WHEELCHAIR BENEFIT COVERAGE STANDARD SUBPART 1:
MANUAL WHEELCHAIR BASES -Draft

Covered Services and Limitations

MWBs will be considered for coverage if the client’s condition or diagnosis is such that, without a MWB, he or she would be unable to sit or ambulate safely and functionally. MWB requests for coverage are reviewed on a case-by-case basis based on documentation that is submitted. Approval decisions are based on the equipment that is the most appropriate and least costly option available that will meet the client’s medical and basic functional needs.

Eligible clients may receive one new MWB to be used as their primary mode of mobility OR as a secondary mobility device to a powered mobility device (PMD). If a client owns a PMD, Colorado Medicaid may approve the purchase of a secondary MWB if the provider demonstrates medical necessity and a secondary MWB is required to enable the client to meet the basic and instrumental ADLs at home and/or in the community which cannot be completed with the use of their PMD. In addition, if a client owns a PMD or MWB, Colorado Medicaid may approve the purchase of a stroller or transport chair if the provider demonstrates medical necessity and a stroller or transport chair is required to enable the client to meet their basic and instrumental ADLs at home and/or in the community which cannot be completed with the use of their PMD or MWB. Clients are only eligible for one primary mobility device and one secondary mobility device when medically necessary. Requests for an additional wheelchair to be used solely as a backup in case the primary or secondary device requires repair will be denied as not medically necessary if the patient’s primary wheelchair is adequate to meet the medical need (See Primary, Secondary and Back-up Wheelchair section for further clarification).

Basic Coverage Criteria for a Manual Wheelchair Base:

A client is eligible for a MWB if the following basic coverage criteria are met:

- The client has a mobility limitation (see Definitions) that significantly impairs his/her ability to participate in basic and/or instrumental activities of daily living (ADLs), in customary locations in the home and/or in the community or any non-institutional setting in which routine life activities take place;
- The client's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker;
- The client’s home and/or community provides adequate access, maneuvering space, and surfaces for use of the MWB that is provided;
Use of a MWB will significantly improve the client’s ability to participate in basic and/or instrumental ADLs, and the patient will use it on a regular basis in the home and/or community;

The client has not expressed an unwillingness to use the MWB that is provided in the home and/or community; and

- The client has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair that is provided in the home and/or community during a typical day; or
- The client has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

All MWB recommendations must demonstrate that the client meets the criteria in the Basic Coverage Criteria for a MWB outlined above AND the criteria outlined in the appropriate MWB category below to substantiate the client’s functional and medical need.

**Standard Manual Wheelchair (K0001)**

A standard manual wheelchair is a folding wheelchair that weighs more than 36 lbs., has a weight capacity of 250 lbs. and a seat to floor height of 19 inches or greater. Limited seat depth and widths are available. Most features on a standard manual wheelchair base are fixed including arm supports. Lower leg/foot supports are adjustable in length. A standard manual wheelchair does not have features to appropriately accept specialized seating or positioning and a limited number of options and accessories are available.

A **Standard Manual Wheelchair** is covered if:

- The client requires a MWB for short term use (less than 3 months) or infrequently (less than once a week); and
- The client does not require adjustability of the wheelchair frame to address their seating/postural or functional needs.

**Standard Hemi (low seat) Wheelchair (K0002)**

A standard hemi manual wheelchair is a folding wheelchair that has a low seat-to-floor height of less than 19”. Availability and adjustability of features are similar to a standard manual wheelchair.

A **Standard Hemi-Wheelchair** is covered if:

- The client is of short stature and requires a lower seat height (less than 19”) to facilitate transfers into and out of the wheelchair or to allow the client to accomplish basic and/or instrumental ADLs at home and/or in the community; or
The client requires a shorter seat to floor distance allowing them to reach the floor with their feet in order to foot propel the MWB.

