

	<p><b>Wheelchairs Guidelines</b></p>	
<p><b>Guideline #</b> 6206</p>	<p><b>Categories</b> Clinical → Care Coordination, Care Coordination – Utilization management , TCHP Guidelines</p>	<p><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all wheelchairs and associated accessories.

**DEFINITIONS:**

**Wheelchair:** a non-customized chair mounted on four wheels that incorporates a non-adjustable frame, a sling or solid back and seat, and arm rests.

**Stroller:** a multi-positional client transfer system with integrated seat operated by a caregiver.

**Wheeled Mobility System:** a manual or powered wheelchair or scooter that is a customized mobility device or a feature or component of the mobility device, including, but not limited to, the following:

- Seated positioning components
- Manual seating options
- Adjustable frame
- Other complex or specialized components

**Scooter:** a professionally manufactured three or four wheeled motorized base operated by a tiller with a basic seating system (not customized seating) for member who have little or no positioning needs.

**PRIOR AUTHORIZATION GUIDELINE**

1. All requests for prior authorization for wheelchairs and accessories are received via fax, mail, and electronically by the Utilization Management Department and processed during normal business hours.

2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the wheelchair request as an eligible service.
  
3. Required documentation for wheelchairs and accessories:
  - Physician's description of impaired mobility and physical requirements
  - That mobility status would be compromised without the equipment
  - Reason (medical condition) for inability to ambulate a minimum of 10 feet (including, but not limited to, AIDS, sickle cell anemia, fractures, a chronic diagnosis, or chemotherapy)
    - If able to ambulate further than 10 feet, why a wheelchair is required to meet the client's needs
  - Completed Wheelchair/Scooter/Stroller Seating Assessment Form with seating measurements
  - Assessment of the accessibility of the member's residence
  - The growth potential the wheelchair will be able to accommodate
  
4. A standard, heavy duty or lightweight manual wheelchair is considered medically necessary when:
  - A Wheelchair/Scooter/Stroller seating Assessment Form completed by physician, physical therapist, or occupational therapist indicates
    - lack of functional mobility to safely and efficiently move about to complete activities of daily living (ADLs) in the home setting and
    - all seating/fitting measurements; **AND**
  - Other assistive devices (canes, walkers) are insufficient or unsafe to completely meet functional mobility needs; **AND**
  - Member's living environment supports the use of a manual wheelchair; **AND**
  - Member willing and able to consistently operate the manual wheelchair safely or a caretaker has been trained and is willing and able to assist with or operate the manual wheelchair when the individual's condition precludes self-operation of the manual wheelchair; **AND**
  - Impaired mobility and unable to ambulate more than 10 feet, **AND**
  - The type of manual wheelchair ordered is based upon physical/functional assessment and body size:
    - Standard wheelchairs: when canes, walkers etc. are not sufficient to meet mobility needs;
    - Lightweight wheelchairs: when the member cannot consistently self-propel in a standard wheelchair;

- Heavy duty wheelchairs: when the member's body size cannot be accommodated in a standard wheelchair.
  - Standard Reclining: including but not limited to, when the member develops fatigue with long periods of sitting upright, has increased risk of pressure sores, circulatory or respiratory problems, or quadriplegia
5. An ultra-lightweight manual wheelchair is considered medically necessary when all of the following are met:
- Criteria for a lightweight chair as described in Section 3
  - A severe medical condition that prevents self-propulsion in a standard or lightweight manual wheelchair; **AND**
  - Ability to self-propel and will have independent mobility with the use of an optimally configured chair; **AND**
  - Prescribed based upon physical/functional assessment and body size; **AND**
  - Use required for a significant portion of their day to complete mobility related activity of daily living (MRADLs); **AND**
  - Use in the community to complete MRADLs
  - **OR** The member, able or unable to self-propel, requires a seating system not available on a standard or lightweight wheelchair and needs adjustable seat or back, adjustable center of gravity, or independently adjustable front/rear seat to floor dimensions.
6. Custom manual wheeled mobility systems are considered medically necessary when
- The member meets criteria for a manual wheelchair
  - The member has a condition that requires specialized, custom seating
  - The member cannot safely use a standard manual wheelchair
  - The member will use the mobility system for a significant portion of their day to complete MRADLs
  - The member will use the mobility system in the community to complete MRADLs
7. Powered Mobility Systems or Devices, with or without power seating systems or power mobility, (PMD) are considered medically necessary when all of the following are met:
- The member meets the criteria for a custom manual wheelchair; **AND**
  - Member is unable to operate a manual wheeled mobility device; **AND**
  - Other assistive devices (canes, walkers, manual wheelchairs) are insufficient or unsafe to completely meet functional mobility needs; **AND**

