



2009

**ELECTRIC, POWER OR MOTORIZED WHEELCHAIR/POV OR
SCOOTER CRITERIA (MEDICARE)**

The rental or purchase of one electric, power or motorized wheelchair either initially or to replace a manual wheelchair, must be ordered by one the following specialists: Physical Medicine; Orthopedic Surgery; Neurology; or Rheumatology ***AND*** is medically necessary when the patient meets the coverage criteria for a manual wheelchair and ***ALL*** of the following are met:

- The patient cannot achieve energy efficient mobility in a manual wheelchair because of upper extremity unavailability, imbalance, spasticity or weakness related to a neurological or muscular disease/condition; ***AND***
- The patient requires partial or total assistance in transfer to wheelchair; ***AND***
- A powered wheelchair is the only functional mode of mobility; ***AND***
- The patient's functional independence level for skills depends solely on the need for a powered vehicle of transportation; ***AND***
- The patient has access to control sites and has adequate motor coordination, grasping abilities, strength, endurance and cognitive ability necessary for powered mobility on their own; ***AND***
- The patient is physically able to safely operate the electric or motorized wheelchair or POV.