**Lightweight Manual Wheelchair (K0003)**

A lightweight manual wheelchair is a folding wheelchair that typically weighs between 34 and 36 pounds and has similar features to a standard or hemi manual wheelchair. A lightweight manual wheelchair is available in multiple seat widths and depths. Most features on this wheelchair have limited adjustability including front and rear seat to floor heights, back support height, arm support height and rear wheel placement. A variety of options and accessories are available.

**A Lightweight Manual Wheelchair is covered if:**

- The client will use a manual wheelchair part-time or intermittently for more than 3 months or is expected to be a full time manual wheelchair user for less than one year;
- The client requires a size or feature available on a lightweight manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; and
- The client is capable of independently propelling a lightweight wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community; or
- The client is not capable of independently propelling a lightweight wheelchair, but has identified seating needs that can only be accommodated with the available features on a lightweight wheelchair; or
- The client requires the removable rear wheel feature to allow safe stowing of the wheelchair in a vehicle.

**High Strength Lightweight Wheelchair (K0004)**

A high strength lightweight wheelchair is a folding wheelchair that weighs between 30 and 34 pounds and has similar features as a lightweight manual wheelchair, with the exception of having a lifetime warranty on side frames and cross braces. Most features on this chair are adjustable. There is greater adjustability of the rear axle plate and rear wheel placement as compared to a standard lightweight wheelchair. A variety of configurations, options and accessories are available.

**A High Strength Lightweight Wheelchair is covered if:**

- The client will use a manual wheelchair part-time or intermittently for more than 3 months or is expected to be a full time manual wheelchair user for less than one year;
The client requires a size or feature available on a high strength lightweight manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; and
  o The client is capable of independently propelling a high strength lightweight wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community; or
  o The client is not capable of independently propelling a lightweight wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a high strength lightweight wheelchair; or
  o The client requires the removable rear wheel feature to allow safe stowing of the wheelchair in a vehicle.

Ultra Lightweight Wheelchair (K0005)

An ultra lightweight wheelchair is available in folding and rigid styles and weighs less than 30 pounds. Ultra lightweight wheelchairs vary from highly adjustable to custom configured with minimal adjustability, and are designed to meet highly individualized postural support and functional mobility needs.

An Ultra Lightweight Wheelchair is covered if:
  • The client is expected to use a manual wheelchair full time for one year or longer;
  • The client requires a specific configuration or feature available on an ultra lightweight manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; and
  o The client is able to independently self-propel an ultra lightweight wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community, and routinely performs advanced wheelchair skills such as wheelies, routinely encounters non-accommodated terrain or independently stows their wheelchair in a vehicle on a daily basis; or
  o The client is a marginal self-propeller and an ultra lightweight wheelchair is the lightest weight option that can facilitate independent mobility and function; or
  o The client is not capable of independently propelling an ultra lightweight wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on an ultra lightweight wheelchair.

NOTE: For all ultra lightweight manual wheelchairs, a Specialty Evaluation (see Definitions) must be performed. All ultra lightweight manual wheelchairs must also be provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in
Complex Rehab Technology and who has direct, in-person involvement in the wheelchair selection for the client.

**Heavy Duty Wheelchair (K0006)**

A Heavy Duty Manual Wheelchair has a weight capacity between 250 and 350 pounds and is reinforced to accommodate increased user weight.

A **Heavy Duty Wheelchair is covered if:**

- The client meets the weight requirements for the specific wheelchair requested; **and**
  - The client is able to independently self-propel the heavy duty wheelchair to accomplish their basic and/or instrumental ADLs at home and/or in the community; **or**
  - The client is not capable of independently propelling a heavy duty wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a heavy duty wheelchair; **or**
  - The client has severe spasticity.

**Extra Heavy Duty Wheelchair (K0007)**

An Extra Heavy Duty Manual Wheelchair has a weight capacity greater than 350 pounds and is reinforced to accommodate increased user weight.

An **Extra Heavy Duty Wheelchair is covered if:**

- The client meets the weight requirements for the specific wheelchair requested; **and**
  - The client is able to independently self-propel the heavy duty wheelchair to accomplish their basic and/or instrumental ADLs at home and/or in the community; **or**
  - The client is not capable of independently propelling a heavy duty wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a heavy duty wheelchair; **or**
  - The client has severe spasticity.