- Member's living environment must support the use of a powered/motorized wheelchair or PMD; **AND**
  - Member willing and able to consistently operate the powered/motorized wheelchair or PMD safely and effectively. The member must be able to operate a PMD independently; **AND**
  - The evaluating therapist must provide written documentation that the member is physically and cognitively capable of managing a PMD; **AND**
  - Medical condition requires a powered/motorized wheelchair or PMD device for long-term use of at least 6 months; **AND**
  - Ordered by the physician responsible for the individual's care.
8. Options or accessories for mobility devices are considered medically necessary when the following criteria are met:
- Wheelchair itself is considered medically necessary;
  - Necessity for travel in a vehicle, function in the home and perform ADLs
  - Power Elevating Leg Lifts, Power Seat Elevation, and Seat Lift Mechanisms meet TMPPM criteria
- 8.1 Power standers are not a covered benefit of Texas Medicaid Home Health Services
- 9.. Non-standard components may be considered for prior authorization with documentation of medical necessity including but not limited to:
- Flat-free inserts
  - Foam filled propulsion or caster tires
  - Pneumatic propulsion or caster tires
  - Non-standard hand rims (ergonomic and contoured)
  - Non-standard length footrests
  - Custom footrests
  - Elevating footrests
  - Angle adjustable footplates
  - Adjustable height fixed armrests
  - Adjustable height detachable armrests
  - Custom size arm pads
  - Gel arm pads
  - Arm troughs

- Elevating leg rests
- Seat backs and seat cushions

10. Tilt-in-space (the back and seat tilt maintain the physical angles at the hips, knees, and ankles) medically necessary when:

- Member wheelchair confined and cannot reposition self or has spasticity, range of motion limitations that prohibit a reclining system; **AND**
- Feature required to medically manage pressure relief/spasticity/tone; **OR**
- Needed to rest in a recumbent position two or more times per day and unable to independently transfer

11. Hemi-height wheelchairs (can be converted from standard to hemi-height positions for the use of one or both feet to self-propel the manual wheelchair) are medically necessary when:

- Member requires a low seat to floor height
- Member uses one or both feet to self-propel wheelchair due to weakness or dysfunction of at least one upper extremity

12. Semi or fully reclining back option is considered for one or more indication:

- Fatigue with longer periods of sitting upright
- Increased risk of pressure sores with prolonged upright position
- Assistance with respirations in a reclining position
- Mobility related activities of daily living (MRADLs) in a reclining position
- Improve venous return from lower extremity in a reclining position
- Severe spasticity
- Excess extensor tone of the trunk muscles
- Quadriplegia
- Fixed hip angle
- Rest in a reclining position two or more times per day
- Inability or great difficulty transferring from wheelchair to bed
- Trunk or lower extremity casts or braces that require the reclining feature for positioning

13. Alternative wheelchair rental or purchase may be considered on a case-by-case basis when medically necessary for:
- A manual wheelchair for a member who owns or is requesting a power wheeled mobility system with no custom features.
  - A manual wheelchair or a manual wheeled mobility system for a member who owns or is requesting a power wheeled mobility system with custom features.
14. Medical strollers do not have the capacity to accommodate the member's growth but may be considered for approval when a completed Wheelchair/Stroller Seating Assessment Form indicates all of the following:
- Reason member is unable to ambulate a minimum of 10 feet or if the member ambulates further, why a stroller is required to meet the member's needs.
  - Weight of 30 pounds or more
  - Member does not already own another seating system, including, but not limited to, a standard or custom wheelchair.
  - Stroller must have a firm back and seat, or insert
  - Member is expected to be ambulatory within one year of the request date or is not expected to need a wheelchair within two years of the request date.
  - If three years of age or older, documentation indicates stroller provides adequate support for the condition, stature, weight, and positioning needs
15. Scooters are considered for rental or 3 month trial rental prior to purchase with evidence of:
- Good head, trunk, arm, and hand control
  - No indication of a progressive neuromuscular disease
  - A home assessment showing that the scooter is usable at home
  - Physical and cognitive ability to use the equipment responsibly and safely
  - Capability to care for the scooter and knowledge of operation
16. Purchase of a wheelchair is a covered benefit every 5 years. The following growth potential must be documented:
- 12 years of age and younger: The wheelchair frame must allow for at least a 3 inches growth potential in both width and depth.
  - 13 through 17 years of age: The wheelchair frame must allow for at least a 2 inches growth potential in both width and depth.

- 18 years of age and older: The wheelchair frame must allow for at least a 1 inch growth potential in depth and 2 inches in width.

16.1 Equipment replacement of mobility aids is a benefit within 5 years when one of the following occurs:

- There has been a significant change in the member's condition and the current equipment no longer meets their needs
- The equipment is no longer functional and cannot be repaired or is not cost effective to repair
- Loss or irreparable damage has occurred

17. Wheelchair repair requests are considered for approval based on criteria listed in the most current Texas Medicaid Provider Procedures Manual.

18. Wheelchairs for members under the age of 21 who have a medical need for services beyond the limits of this guideline are considered with Medical Director Review.

19. Requests that do not meet medical necessity criteria per the guideline will be referred to a TCHP Medical Director/Physician Reviewer for review.

20. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

## **REFERENCES:**

### **Government Agency, Medical Society, and Other Publications:**

Texas Medicaid Provider Procedures Manual, Accessed March 1, 2024

<https://www.tmhp.com/resources/provider-manuals/tmppm>

National Institute on Disability and Rehabilitation Research (NIDRR). Available at:

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Salminen AL, Brandt A, Samuelsson K, et al. Mobility devices to promote activity and participation: a systematic review. *J Rehabil Med.* 2009; 41(9):697-706.

Souza A, Kelleher A, Cooper R, et al. Multiple sclerosis and mobility-related assistive technology: systematic review of literature. *J Rehabil Res Dev.* 2010; 47(3):213-223.

Bray N, Noyes J, Edwards RT, Harris N. Wheelchair interventions, services and provision for disabled children: a mixed-method systematic review and conceptual framework. *BMC Health Serv Res.* 2014;14:309.

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