



## **WHEELCHAIR BENEFIT COVERAGE STANDARD: Manual Wheelchair Bases, Power Mobility Devices, Wheelchair Seating and Wheelchair Options and Accessories - Draft**

### **Brief Coverage Statement**

Durable medical equipment (DME) and disposable medical supplies (supplies) are a Colorado Medicaid benefit that provides clients with medical equipment and/or disposable supplies when there is a medical need for the treatment or therapy of an illness or physical condition and it is safe and suitable for use in a non-institutional setting.

This policy statement is supplemental to 10 CCR 8.590, Durable Medical Equipment and Disposable Medical Supplies, of the Colorado Medicaid rules. Covered services and limitations are guided by “reasonable and necessary” provisions in Section 1862(a)(1)(A) of the Social Security Act.

The Wheelchair Benefit Coverage Standard is inclusive of general coverage guidelines and limitations that shall apply in adjunct to the guidelines and limitations in each of the following subparts:

*Manual wheelchair bases (MWBs):* MWBs are a DME benefit for individuals with neurological, orthopedic, cardiopulmonary or other conditions who cannot achieve independent or assisted ambulation with devices such as canes and walkers. The appropriate type of wheelchair is determined by assessment and evaluation of body size, medical and/or functional needs and physical condition.

*Power mobility devices (PMDs):* PMDs include power operated vehicles (POVs) and power wheelchairs (PWCs). PMDs are a DME benefit for clients with neurological, orthopedic, cardiopulmonary, or other conditions who cannot achieve independent or assisted ambulation with devices such as canes, walkers or manual wheelchair bases (MWBs). Powered mobility devices are often considered for clients with limited functional strength, coordination or endurance in their arms and torso, who need and can operate the various maneuverability controls. The appropriate type of wheelchair is determined by assessment and evaluation of body size, medical and/or functional needs and physical condition.

*Wheelchair Seating:* Wheelchair seating includes devices which serve to support an individual in a seated position within a mobility base, to provide postural support, injury prevention, or skin protection. Many individuals who use wheelchairs require specific wheelchair seating products to address impairments in body structures or functions such as decreased muscle strength,

paralysis, abnormal muscle tone, limited range of motion, orthopedic asymmetries and/or poor sitting balance. Wheelchair seating devices include both primary and secondary support surfaces. Primary support surfaces include the seat cushion and back support and enable the individual to sit in the mobility system. Secondary supports are typically used to provide support or protection to the extremities (legs, arms, and head), or to help maintain a very specific posture or position of a certain body segment or area, such as the upper torso, buttocks/thighs or extremities.

Secondary support surfaces can be integrated into the primary seat and/or back supports to provide additional positioning functions, or they may be separate items attached to the wheelchair frame or primary supports via special hardware. Separate secondary supports include, but are not limited to, items such as a head support, lateral trunk supports, medial thigh supports, anterior shoulder straps, pelvic belts, and ankle straps.

*Wheelchair Options/Accessories (WOAs):* WOAs include additional wheelchair components that are not provided as standard on a manual wheelchair base (MWB) or powered mobility device (PMD). WOAs are a DME benefit for individuals with neurological, orthopedic, cardiopulmonary or other conditions who cannot achieve independent or assisted movement with devices such as canes and walkers and require the use of a MWB or PMD. The appropriate WOAs are determined by assessment and evaluation of the client's medical and/or functional needs and physical condition. WOAs are covered when the individual meets coverage criteria for a MWB or PMD **AND** the WOAs are required for the individual to complete basic and instrumental activities of daily living (ADLs) in the home, community or any non-institutional setting in which normal life activities take place.

## **Services Addressed in Other Benefit Coverage Standards**

- Outpatient Physical Therapy and Occupational Therapy Services.

## **Eligible Providers**

All rendering and prescribing providers must be enrolled with Colorado Medicaid.