**Other Manual Wheelchair/Base (K0009)**

An Other Manual Wheelchair/Base has been uniquely constructed or substantially modified to meet the needs for a specific client. There must be customization of the frame for the wheelchair base to be considered customized. A need to add standard components or
accessories to a wheelchair, or a need for an unusually large or small wheelchair is not considered customization.

**An Other Manual Wheelchair/Base is covered if:**

- The client is expected to use a manual wheelchair full time for one year or longer;
- The client requires a specific configuration or feature available on a custom manual wheelchair to accommodate seating, positioning or functional mobility needs in order to accomplish basic and/or instrumental ADLs that is not available on a less costly or lower level MWB; **and**
  - The client is able to independently self-propel the custom wheelchair to meet their basic and/or instrumental ADLs at home and/or in the community; **or**
  - The client is not capable of independently propelling a custom manual wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a custom manual wheelchair.

**NOTE:** For all Other Manual Wheelchair/Bases, a Specialty Evaluation (see Definitions) must be performed. Other Manual Wheelchair/Bases must also be provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in Complex Rehab Technology and who has direct, in-person involvement in the wheelchair selection for the client.

**Standard Reclining Wheelchair (E1050- E1070)**

A Standard Reclining Wheelchair has similar features to a standard or hemi manual wheelchair. In addition, the back of the wheelchair can move independently of the seat to provide a change in orientation by opening the seat-to-back support angle, allowing the client to assume a more recumbent position. The adjustable back support can either be maintained in a static position or it can be dynamic, allowing the client to move into full recline and back to the upright position. Recline mechanisms on manual wheelchairs utilize a manually activated hydraulic system that is typically managed by a caregiver.

**A Standard Reclining Wheelchair is covered if:**

- The client needs to perform basic and instrumental activities of daily living (including intermittent catheterization for bladder management) in a reclined position; **or**
- The client has significant trunk or hip musculoskeletal deformity or abnormal tone and must be reclined to maintain postural control or spinal alignment; **or**
- The client has trunk or lower extremity casts or braces that require the reclining feature for positioning; **or**
- The client is at increased risk of developing pressure sores with prolonged upright position and is unable to perform a functional weight shift; **or**
The client has respiratory, digestive or cardiac dysfunction that is functionally improved with the recline feature; or
- The client has a need to rest in a recumbent position two or more times per day and has an inability to transfer between bed and wheelchair without assistance; and
- The client is not at high risk for skin breakdown due to shear; and
- There is a caregiver available to operate the manual recline.

**Adult Sized Tilt-in-Space Wheelchair (E1161)**

An Adult Sized Tilt-in-Space Wheelchair has a seat width of 15 inches or greater and includes a mechanism to allow the entire seat to pivot on the frame, while maintaining a static seat-to-back support angle. A tilt-in-space function on a manual wheelchair allows the individual to move into a tilted position and to return to an upright position. Different mechanisms for tilt activation are available, dependent on the specific chair. The criteria below refer to manual tilt systems only.

**An Adult Sized Tilt-in-Space wheelchair is covered if:**

- The client is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
- The client has an impairment of speech, cardiovascular, respiratory, or digestive function that is functionally improved with the tilt feature; or
- Adjustable tilt is needed to manage orthostatic hypotension related to an impairment of cardiovascular, respiratory, or neuromusculoskeletal functions; or
- Adjustable tilt is needed to ensure the client can be transferred and/or positioned into and out of the wheelchair safely by a caregiver; or
- Adjustable tilt is needed to ensure the client can perform transfers into and out of the wheelchair independently, or re-position their body within the system with independence; or
- Adjustable tilt is needed to achieve or maintain a safe and healthy body alignment, and/or maintain postural stability, due to an impairment of neuromusculoskeletal functions and/or movement related functions (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination); or
- Adjustable tilt is needed to ensure the client is adequately positioned to perform or participate in basic or instrumental ADLs, such as eating, meal preparation, grooming/hygiene, etc.; or
- The client requires frequent changes in orientation in space throughout the day to manage chronic, severe pain.

