements**

**Documentation from the clinical evaluation should include the following:**

- Details of the patient’s functional impairment related to completing mobility-related activities of daily living (ADLs) without the POV

**AND**

- The patient’s medical condition that requires a POV device for long term use (ie, 6-12 months or more)

**AND**

- The patient’s physical and cognitive ability to safely operate the POV
Documentation Requirements

- What assistive devices (eg, canes, walkers, manual wheelchairs) the patient has trialed and found inadequate/unsafe or contraindicated to completely meet their functional mobility needs

AND

- Findings from a home visit assessment detailing the accessibility of the patient's living environment for using a POV

AND

- An order/prescription from the physician/health care provider responsible for the patient's care that states the therapeutic purpose of the POV

Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCPCS</td>
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<tr>
<td>E1230</td>
<td>Power operated vehicle (three or four wheeled non-highway)</td>
</tr>
<tr>
<td>K0800</td>
<td>Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds</td>
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<tr>
<td>K0801</td>
<td>Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0802</td>
<td>Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds</td>
</tr>
<tr>
<td>K0806</td>
<td>Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds</td>
</tr>
<tr>
<td>K0807</td>
<td>Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds</td>
</tr>
<tr>
<td>K0808</td>
<td>Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds</td>
</tr>
<tr>
<td>K0812</td>
<td>Power operated vehicle; not otherwise classified</td>
</tr>
<tr>
<td>K0899</td>
<td>Power mobility device, not coded by DME PDAC or does not meet criteria</td>
</tr>
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</table>

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Definition of Terms

**Accessory items:** Accessory items are not covered. Car/van lifts and vehicle ramps are considered accessory items and are not covered.

**Convenience items:** Durable medical equipment that serves no medical purpose or that is primarily for comfort or convenience is excluded under most health plan benefits.

**Durable Medical Equipment (DME):** DME consists of items that are:

- Primarily and normally used to serve a medical purpose;
- Not useful to a person without an illness or injury;
- Ordered or prescribed by a physician;
- Reusable
- Long-lasting and can stand repeated use
- Appropriate for and primarily used in the home setting
- Not implantable in the body

**Mobility Limitation:** A mobility limitation is one that:

- Prevents the patient from accomplishing a mobility related activities of daily living entirely

OR

- Places the patient at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform a mobility related activity of daily living

OR

- Prevents the patient from completing a mobility related activity of daily living within a reasonable time frame.

**Residential/Home Modifications:** Environmental modifications to allow using the POV in the home are not covered. Indoor/outdoor ramps, stair lifts and elevators may require home modification and are not covered (see Related Policies).
**Vehicle Ramp/Lift:** Van lifts (used to lift a wheelchair/scooter into a truck or van), wheelchair lifts, wheelchair/scooter racks, vehicle ramps and other vehicle modifications or additions are excluded from coverage because they do not meet the definition of medical equipment. These devices facilitate transportation and do not serve a primarily medical purpose.

**Coverage Considerations**

Medical necessity is determined by the patient’s current condition and not by probable deterioration in the future. There are varying degrees of medical conditions and these medical conditions may be contributing factors to the mobility limitation. Benefit coverage determination for a power operated vehicle (POV) is based solely on the patient’s mobility needs within the home.

Benefits are paid for no more than one electric mobility device (electric wheelchair or power operated vehicle) at a time. A backup POV that is not the primary electric mobility device used to meet the member’s functional needs is subject to the limits and conditions of the member benefit plan and may not be covered (see **Scope**).

Member benefits may vary by plan. Member benefit language should be reviewed before applying the terms of this medical policy.

A pre-service review can be requested by calling the customer service number on the back of the member’s ID card.

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**Evidence Review**

**Background**

Power Operated Vehicles (POVs) also called electric scooters or mobility scooters are three or four wheel motorized mobility devices driven by a rechargeable battery pack. POVs are for patients with a health condition that impairs ambulation in the home and may be an alternative to a power wheelchair.

The POV can be either front-wheel or rear-wheel drive. The unit consists of a seat that may swivel to allow easy transfer to/from the vehicle, a flat area for the feet and handlebars or a tiller that turns the steerable wheels. Movement forward/backward and braking may be controlled by
various controls such as switches, finger controls or thumb paddles. The battery pack is usually at the back of the vehicle with either an onboard changing unit (most common) or a separate battery charger. Recharging is accomplished by plugging the battery pack in to a standard electric power outlet for a specified length of time.

**Medicare National Coverage**


**References**


**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td>02/10/14</td>
<td>New policy added to the durable medical equipment category. Power operated vehicles may be considered medically necessary DME for home use when mobility impairment criteria are met.</td>
</tr>
<tr>
<td>05/02/14</td>
<td>Update Related Policies. Add 1.01.529.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
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<td>------------</td>
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<tr>
<td>02/25/15</td>
<td>Annual Review. No change in policy statement.</td>
</tr>
<tr>
<td>01/12/16</td>
<td>Annual Review. No change in policy statement.</td>
</tr>
<tr>
<td>02/01/17</td>
<td>Annual Review, approved January 10, 2017. No change in policy statement. Policy moved to new format.</td>
</tr>
<tr>
<td>04/14/17</td>
<td>Coding update; added HCPCS code K0899. Minor formatting update.</td>
</tr>
<tr>
<td>02/01/18</td>
<td>Annual Review, approved January 9, 2018. No change in policy statement.</td>
</tr>
<tr>
<td>02/01/19</td>
<td>Annual Review, approved January 22, 2019. References updated. No change to guideline statement.</td>
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**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2019 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
- Civil Rights Coordinator - Complaints and Appeals
  PO Box 91102,Seattle, WA 98111
  Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
  Email AppealsDepartmentInquiries@Premera.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
- U.S. Department of Health and Human Services
  200 Independence Avenue SW, Room S09F, HHH Building
  Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You must take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.

Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):
يجب أن تكون هذه المعلومات متاحة باللغة التي تتحدث بها عائلتك. لاحظ أن هناك بعض المعلومات قد تكون متوفرة باللغة العربية.

Chinese (Chinese):
本通知有重要的讯息。本通知可能会有您透过 Premera Blue Cross 提交的申请或保险的重要讯息。本通知可能会有重要日期。您可能需要在截止日期之前採取行动。以保留您的健康保险或费用补贴。您有权免费以您的母语得到本讯息和帮助。请拨电话 800-722-1471 (TTY: 800-842-5357).

Oromo (Cushite):

French (French):
Appelez le 800-722-1471 (TTY: 800-842-5357).

German (Deutsch):

Iloko (Ilocano):
Iloko (Ilocano):

Italian (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente.
Chiama 800-722-1471 (TTY: 800-842-5357).
руский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами.

Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Telephone number: 800-722-1471 (TTY: 800-842-5357).

En español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Pagawa na ito ay naglalaman ng maahalang impormasyon. Ang pagawa na ito ay nagagamit para sa purpose ng impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring maaring maahalang ang paksa o pagbabago ng paksa sa halimbawa ng malalaking impormasyon.

800-722-1471 (TTY: 800-842-5357).

ภาษาไทย (Thai):
ประกาศประมาทชีวิตชีวิตสุขภาพที่มีความช่วยเหลือในการรักษาการดูแลสุขภาพของคุณและคุณจะต้องดูแลคุณชีวภาพในกรณีที่เกิดขึ้นในวันที่มีการรับรองการช่วยเหลือในกรณีที่มีการรับรองการช่วยเหลือที่มีคุณภาพ

โทร 800-722-1471 (TTY: 800-842-5357).

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб забезпечити Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Ваший рідний мові. Дозвоніться на номер телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):