

	<p>Wheelchairs Guidelines</p>	
<p>Guideline # 6206</p>	<p>Categories Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p> <hr/> <p>Document Owner Bhavana Babber</p>

GUIDELINE STATEMENT:

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

DEFINITIONS:

A wheelchair is a non-customized chair mounted on four wheels that incorporates a non-adjustable frame, a sling or solid back and seat, and arm rests.

GUIDELINE

1. All requests for prior authorization for wheelchairs and accessories are received via online submission, fax, phone or mail 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. To request prior authorization for wheelchairs and accessories, the following documentation must be provided:
 - 3.1. Documentation by a physician familiar with the member including information on the client's impaired mobility and physical requirements that supports the medical necessity of the requested wheelchair
 - 3.1.1. Why the member is unable to ambulate a minimum of 10 feet due to their condition (including, but not limited to, AIDS, sickle cell anemia, fractures, a chronic diagnosis, or chemotherapy)
 - 3.1.2. If the member is able to ambulate further than 10 feet, why a wheelchair is required to meet the client's needs

- 3.2. An assessment of the accessibility of the member's residence to ensure that the wheelchair is usable in the home
 - 3.3. Documentation of the growth potential the requested wheelchair will be able to accommodate.
4. A standard, heavy duty or lightweight manual wheelchair is considered medically necessary when all of the following are met:
 - 4.1. An assessment (for example, by physician, physical therapist, or occupational therapist) shows that the individual lacks the functional mobility to safely and efficiently move about to complete activities of daily living (ADLs) in the home setting; **AND**
 - 4.2. Other assistive devices (for example, canes, walkers) are insufficient or unsafe to completely meet functional mobility needs; **AND**
 - 4.3. The member's living environment must support the use of a manual wheelchair; **AND**
 - 4.4. The member is 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
 - 4.5. The member has impaired mobility and is unable to ambulate more than 10 feet, **AND**
 - 4.6. The member is not expected to need powered mobility within the next 5-year period, **AND**
 - 4.7. The type of manual wheelchair ordered is based upon the individual's physical/functional assessment and body size. Criteria for these types of wheelchairs are as following:
 - 4.7.1. Standard wheelchairs, when canes, walkers etc. are not sufficient to meet mobility needs;
 - 4.7.2. Lightweight wheelchairs, when the member cannot consistently self-propel in a standard wheelchair;
 - 4.7.3. Heavy duty wheelchairs, when the member's body size cannot be accommodated in a standard wheelchair.
 5. An ultra-lightweight manual wheelchair is considered medically necessary when all of the following are met:
 - 5.1. An assessment (for example, by physician, physical therapist, or occupational therapist) shows that the individual lacks the functional mobility to safely and efficiently move about to complete activities of daily living (ADLs) in the home setting; and
 - 5.2. The member has a severe medical condition that prevents self-propulsion in a standard or lightweight manual wheelchair; and

- 5.3. The member's living environment must support the use of an ultra-lightweight manual wheelchair; and
 - 5.4. The member is able to self-propel, will have independent mobility with the use of an optimally configured chair; and
 - 5.5. The ultra-lightweight type of manual wheelchair prescribed is based upon the member's physical/functional assessment and body size.
 - 5.6. The member uses the wheelchair for a significant portion of their day to complete ADLs.
 - 5.7. The member uses the wheelchair in the community to complete ADLs.
6. Powered/motorized wheelchairs, with or without power seating systems or power mobility device (PMD's) are considered medically necessary when all of the following are met:
- 6.1. An assessment (for example, by physician, physical therapist, occupational therapist) shows that the individual lacks the functional mobility to safely and efficiently move about to complete activities of daily living (ADLs); **AND**
 - 6.2. Other assistive devices (for example, canes, walkers, manual wheelchairs) are insufficient or unsafe to completely meet functional mobility needs; **AND**
 - 6.3. The individual's living environment must support the use of a powered/motorized wheelchair or PMD; **AND**
 - 6.4. The individual is willing and able to consistently operate the powered/motorized wheelchair or PMD safely and effectively; **AND**
 - 6.5. The individual is unable to operate a manual wheeled mobility device; and
 - 6.6. The individual's medical condition requires a powered/motorized wheelchair or PMD device for long-term use of at least 6 months; **AND**
 - 6.7. The powered/motorized wheelchair or PMD is ordered by the physician responsible for the individual's care.
 - 6.8. In addition to the criteria for a powered/motorized wheelchair or PMD listed above, the following specialized types of powered/motorized wheelchairs are considered medically necessary:
 - 6.8.1. A custom powered wheelchair, substantially modified for an individual's unique needs when the feature(s) needed is/are not available on an already manufactured device; or
 - 6.8.2. Motorized wheelchairs for children two years of age or older with severe motor disability when:
 - 6.8.2.1. The child's condition requires a wheelchair and the child is unable to operate a manual wheelchair; **AND**
 - 6.8.2.2. The child has demonstrated the ability to safely and effectively operate a motorized wheelchair

7. Options or accessories are considered medically necessary for wheeled mobility when both of the following general and specific criteria below are met:

7.1. The following *general* criteria are met:

7.1.1. The wheelchair itself is considered medically necessary; **AND**

7.1.2. The options or accessories are necessary for the member to function in the home and perform the activities of daily living.