**NOTE 1:** For all tilt-in-space manual wheelchair bases, a Specialty Evaluation (see Definitions) must be performed. All tilt-in-space manual wheelchair bases must also be provided by a
supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in Complex Rehab Technology and who has direct, in-person involvement in the wheelchair selection for the client.

**NOTE 2:** A manual wheelchair with combination tilt and recline seat functions allows the entire seat to pivot on the frame while maintaining a constant seat to back support angle AND it also allows the back support to recline posteriorly, opening the seat to back support angle. A manual wheelchair with combination tilt and recline seat functions should be recommended when the individual's needs are not adequately met by tilt or recline alone. The client must meet the above stated criteria for a standard reclining wheelchair and a tilt-in-space wheelchair

**Manual Standing Wheelchair (K0009 + E2230)**

A manual standing wheelchair includes a mechanism to allow the wheelchair user to move from a sitting position to a standing position requiring passive hip and knee extension. Chair weight, weight capacity, adjustments, and availability of accessories vary by specific wheelchair.

**A Manual Standing Wheelchair system is covered if:**

- The client is an independent manual wheelchair propeller; and
- The client is able to demonstrate independent operation of the manual standing seat function; and
- The client is not at high risk for skin breakdown due to shear; and
  - Use of a manual standing wheelchair reduces the need for outside caregiver assistance and enables the client to perform basic and instrumental ADLs in the home and/or community they would otherwise not be able to perform without the device; or
  - A medically prescribed standing program has been recommended which will benefit the client’s body structures and function (including, but not limited to maintaining vital organ capacity, bone mineral density, circulation, and range of motion; reducing tone and spasticity; and reducing the occurrence of pressure sores and skeletal deformities) and the client is unable to independently transfer to an appropriately prescribed stand-alone standing frame and does not have access to a caregiver for assistance with transfers.

**NOTE:** For all Manual Standing Wheelchair prescriptions, a Specialty Evaluation is required (see Definitions). All manual standing wheelchair bases must also be provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in Complex Rehab Technology and who has direct, in-person involvement in the wheelchair selection for the client.
**Pediatric Manual Wheelchair (E1229, E1230, E1235-E1238)**

A Pediatric Manual Wheelchair has a seat width or depth 14 inches or less and adjustable features that can accommodate specialized seating and positioning needs. Varied options for rear wheel size and configuration provides the client with the ability to self-propel or potential to self-propel. There is adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the wheelchair.

**A Pediatric Manual Wheelchair is covered if:**

- The client is a child or an adult of very small stature;
- The client requires a wheelchair width or depth of 14 inches or less;
- The client requires adjustability in the wheelchair frame to accommodate specialized seating and positioning equipment;
- The client spends more than 2 hours per day in the wheelchair; and
  - The client can safely propel, or has the potential to self-propel the pediatric wheelchair to accomplish their basic and/or instrumental activities of daily living (ADLs) at home and/or in the community; or
  - The client is not capable of independently propelling a pediatric wheelchair, but has identified seating and positioning needs that can only be accommodated with the available features on a pediatric wheelchair.

**Tilt-in-Space Pediatric Manual Wheelchair (E1231- E1234)**

A Pediatric Sized Tilt-in-Space Wheelchair has a seat width or depth of 14 inches or less and includes a mechanism to allow the entire seat to pivot on the frame, while maintaining a static seat-to-back support angle. A tilt-in-space seat function on a manual wheelchair allows the individual to move into a tilted position and to return to an upright position. Different mechanisms for tilt activation are available, dependent on the specific wheelchair. They include: 1) manual tilt activation by the wheelchair user, 2) manual tilt activation by a caregiver, 3) power tilt activation by the wheelchair user, and 4) power tilt activation by a caregiver.

