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| <br>Texas Children's | <h2>Wheelchairs Guidelines</h2>  |   |
| <b>Guideline #</b><br>6206  | <b>Categories</b><br>Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM | <b>This Guideline Applies To:</b><br>Texas Children's Health Plan |
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**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 client'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 individual's living environment must support the use of a manual wheelchair; and
  - 4.4. The individual 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 individual has impaired mobility and is unable to ambulate more than 10 feet, and
  - 4.6. The individual 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 individual has a severe medical condition that prevents self-propulsion in a standard or lightweight manual wheelchair; and
  - 5.3. The individual's living environment must support the use of an ultra-lightweight manual wheelchair; and
  - 5.4. The individual is willing and able to consistently operate the ultra-lightweight manual wheelchair safely OR a caretaker has been trained and is willing and able to assist with or

operate the ultra-lightweight manual wheelchair when the individual's condition precludes self-operation of the lightweight manual wheelchair; and

- 5.5. The ultra-lightweight type of manual wheelchair prescribed is based upon the individual's physical/functional assessment and body size.
  - 5.6. Powered mobility is not anticipated within the next 5-year period.
6. Powered/motorized wheelchairs, with or without power seating systems or power operated vehicles (POVs) 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 POV; and
  - 6.4. The individual is willing and able to consistently operate the powered/motorized wheelchair or POV 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 POV device for long-term use of at least 6 months; and
  - 6.7. The powered/motorized wheelchair or POV is ordered by the physician responsible for the individual's care.
  - 6.8. In addition to the criteria for a powered/motorized wheelchair or POV 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.  
**AND**
  - 7.1.3. The *specific* criteria for the requested option/accessory are met (**Note:** The following is not an all-inclusive list):
  - 7.1.4. Adjustable arm rest option:
    - 7.1.4.1. standard arm rest interferes with individual's function (for example, difficulty with transfers); **and**
    - 7.1.4.2. the individual spends at least 2 hours per day in the wheelchair;
  - 7.1.5. Arm trough:
    - 7.1.5.1. individual has quadriplegia, hemiplegia, or uncontrolled arm movements;
  - 7.1.6. Tilt-in-space (the back and seat tilt maintain the physical angles at the hips, knees, and ankles):
    - 7.1.6.1. individual is wheelchair confined and cannot reposition self, **and**
    - 7.1.6.2. cannot operate a manual tilt, **and**
    - 7.1.6.3. requires tilt-in-space feature to medically manage pressure relief/spasticity/tone;
  - 7.1.7. 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):
    - 7.1.7.1. individual uses one or both feet to self-propel wheelchair due to weakness or dysfunction of at least one upper extremity;
  - 7.1.8. One-arm drive (allows a manual wheelchair user to self-propel in a forward motion with only one upper extremity; those who use this option generally use one or more feet at a hemi-height seat level to self-propel):
    - 7.1.8.1. individual has weakness or dysfunction of at least one upper extremity;
  - 7.1.9. Swing away hardware (used to move the component out of the way to enable the individual to transfer to a chair or bed):
    - 7.1.9.1. individual has difficulty with transfers;
  - 7.1.10. Elevating leg rests:

- 7.1.10.1. the individual has a musculoskeletal condition or the presence of a cast or brace which prevents 90-degree flexion at the knee; **or**
- 7.1.10.2. there is significant edema of the lower extremities that requires elevation of the legs;
- 7.1.11. Safety belt, pelvic strap or chest strap:
  - 7.1.11.1. the individual has weak upper body muscles, upper body instability or muscle spasticity which requires use of this item for proper positioning;
- 7.1.12. Semi or fully reclining back option:
  - 7.1.12.1. the individual spends at least two hours per day in the assistive device; **and**
  - 7.1.12.2. cannot reposition self; **and**
  - 7.1.12.3. has a medical need to rest in a recumbent position two or more times during the day; **and**
  - 7.1.12.4. transfer between wheelchair and bed is very difficult because of quadriplegia, fixed hip angle, trunk or lower extremity casts/braces or excess extensor tone of the trunk muscles;
- 7.1.13. Positioning seat cushion, positioning back cushion, or positioning accessory:
  - 7.1.13.1. the individual has significant postural asymmetries that are due to quadriplegia, paraplegia, multiple sclerosis, other demyelinating disease, cerebral palsy, anterior horn cell diseases including amyotrophic lateral sclerosis, post-polio paralysis, traumatic brain injury resulting in quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's disease, Parkinson's disease, monoplegia of the lower limb, hemiplegia due to stroke, traumatic brain injury, or other etiology, muscular dystrophy, idiopathic torsion dystonias, athetoid cerebral palsy, spinocerebellar disease, above knee leg amputation, osteogenesis imperfecta, transverse myelitis;
- 7.1.14. Skin protection seat cushion:
  - 7.1.14.1. the individual has current pressure ulcer or past history of a pressure ulcer on the area of contact with the seating surface; **or**
  - 7.1.14.2. absent or impaired sensation in the area of contact with the seating surface; **or**
  - 7.1.14.3. inability to carry out a functional weight shift that is due to quadriplegia, spina bifida, childhood cerebral degeneration, Alzheimer's muscular dystrophy, hemiplegia, Huntington's chorea, idiopathic torsion dystonia, athetoid cerebral palsy;
- 7.1.15. Adjustable or nonadjustable combination skin protection and positioning seat cushion:

- 7.1.15.1. the individual meets all criteria for skin protection seat cushion; **and**
- 7.1.15.2. the individual meets all criteria for positioning seat cushion;
- 7.1.16. Custom fabricated seat cushion or back cushion:
  - 7.1.16.1. individual meets all criteria for prefabricated positioning (skin protection) seat cushion or positioning back cushion; **and**
  - 7.1.16.2. there is a comprehensive written evaluation by a licensed professional which clearly explains why a prefabricated seating system is not sufficient to meet the individuals seating positioning needs.
- 8. A medical stroller does not have the capacity to accommodate the client's growth. Strollers for medical use may be considered for prior authorization when all of the following criteria are met:
  - 8.1. The member weighs 30 pounds or more.
  - 8.2. The member does not already own another seating system, including, but not limited to, a standard or custom wheelchair.
  - 8.3. The stroller must have a firm back and seat, or insert.
  - 8.4. 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.
  - 8.5. If the member is three years of age or older, documentation must support that the client's condition, stature, weight, and positioning needs allow adequate support from a stroller.
- 9. Purchase of a wheelchair is a benefit every 5 years
  - 9.1. 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.
  - 9.2. 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.
  - 9.3. 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.
- 10. For wheelchair repair requests TCHP will follow criteria listed in the most recent Texas Medicaid Provider Procedures Manual.
- 11. 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.
- 12. 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.
- 13. 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.

**RELATED DOCUMENTS:****Government Agency, Medical Society, and Other Publications:**

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**REFERENCES:****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.

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

- Texas Medicaid Provider Procedures Manual January 2020  
[http://www.tmhp.com/manuals\\_pdf/tmpppm/tmpppm\\_living\\_manual\\_current/2\\_DME\\_and\\_Supplies.pdf](http://www.tmhp.com/manuals_pdf/tmpppm/tmpppm_living_manual_current/2_DME_and_Supplies.pdf)
- National Institute on Disability and Rehabilitation Research (NIDRR). Available at: <http://www2.ed.gov/programs/nidrr/index.html>.

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