7.1.3. Medically necessary non-standard components may be considered for prior authorization with documentation of medical necessity for the requested component. Such components include, but are not limited to, the following:

7.1.3.1. Flat-free inserts

7.1.3.2. Foam filled propulsion or caster tires

7.1.3.3. Pneumatic propulsion or caster tires

7.1.3.4. Non-standard hand rims (including ergonomic and contoured)

7.1.3.5. Non-standard length footrests

7.1.3.6. Custom footrests

7.1.3.7. Elevating footrests

7.1.3.8. Angle adjustable footplates

7.1.3.9. Adjustable height fixed armrests

7.1.3.10. Adjustable height detachable armrests

7.1.3.11. Custom size arm pads

7.1.3.12. Gel arm pads

7.1.3.13. Arm troughs

7.1.3.14. Elevating leg rests

7.1.3.15. Seat backs and seat cushions

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

7.1.4.1. Member is wheelchair confined and cannot reposition self, **AND**

7.1.4.2. Requires tilt-in-space feature to medically manage pressure relief/spasticity/tone;

7.1.5. Hemi-height (wheelchairs can be converted from standard to hemi-height positions which allows the individual to use one or both feet to self-propel the manual wheelchair):

- 7.1.5.1. individual uses one or both feet to self-propel wheelchair due to weakness or dysfunction of at least one upper extremity;
- 7.1.6. Semi or fully reclining back option:
 - 7.1.6.1. The member develops fatigue with longer periods of sitting upright.
 - 7.1.6.2. The member is at increased risk of pressure sores with prolonged upright position.
 - 7.1.6.3. The member requires assistance with respirations in a reclining position.
 - 7.1.6.4. The member needs to perform mobility related activities of daily living (MRADLs) in a reclining position.
 - 7.1.6.5. The member needs to improve venous return from lower extremity in a reclining position.
 - 7.1.6.6. The member has severe spasticity.
 - 7.1.6.7. The member has excess extensor tone of the trunk muscles.
 - 7.1.6.8. The member has quadriplegia.
 - 7.1.6.9. The member has a fixed hip angle.
 - 7.1.6.10. The member must rest in a reclining position two or more times per day.
 - 7.1.6.11. The member has the inability or has great difficulty transferring from **wheelchair** to bed.
 - 7.1.6.12. The member has trunk or lower extremity casts or braces that require the reclining feature for positioning.
8. When medically necessary, prior authorization may also be considered for the rental or purchase of an alternative wheelchair on a case-by-case basis, as follows:
 - 8.1. A manual wheelchair will be considered for a member who owns or is requesting a power wheeled mobility system with no custom features.
 - 8.2. A manual wheelchair or a manual wheeled mobility system will be considered for a member who owns or is requesting a power wheeled mobility system with custom features.
9. A medical stroller does not have the capacity to accommodate the member's growth. Strollers for medical use may be considered for prior authorization when all of the following criteria are met:
 - 9.1. The member weighs 30 pounds or more.
 - 9.2. The member does not already own another seating system, including, but not limited to, a standard or custom wheelchair.
 - 9.3. The stroller must have a firm back and seat, or insert.
 - 9.4. The 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.

- 9.5. If the member is three years of age or older, documentation must support that the member's condition, stature, weight, and positioning needs allow adequate support from a stroller.
10. Purchase of a wheelchair is a benefit every 5 years
- 10.1. For members who are 12 years of age and younger: The wheelchair frame must allow for at least a 3 inch growth potential in both width and depth.
- 10.2. For members who are 13 through 17 years of age: The wheelchair frame must allow for at least a 2 inch growth potential in both width and depth.
- 10.3. For members who are 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.
11. Requests for a transport package/system or transit option will be reviewed for medical necessity.
12. For wheelchair repair requests TCHP will follow criteria listed in the most recent Texas Medicaid Provider Procedures Manual.
13. Members under the age of 20 who have a medical need for services beyond the limits of this guideline may be considered with Medical Director Review.
14. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
15. 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 April 1, 2021
http://www.tmhp.com/manuals_pdf/tmppm/tmppm_living_manual_current/2_DME_and_Supplies.pdf
- National Institute on Disability and Rehabilitation Research (NIDRR).
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Peer Reviewed Publications:

- McLaurin CA, Axelson P. Wheelchair standards: an overview. *J Rehabil Res Dev Clin Suppl.* 1990; (2):100-103.
- 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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