**A Pediatric Sized Tilt-in-Space Manual Wheelchair is covered if the client meets the basic criteria for pediatric manual wheelchair and the following criteria are met:**

- The client is at high risk for development of a pressure ulcer and is unable to perform a functional weight shift; or
- The client has an impairment of speech, cardiovascular, respiratory, or digestive function that is functionally improved with the tilt feature; or
• Adjustable tilt is needed to manage orthostatic hypotension related to an impairment of cardiovascular, respiratory, or neuromusculoskeletal functions; or
• Adjustable tilt is needed to ensure the client can be transferred and/or positioned into and out of the wheelchair safely by a caregiver; or
• Adjustable tilt is needed to ensure the client can perform transfers into and out of the wheelchair independently, or re-position their body within the system with independence; or
• Adjustable tilt is needed to achieve or maintain a safe and healthy body alignment, and/or maintain postural stability, due to an impairment of neuromusculoskeletal functions and/or movement related functions (e.g. impairment of joint mobility, muscle strength, muscle tone, muscle endurance or motor coordination); or
• Adjustable tilt is needed to ensure the client is adequately positioned to perform or participate in basic or instrumental ADLs, such as eating, meal preparation, grooming/hygiene, etc.; or
• The client requires frequent changes in orientation in space throughout the day to manage chronic, severe pain.

NOTE: For all pediatric tilt-in-space manual wheelchair bases, a Specialty Evaluation (see Definitions) must be performed. All pediatric tilt-in-space manual wheelchair bases must also be provided by a supplier that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in Complex Rehab Technology and who has direct, in-person involvement in the wheelchair selection for the client.

Basic Adaptive Strollers (E1231-E1238)

A Basic Adaptive Stroller is a dependent mobility base with small rear wheels which prevents the client’s ability to independently self-propel. There are a wide range of sizes available accommodating very young children to grown adults. Seating/positioning features, if available, are integrated into the device; it is not designed to accept separate specialized seating or positioning components. A basic stroller has limited adjustability of frame size and features and limited adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the mobility base. A basic stroller generally weighs less and is easier to fold than a pediatric manual wheelchair making it appropriate for transportation and stowage needs.

A Basic Adaptive Stroller is covered if:
• The client spends less than 2 hours per day in the stroller; and
  ○ The client is not capable of independently propelling a pediatric wheelchair and does not have complex seating and positioning needs; or
The client has identified impairments in body structure or function resulting in the client being a non-functional ambulator in the home and/or community due to pain and/or fatigue requiring mobility assistance; or

- The client requires dependent mobility in the home and/or community for safety reasons; or

- The client requires a secondary mobility device to a PMD or a MWB to provide access in the home and/or community to meet routine transportation, accessibility and stowage needs.

**Transport Chairs/Rollabout Chairs: Including adult, pediatric and heavy duty sized (E1031- E1039)**

A Transport or Rollabout Chair has casters of at least 5 inches in diameter. Transport or Rollabout chairs are generally intended for intermittent dependent transport of a non-ambulatory person. They have limited adjustability and do not accept specialized seating supports; therefore are not intended to provide long term postural support.

**NOTE:** The wide range of chairs with smaller casters, which are found in general use in homes, offices, and institutions for many purposes do not meet the definition of durable medical equipment, in that they are not related to the care or treatment of clients with an impairment of body structure or function.

**Adult (E1038, E1039) and Pediatric (E1037) Transport Chairs, and Rollabout Chairs (E1031)** are covered if:

- The client will spend less than 2 hours per day in the mobility device; and
  - The client is unable to self-propel a MWB or PMD and the client has a caregiver who is willing and able to operate the transport chair or rollabout chair; or
  - The client has identified impairments in body structure or function resulting in the client being a non-functional ambulator in the home and/or community due to pain and/or fatigue requiring mobility assistance; or
  - The client requires dependent mobility in the home and/or community for safety reasons; or
  - The client requires a secondary mobility device to a PMD or a MWB to provide access in the home and/or community to meet routine transportation, accessibility and stowage needs.

