

# Premier Health Plan

## POLICY AND PROCEDURE MANUAL

Policy Number: PA.087.PH  
Last Review Date: 08/09/2018  
Effective Date: 10/01/2018

### PA.087.PH – Specialized Manual Wheelchairs

This policy applies to the following lines of business:

- ✓ Premier Employee

Premier Health Plan considers **Specialized Manual Wheelchairs** medically necessary for the following indications:

#### CRITERIA for STANDARD WHEELCHAIR

1. The member has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs)  
A mobility limitation is one that:
  - Prevents the member from accomplishing an MRADL entirely; or
  - Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
  - Prevents the member from completing an MRADL within a reasonable time frame.And
2. The member's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker.  
And
3. The member's home provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided.  
And
4. Use of a manual wheelchair will significantly improve the member's ability to participate in MRADL's, and the member will use it on a regular basis in the home.  
And
5. The member has not expressed an unwillingness to use the manual wheelchair that is provided in the home.  
And
6. The member 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 during a typical day. Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function.  
Or

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The member has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

### CRITERIA for SPECIFIC MANUAL WHEELCHAIRS

#### Custom Wheelchair Base

- The specific configuration required to address the member's physical and/or functional deficits cannot be met using one of the standard manual wheelchair bases plus an appropriate combination of wheelchair seating systems, cushions, options or accessories (prefabricated or custom fabricated), such that the individual construction of a unique individual manual wheelchair base is required.

#### *Extra-Heavy Duty Wheelchair*

- The member weighs more than 300 pounds.

#### *Heavy Duty Wheelchair*

- The member weighs more than 250 pounds; or
- The member has severe spasticity.

#### *Hemi-Type Wheelchair*

- The member requires a lower seat height (17" to 18") because of short stature or to enable the member to place his/her feet on the ground for propulsion.

#### *High Strength Lightweight Wheelchair*

1. The member self-propels the wheelchair while engaging in frequent activities in the home that cannot be performed in a standard or lightweight wheelchair.
- Or
2. The member requires a seat width, depth, or height that cannot be accommodated in a standard, lightweight or hemi-wheelchair, and spends at least 2 hours per day in the wheelchair.
- And
3. The expected duration of need is longer than 3 months.

#### *Lightweight Wheelchair*

1. The member cannot self-propel in a standard wheelchair in the home; AND
2. The member can and does self-propel in a lightweight wheelchair.

#### *Pediatric Size Wheelchair*

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- The member requires a seat width and/or depth of 14 inches or less.

*Pediatric Stroller (Customized)* may be considered as medically necessary when all of the following apply:

1. The child's physical condition is such that without the use of the customized stroller the child would otherwise be bed or chair bound  
And
2. The child is non-ambulatory and is too small to safely use a standard pediatric wheelchair safely  
Or  
The child requires more support than is available in a standard pediatric wheelchair.

### *Transport Chair*

1. The member meets the criteria for manual wheelchair.  
And
2. The member cannot self-propel a manual wheelchair or operate a power mobility device.  
And
3. A caregiver is willing and able to operate the chair.

**Note:** The allowance for a rollabout/transport chair includes all options and accessories that are provided at the time of initial issue. Accessories provided at the time of initial issue of a rollabout/transport chair are not separately billable with the exception of elevating leg rests.

### *Ultra Lightweight Wheelchair*

An ultra- lightweight wheelchair is covered as medically necessary to perform the usual activities of daily living (ADLs) when the following three criteria are met:

1. The member meets one of the following criteria:
  - The member must be a full-time manual wheelchair user; or
  - The member must require individualized fitting and adjustments for one or more features such as, but not limited to axle configuration, wheel camber, or seat and back angles, and which cannot be accommodated by a standard or lightweight wheelchair.And
2. The member must have a specialty evaluation that was performed by a licensed certified medical profession (LCMP), such as a PT or OT, or physician who has specific training and experience in rehabilitation wheelchair evaluations and that

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documents the medical necessity for the wheelchair and its special features. The LCMP may have no financial relationship with the supplier.

And

3. The wheelchair is provided by a Rehabilitation Technology Supplier (RTS) that employs a RESNA-certified Assistive Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-person involvement in the wheelchair selection for the member.

### Limitations/Exclusions:

1. An order for each item billed must be signed and dated by the treating physician, kept on files by the supplier, and be available upon request.
2. Specific items are not covered without a documented face-to-face encounter conducted by the physician, physician assistant, nurse practitioner, or clinical nurse specialist within six months prior to written order.
3. For manual wheelchairs, the assessment does not need to be conducted in the member's home. Information from the member's medical record and the supplier must be available upon request.
4. Coverage is for one wheelchair at a time.
5. **Not Covered:**

- Pediatric strollers (customized) when the child's transportation needs can be adequately served by a regular or standard stroller.
- Rollabout chairs with small casters which are used for general purposes and found in offices, homes and institutions.
- Duplicate Mobility Devices:  
Rental or purchase of two or more mobility devices (manual wheelchairs, specialized wheelchairs or power mobility devices) are considered convenience items and therefore not covered.  
*Exception:* Consideration will be made on a case-by-case basis if there is a medical necessity change in the member's physical condition that warrants a different mobility device.
- Not Medically Necessary and therefore Not Covered:
  - When a manual wheelchair/power mobility device is being used only for leisure or recreational activities (considered personal convenience).
  - Any specialty manual wheelchairs, strollers, chairs, that:
    - Were not adapted with individualized features for member's needs.
    - Do not meet the definition of durable medical equipment (DME).
    - Are not primarily used for medical use.
    - Are used in the absence of illness and injury.

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### Background

Specialized/customized manual wheelchairs are uniquely constructed or modified after manufacturing to fit the specific needs of an impaired individual. Specialized manual wheelchairs also includes: customized strollers, specialty sized wheelchairs and rollabout chairs.

**Codes:**  
N/A

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### Disclaimer:

Premier Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Premier Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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Premier Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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