### **RENDERING PROVIDERS**

*Rendering provider* refers to all accredited DME suppliers and pharmacies that use the DME-supply provider type. Pharmacies must use the Supply provider type for all DME-supply claims. With the exception of pharmacies, DME suppliers must maintain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) accreditation through an authorized CMS accreditation organization. For more information on DMEPOS accreditation, please visit the CMS Web site here:

<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/DMEPOS Accreditation.html>

### **PRESCRIBING PROVIDERS**

*Prescribing provider* may refer to any of the following:

- Physicians (MDs and DOs)
- Physician Assistants (PAs)
- Nurse Practitioners (NPs)

## **Eligible Place of Service**

As outlined in 10 CCR 2505-10, Section 8.590.2.A and Section 8.590.2.B of the Colorado Medicaid rules, clients enrolled in Colorado Medicaid are eligible for Wheelchair Seating devices through the Durable Medical Equipment (DME) benefit when residing in their community home. Clients residing in a hospital or other facility must be provided necessary equipment and supplies by the facility, not through the DME benefit.

## **Eligible Clients**

Wheelchairs and wheelchair-related items are a covered benefit for Colorado Medicaid clients who have a neurological, orthopedic, cardiopulmonary or other condition that affects their ability to sit or ambulate safely and functionally. Wheelchairs and wheelchair-related items are provided upon recommendation after any necessary evaluations, assessments and/or documentation requirements have been completed, and medical necessity has been established as indicated in this benefit coverage standard and its subparts.

## **Covered Services and Limitations**

Wheelchairs and wheelchair-related items are reviewed on a case-by-case basis and approval is based on documentation submitted by the eligible provider. In general, items will be considered for coverage if the client's condition or diagnosis is such that, without the recommended item, he or she would be unable to sit or ambulate safely and functionally. Specific information on covered services and limitations are indicated in each of the four subparts of this benefit coverage standard, which include MWBs, PMDs, Wheelchair Seating and WOAs.

## **Prior Authorization Requirements**

Prior Authorization is required for purchase of all wheelchairs and wheelchair-related items as outlined in the [Durable Medical Equipment and Supplies Manual](#) and updated in Provider Bulletins. The Prior Authorization Request (PAR) must be accompanied by documentation (see Documentation Requirements) which is used to establish medical necessity as determined by the Department's Utilization Management (UM) contractor. A physician, physician assistant or nurse practitioner who has seen the client in the past year must sign the documentation indicating agreement with the recommendation. PARs must include the manufacturer, make, and model of the equipment. A quoted amount must be submitted with the PAR for all purchases or repairs.

The prior authorization request is a determination of medical necessity only; claims and billing processes are not considered in this determination. Therefore, PAR approval does not guarantee Colorado Medical Assistance Program payment and does not serve as a timely filing waiver. Prior authorization only assures that the approved service is a medical necessity and is considered a benefit of the Colorado Medical Assistance Program. All claims, including those for prior authorized services, must meet eligibility and claim submission requirements (e.g., timely filing, detailed provider information, detailed description of medical necessity, all required attachments included, etc.) before payment can be made. Please refer to the Durable Medical Equipment and Supplies Manual and the current Fee Schedule for billing information.

*Note:* Medical necessity is defined in 10 CCR 2505-10, Sections 8.590.1 and 8.590.2, of the Colorado Medical Assistance Program rules. Equipment and supplies are considered for approval if they are currently accepted by the medical community and evidence-based medical practices and standards are available. Requested items must be within the scope of these rules and as determined by the UM contractor upon PAR submission.

## **Documentation Requirements**

There are two levels of documentation requirements associated with prior authorization requests for wheelchairs and wheelchair-related items:

- 1) Basic documentation: This level of documentation does not require a specialty evaluation. Basic documentation requirements apply to all wheelchairs and wheelchair-related items that require a PAR as indicated in each of the subparts of this benefit coverage standard.
- 2) Specialty evaluation documentation: Some wheelchairs and wheelchair-related items require specialty evaluation documentation, which provides further details in order to establish medical necessity. Items that require a specialty evaluation must include both the basic and specialty evaluation documentation. Items requiring specialty evaluation are indicated in each of the subparts of this benefit coverage standard.