**Prior Authorization and Documentation Requirements**

*Note to benefits collaborative participants. Prior authorization requirements were discussed in*
the general coverage guidelines of this benefit coverage statement. The page reference will be indicated in the final draft.

Please see page ## for prior authorization and documentation requirements. Clients must meet the criteria outlined in this coverage statement in order to qualify for a MWB.

**Basic Documentation Requirements (no specialty evaluation required):**

Basic documentation is required for all items that require a prior authorization and are indicated in the Durable Medical Equipment and Supplies Billing Manual. Documentation must demonstrate that the client meets the criteria for coverage outlined in this benefit coverage statement as determined by the Department’s Utilization Management vendor.

**Specialty Evaluation Documentation Requirements:**

In addition to the Basic Documentation Requirements, Specialty Evaluation documentation is required for the following MWB items that require a Specialty Evaluation (see Definitions):

- K0005
- K0009
- Any MWB with Tilt seat function

A Specialty Evaluation (see Definitions) must be performed by a licensed/certified medical professional (such as a PT, OT, or physician) who has specific training and experience in Complex Rehab Technology wheelchair evaluations.
APPENDIX A: DEFINITIONS

Manual Wheelchair Code Group Definitions

Standard Manual Wheelchair (K0001)
A Standard Manual Wheelchair is defined as a manual wheelchair that:

- Weighs more than 36 pounds.
- Does not have features to appropriately accept specialized seating or positioning.
- Has a weight capacity of 250 pounds or less.
- Has a seat depth of between 15 and 19 inches.
- Has a seat width of between 15 and 19 inches.
- Has a seat to floor height of 19 inches or greater.
- Has either a fixed, swing away, or detachable arm support with a fixed height only.
- Has either a fixed, swing away or detachable foot support.

Standard Hemi (low seat) Wheelchair (K0002)
A Standard Hemi (low seat) Wheelchair is defined as a manual wheelchair that:

- Has the same features as a standard manual wheelchair, with the following exception:
  - Has a seat to floor height of less than 19 inches.

Lightweight Manual Wheelchair (K0003)
A Lightweight Manual Wheelchair is defined as a manual wheelchair that:

- Has the same features as a standard or hemi manual wheelchair, with the following exceptions:
  - Weighs 34 to 36 pounds.
  - Has available arm support styles that are height adjustable.

High Strength Lightweight Wheelchair (K0004)
A High Strength Lightweight Wheelchair is defined as a manual wheelchair that:

- Has the same features as a lightweight manual wheelchair, with the following exceptions:
  - Weighs 30 to 34 pounds.
  - Has a lifetime warranty on side frames and cross braces.
An Ultra Lightweight Wheelchair is defined as a manual wheelchair that:

- Weighs less than 30 lbs.
- Has one or more of the following features to appropriately accept specialized seating or positioning:
  - Adjustable seat-to-back support angle
  - Adjustable seat depth
  - Independently adjustable front and rear seat-to-floor height dimensions
  - Adjustable caster stem hardware
  - Adjustable rear axle
  - Adjustable wheel camber
  - Adjustable center of gravity
  - Lifetime warranty on side frames and cross braces

**Heavy Duty Wheelchair (K0006)**

A Heavy Duty Wheelchair is defined as a manual wheelchair that:

- Can support a client weighing more than 250 pounds

**Extra Heavy Duty Wheelchair (K0007)**

An Extra Heavy-Duty Wheelchair is defined as a manual wheelchair that:

- Can support a client weighing more than 350 lbs.

**Other Manual Wheelchair/Base (K0009)**

An Other Manual Wheelchair/Base is defined as:

- Any manual wheelchair or base that doesn’t fit within the specific guidelines for other HCPCS codes.

**Standard Reclining Wheelchair (E1050- E1070)**

A Standard Reclining Wheelchair is defined as a manual wheelchair that:

- Has the same features as a standard or hemi manual wheelchair, with the following exception:
  - Has the ability to allow the back of the wheelchair to move independently of the seat to provide a change in orientation by opening the seat-to-back support angle greater than 80 degrees

**Adult Sized Tilt-in-Space Wheelchair (E1161)**

An Adult Sized Tilt-in-Space Wheelchair is defined as a manual wheelchair that:
• Has the ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining a constant seat to back support angle to provide a change of orientation and redistribute pressure from one area (such as the buttocks and the thighs) to another area (such as the trunk and the head).
• Has a weight capacity of at least 250 pounds.
• Has a seat width or depth 15 inches or greater.

**Pediatric Manual Wheelchair (E1229, E1230, E1235-E1238)**

A Pediatric Manual Wheelchair is defined as a manual wheelchair that:
• Has a seat width or depth 14 inches or less;
• Has the ability to adjust features to appropriately accept specialized seating or positioning;
• Has adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the wheelchair
• Provides the client with the ability to self-propel or potential to self-propel to accomplish basic and instrumental ADLs in the home and/or community

**Tilt-in-Space Pediatric Manual Wheelchair (E1231- E1234)**

A Pediatric Sized Tilt-in-Space Wheelchair is defined as a manual wheelchair that:
• Has the ability to tilt the frame of the wheelchair greater than or equal to 45 degrees from horizontal while maintaining a constant seat to back support angle to provide a change of orientation and redistribute pressure from one area (such as the buttocks and the thighs) to another area (such as the trunk and the head).
• Has a seat width or depth 14 inches or less.

**Basic Adaptive Strollers (E1231-E1238)**

A Basic Adaptive Stroller is defined as mobility base that:
• Is a dependent mobility base with small rear wheels not intended for independent self-propulsion;
• Is available in a wide range of sizes accommodating very young children to grown adults;
• Has limited adjustability of frame size and features;
• Does not accept separate specialized seating or positioning components; seating/positioning features, if available, are integrated into the device.
• Has limited adjustability to grow the frame size to accommodate growth of the client over the expected lifetime of the mobility base.
Generally weighs less and is easier to fold than a pediatric manual wheelchair making it appropriate for transportation and stowage needs.

**Transport Chairs/Rollabout Chairs: Including adult, pediatric and heavy duty sized (E1031- E1039)**

A Rollabout Chair is defined as a wheelchair that:
- Has casters of at least 5 inches in diameter and specifically designed to meet the needs of a client with an impairment of body structure or function

A Transport Chair is defined as a wheelchair that:
- Has casters of at least 5 inches in diameter and specifically designed to meet the needs of a client with an impairment of body structure or function
- A standard transport chair has a weight capacity of up to and including 300 pounds
- A heavy duty transport chair has a weight capacity greater than 300 pounds.

**Other Definitions**

**Accommodated Environment**
Ordinary indoor environments and mild outdoor terrain – including smooth, level surfaces (tile or low pile carpet), Americans with Disabilities Act Accessibility Guidelines (ADAAG) compliant ramps (no steeper than 1:12 rise to run ratio), thresholds of less than 1” in height, doorways that accommodate the passage of the wheeled mobility device with an additional 1” of clearance on each side of the device, paved surfaces.

**Basic Activity of Daily Living (ADL)**
The term basic activity of daily living means an individual’s capacity to safely participate in mobility and self-care activities including—
  i. maintaining and changing body position;
  ii. transferring to or from one surface to another;
  iii. walking;
  iv. moving from place to place using mobility equipment, in a safe and timely manner;
  v. washing one’s self;
  vi. caring for the body;
  vii. toileting;
  viii. dressing;
  ix. eating;
  x. drinking;
xi. looking after one’s health; and
xii. carrying, moving, and handling objects to perform and participate in other activities

Body Functions
Body functions are the physiological functions of body systems (including psychological functions), which include:
- Mental functions (e.g. cognition, memory, attention, sleep)
- Sensory functions and pain (e.g. seeing, hearing, vestibular, taste, smell, touch)
- Voice and speech functions
- Functions of the cardiovascular, hematological, immunological and respiratory systems
- Functions of the digestive, metabolic and endocrine systems
- Genitourinary and reproductive functions
- Neuromusculoskeletal and movement-related functions (e.g. mobility/stability of joints and bones; muscle power, tone and endurance; motor reflexes; voluntary and involuntary movements)
- Functions of the skin and related structures (e.g. protective and repair functions of skin, skin sensation; hair and nails)