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

All items that require a PAR must be accompanied by a Letter of Medical Necessity which includes, at a minimum, the following information:

- Beneficiary's name, date of birth, residence address, height and weight, and all relevant medical diagnoses.
- A summary of the client's current medical condition, prognosis, previous and current treatments, and length of anticipated need for the requested item.
- A brief description of the client's impairment in functional mobility that establishes that they have a *mobility limitation* (see Definitions) and the item is needed for a medical purpose.
- A brief description of the impairments in body functions or structures that rule out use of a less costly item and justifies the need for the recommended item.
- Any documentation that demonstrates the requirements for a specific item, which are outlined in the *Covered Services and Limitations* sections of subparts for this benefit coverage standard.
- Detailed description of all products that will be provided including manufacturer's retail pricing information, with itemized pricing including the description of the specific base, any attached seating system components, and any attached accessories.
- Additional basic requirements for MWBs:
  - A description of how the client will propel the MWB, and a statement summarizing the client's mental and physical abilities/limitations providing

evidence of client's ability to operate the recommended MWB appropriately for its use and optimal environment.

- If applicable, a brief description of the client's seating and positioning needs, and how these will be adequately be met by the recommended MWB
- A description of where the equipment is to be used, including the accessibility of client's residence or non-institutional setting. Include if the equipment will be transported in a vehicle and how, as well as the capability of the client or caregiver to care for the MWB and accessories.
- A brief description of any anticipated changes in the client's physical size, medical or functional status which may require modifications to the MWB, and how the MWB will accommodate the client's needs over time. The recommended MWB should be capable of modification to meet the needs for anticipated improvement or deterioration of functional mobility when possible.
- Additional basic requirements for PMDs:
  - Documentation requirements outlined in the coverage guidelines of this policy statement for Basic Coverage and the specific POV or PWC-type being recommended;
  - A description of how the client will operate the PMD (e.g. tiller, joystick), and a statement summarizing the client's mental and physical abilities/limitations providing evidence of clients ability to operate the recommended PMD appropriately for its use and optimal environment.
  - If applicable, a brief description of the client's seating and positioning needs, and how these will be adequately be met by the recommended PMD.
  - A description of where the equipment is to be used, including the accessibility of client's residence or non-institutional setting. Include if the equipment will be transported in a vehicle and how, as well as the capability of the client or caregiver to care for the PMD and accessories.
  - A brief description of any anticipated changes in the client's physical size, medical or functional status which may require modifications to the PMD, and how the PMD will accommodate the client's needs over time. The recommended PMD should be capable of modification to meet the needs for anticipated improvement or deterioration of functional mobility when possible.
- Additional basic requirements for Wheelchair Seating:
  - A description of the MWB or PMD in which the seating device is to be used, and the capability of the client or caregiver to appropriately use and care for the seating device being recommended.
- Additional basic requirements for WOAs:
  - If applicable, a description of how the client will use the WOA and a statement summarizing the client's mental and physical abilities/limitations providing evidence of client's ability to operate the recommended WOA appropriately for

its use and optimal environment.

- If applicable, a brief description of the client's seating and positioning needs, and how these will be adequately met by the recommended WOA.
- If applicable, a description of where the equipment is to be used, including the accessibility of client's residence or non-institutional setting. Include if the equipment will be transported in a vehicle and how, as well as the capability of the client or caregiver to care for the WOA.
- A brief description of any anticipated changes in the client's physical size, medical or functional status which may require modifications to the WOA, and how the WOA will accommodate the client's needs over time. The recommended WOA should be capable of modification to meet the needs for anticipated improvement or deterioration of functional mobility when possible.