Body Structures
Body structures are anatomical parts of the body such as organs, limbs and their components, which include:
- Structures of the nervous system (e.g. brain, spinal cord, sympathetic and parasympathetic nervous system)
- The eye, ear and related structures
- Structures involved in voice and speech (e.g. nose, mouth, larynx, pharynx)
- Structures of the cardiovascular, immunological and respiratory systems
- Structures related to the digestive, metabolic and endocrine systems
- Structures related to the genitourinary and reproductive systems
- Structures related to movement (e.g. head, neck, shoulder, upper extremity, pelvic region, lower extremity, trunk)
- Skin and related structures (e.g. skin, skin glands, nails, hair)

Complex Rehab Technology (CRT)
Complex Rehab Technology (CRT) products and associated services include medically necessary, individually configured devices that require evaluation, configuration, fitting, adjustment or programming. These products and services are designed to meet the specific and unique medical, physical, and functional needs of an individual with a primary diagnosis resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from certain types of injury or trauma. CRT typically refers to individually configured manual wheelchair systems, power wheelchair systems, adaptive seating systems, alternative positioning systems and other mobility devices.
Impairments
Problems in body function or structure such as a significant deviation or loss.

Instrumental Activity of Daily Living (IADL)
The term instrumental activity of daily living means an individual’s capacity to safely participate in life situations in the home and community, including—
   a) communicating;
   b) moving around using transportation;
   c) acquiring necessities, goods, and services;
   d) performing household tasks;
   e) caring for household members and family members;
   f) caring for household objects;
   g) engaging in education, work, employment and economic life; and
   h) participating in community, social, and civic activities.

Mobility Limitation
A limitation in mobility that will:
   a) Prevent the client from accomplishing a basic or instrumental ADL entirely; or
   b) Place the client at a reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the basic or instrumental ADL; or
   c) Prevent the client from completing a basic or instrumental ADL within a reasonable time frame.

Non-Accommodated Environment
Indoor environments with thick carpeting or higher than 1” thresholds or transitions between floor surfaces, outdoor environments with non ADAAG compliant ramps (steeper than a 1:12 ratio) or hills in the natural environment, curbs or gravel, grassy surfaces that are not level.

Optimally Configured Manual Wheelchair
A manual wheelchair with an appropriate wheelbase, device weight, seating options, and other appropriate non-powered accessories to meet a client’s specific medical and functional needs.

Primary Mobility Device
The PMD or MWB that a client uses the majority of the time in accommodated and/or non-accommodated environments to meet their daily medical and/or functional needs is referred to as their primary mobility device.
Secondary Mobility Device
A secondary mobility device is a PMD, MWB, stroller or walking aid that the client uses routinely a minority of time in situations in which he or she is unable to use their primary mobility device to meet their medical and/or functional need. While the client’s secondary mobility device is not used as frequently as their primary mobility device, the client requires it on a routine basis in accommodated and/or non-accommodated environments in order to perform basic and instrumental ADLs which cannot be performed using the primary mobility device.

Specialty Evaluation
A specialty evaluation is an assessment performed by a licensed/certified medical professional (such as a PT, OT, or physician) who has no financial relationship with the DME supplier and who has specific training and experience in complex rehab technology wheelchair evaluations. The evaluation includes the physical and functional evaluation, treatment plan, goal setting, preliminary device feature determination, trials/simulations, fittings, function related training, determination of outcomes, and related follow-up. This evaluation is usually performed in conjunction with an equipment supplier who is a RESNA-certified Assistive Technology Professional (ATP), and who assists with the home environment accessibility survey, system configuration, fitting, adjustments, programming, and product related follow up.
APPENDIX B: BIBLIOGRAPHY


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