**NOTE:** *All basic documentation* paperwork requires the signature of the ordering physician, indicating that he or she agrees with the recommendation, and has evaluated the client within the past 12 months of signing and dating the required paperwork.

*Specialty Evaluation Documentation Requirements:*

Items that require a Specialty Evaluation (see Definitions) are indicated in each of the subparts of this benefit coverage standard. A specialty evaluation 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 (see Definitions) wheelchair evaluations. The documentation must demonstrate the medical necessity for each item that requires a specialty evaluation and include the following information **in addition to the Basic Documentation Requirements listed above:**

- Date(s) of specialty evaluation; name and signature of licensed/certified medical professional completing the evaluation and assessment. A statement attesting that the person performing the assessment has no financial relationship with the DME provider should be included.
- A brief description of the specialty evaluation process completed and a summary of pertinent assessment findings/outcomes in the following assessment areas:
  - Functional mobility, including transfers
  - Sitting balance/postural alignment.
  - Existence and severity of postural asymmetries
  - Sensory function, if impaired
  - Neuromusculoskeletal function (movement, muscle tone, coordination)
  - Mat exam (joint range of motion, deformities, orthopedic impairment), addressing the existence and severity of orthopedic deformities.
  - Equipment trials/simulations
- A description of the client's current mobility and/or seating equipment, how long the client has been using the current equipment and why it no longer meets the client needs.

- Information on any recent changes in the client's physical or functional status, and any expected or potential surgeries that will improve or further limit mobility.
- Information regarding the client's seating and positioning needs and the specific seating equipment and accessories required to meet those needs.
- A summary of the type of mobility equipment that will best meet the client's medical and functional needs, and an explanation of the basic and/or instrumental ADLs that will be possible with this equipment that would not be possible with a lower level or lower cost item.
- If applicable, documentation that supports why a tilt seat function is necessary to meet the client's medical and/or functional needs.
- If a client has a progressive disability, the documentation must indicate how the item will accommodate the client's needs over time. If a client is expected to grow, the wheelchair must have a growth potential.

**NOTE:** *All specialty evaluation* paperwork requires the signature of the ordering physician, indicating that he or she agrees with the recommendation and has evaluated the client within the past 12 months of signing and dating the required paperwork.

## **Non-Covered Services and General Limitations**

Items for coverage are reviewed on a case-by-case basis using documentation that is submitted.

Approval decisions are based on the equipment that is the least costly alternative to meet the client's medical and functional needs. Approval will not be granted for equipment that is solely intended to allow the client to engage in leisure, recreational or social activities if this equipment is more costly than wheelchair seating which meets the client's medical and basic functional needs.

The Colorado Medical Assistance Program does not pay for the purchase of a back-up mobility device (see ***Primary, Secondary and Back-Up Mobility Devices*** on page ##).

Any item that has not received a written coding verification from the Pricing, Data Analysis, and Coding (PDAC) contractor or does not meet the criteria stated in the Coding Guidelines section (see Policy Article) will be denied as not reasonable and necessary.

## **Replacement**

Colorado Medicaid covers replacement of a medically necessary items only when there is a change in the client's condition which warrants a new device or when reasonable wear and tear renders the item nonfunctioning and not repairable, and there is coverage for the specific item available under the plan.

Clients 21 and older are *eligible* for wheelchair replacement every five years. Although a client is eligible every 5 years, documentation must demonstrate a medical or functional need, and why modifications to the current wheelchair are not sufficient.

- Prior authorization documentation should include detailed information on evidence of need due to a change in the type or severity of the client's impairments in body structures or functions, or significant change in body size or weight.
- Equipment requested should accommodate current needs as well as anticipated future needs OR have the ability to be modified to accommodate changes in the event that changes in the client's condition are foreseeable.
- Projected modifications should not exceed the cost of a new MWB.

Clients under the age of 21 are *eligible* for wheelchair replacement every three years. Although a client is eligible every 3 years, documentation must demonstrate a medical or functional need and why modifications to the current wheelchair are not sufficient.

- Prior authorization documentation should include detailed information on evidence of need due to a change in the type or severity of the client's impairments in body structures or functions, or significant changes in body size/dimensions.
- Equipment requested should accommodate current needs as well as anticipated future needs OR have the ability to be modified to accommodate changes in the event that changes in the client's condition are foreseeable.
- Projected modifications should not exceed the cost of a new MWB

NOTE: Exceptions to the replacement guidelines defined above will be made on a case by case basis for unforeseen changes in medical and/or physical condition.

Additional circumstances which may justify a replacement include:

- The equipment is stolen. Replacement of stolen equipment requires a police report that conforms to criteria outlined in the Colorado Revised Statutes. The request for replacement must also include a statement that the theft was not covered by auto or homeowner's insurance.
- The equipment is damaged or destroyed in a motor vehicle accident. An official police report must be submitted with the replacement request. The request for replacement must also include a statement that the damage was not covered by auto or homeowner's insurance.
- The equipment has been damaged beyond repair in some manner, and is not the result of client negligence or misuse. The request for replacement must include an itemized price breakdown showing the cost to repair the wheelchair. The equipment must not be thrown away prior to the Department's decision on replacement.

NOTE: All policies and prior approval requirements that apply to the purchase of the original wheelchair also apply to replacements.

## **Primary, Secondary, and Back-Up Mobility Devices**

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***. Purchase of a primary mobility device is approved upon recommendation after medical necessity for the device has been evaluated, assessed and well-documented by an appropriate provider.

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. Decisions regarding purchase of a secondary mobility device are made on a case by case basis upon recommendation after medical necessity for the device has been evaluated, assessed and well-documented by an appropriate provider.

Duplicate services are not provided. If a client uses a PMD as the primary mobility device, Medicaid will not pay for another PMD to be used as the secondary mobility device. Likewise, if a client uses a MWB as the primary mobility device, Medicaid will not pay for another MWB to be used as the secondary mobility device. If the client uses a stroller as the primary mobility device, Medicaid will not pay for another stroller to be used as the secondary mobility device. A stroller can serve as a secondary mobility device to either a PMD or a MWB.

A ***back-up mobility device*** is a client-owned PMD or MWB that is used infrequently as a back-up to the primary mobility device or secondary mobility device when either device requires repair or maintenance. Medicaid does not pay for the purchase of a back-up mobility device.

Medicaid may either pay for repair/modifications to an existing client-owned back-up device, OR the rental of a back-up device for clients who require only a primary mobility device. However, medical and/or functional need for a back-up mobility device must be established and be the least costly alternative. Repairs, rental, or modifications to a back-up mobility device are provided upon recommendation after medical necessity has been evaluated, assessed and well-documented by an appropriate provider (See the Repair and Rental sections for more details).

#### *Wheelchair Seating and WOAs for Primary, Secondary and Back-Up Mobility Devices*

If a client owns a primary mobility device and a secondary mobility device (see Definitions), Colorado Medicaid may approve the purchase of a wheelchair seating system and/or WOAs for each device if the provider demonstrates medical necessity for the items to enable the client to perform basic and instrumental ADLs at home and/or in the community. Duplicate services will not be approved (i.e. purchase of two wheelchair seating systems for the same MWB or PMD).

In some limited situations, Medicaid may pay for repair, modifications, or replacement of wheelchair seating and/or WOAs used in an existing client-owned back up mobility device (see Definitions), if the medical and/or functional need for the back-up mobility device is established. Repairs, modifications, or replacement of the wheelchair seating and/or WOAs on a back-up mobility device are provided upon recommendation after medical necessity has been evaluated,

assessed and well-documented by an appropriate provider, and there are no other less costly options to meet the client's medical and/or basic functional needs. (See the Repair and Rental sections for more details).

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## APPENDIX A: DEFINITIONS

### **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

### **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.

### **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)

**Impairments** are 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.

### **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.

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