

# Wheelchairs

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4033

Recent review date: **12/2023**

Next review date: **4/2025**

Policy contains: Standard wheelchairs; power wheelchairs; motorized wheelchairs.

*AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.*

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## Policy statement

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Wheelchairs are approved only when the beneficiary is confined to a bed, chair or room. **All requests for a custom manual or power wheelchair require submission of a completed Custom Wheelchair form.**

### Standard Wheelchairs

The request should indicate the beneficiary's ability to walk unassisted **without the use of an appropriate fitted cane or walker** and whether the request is for a first chair or replacement chair. Standard wheelchairs require documentation of medical necessity.

### Standard Wheelchair Attachments

- Foot rests.
- Brakes.
- Arm rests.

### **Custom Manual Wheelchairs**

**A custom manual wheelchair is constructed to the specific body measurements and medical needs of the beneficiary. General criteria for a custom manual wheelchair includes inability to walk and propel a standard wheelchair.**

**In addition to the required documentation needed for all PA requests, PA requests for a custom manual wheelchair must include:**

- **Completed PA-01 form or the electronic PA demographics on ePA;**
- **Physician prescription for a custom manual wheelchair that includes:**
  - **Documentation the beneficiary is unable to propel a standard wheelchair; and**
  - **Diagnosis or limitations to justify the need for a custom manual wheelchair; and**
- **Custom Wheelchair form with medical justification for the requested wheelchair and ALL modifications. All medical justification must be documented on the form. Indicating, “See attached” in a field on the form is not sufficient. Attaching documentation to the form without completing the fields on the form related to that documentation may result in denial of the PA.**

### **Wheelchairs, Motorized and/or Custom Motorized Wheelchairs**

The term motorized shall have the same meaning as power, electric or any means of propulsion other than manual. A motorized wheelchair must be medically necessary.

A motorized wheelchair is covered if the beneficiary's condition is such that the requirement for a motorized wheelchair is long term (at least six months).

The beneficiary must meet all of the following criteria in order to be considered for a motorized wheelchair:

- The beneficiary is not functionally ambulatory. Not functionally ambulatory means the beneficiary's ability to ambulate is limited such that without use of a wheelchair, he/she would otherwise be generally bed or chair confined;
- The beneficiary is unable to operate a wheelchair manually due to severe weakness of the upper extremities due to a congenital or acquired neurological or muscular disease/condition or is unable to propel any type of manual wheelchair because of other documented health problems; and
- The beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use a motorized wheelchair effectively.

### **Wheelchair Prior Authorization**

All wheelchairs and modifications required to meet the needs of a particular beneficiary are subject to PA. **The PA request must include documentation on the Custom Wheelchair form of medical justification for the requested wheelchair and modification.** Prior authorization will be made for only one wheelchair at a time. Backup chairs, either motorized or manual, will be denied as not medically necessary.

In addition to the required documentation needed for all PA requests, PA requests for motorized wheelchair must include:

- A completed PA-01 form;
- A physician's prescription for a motorized wheelchair;

- Medical documentation from a physician **and/or physical or occupational therapist** is required to support the provisions set forth regarding beneficiary criteria as noted above;
- **Custom Wheelchair form.** A seating evaluation performed, signed and dated by the physical therapist or occupational therapist that performed the seating evaluation. The seating evaluation shall:
  - Indicate the appropriateness of the specific wheelchair requested and all modifications and/or attachments to the specific wheelchair and its ability to meet the beneficiary's long term medical needs. Options that are primarily beneficial in allowing the beneficiary to perform leisure or recreational activities are not covered;
  - ~~Include the dated signature of the physician who prescribed the motorized wheelchair is medically necessary;~~
  - The beneficiary's diagnosis or condition is such that a motorized wheelchair is medically necessary; and
  - He or she has seen the seating evaluation and motorized wheelchair recommendation; and
- Documentation indicating that the beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use the motorized wheelchair effectively. It is not sufficient for a Medicaid provider of motorized wheelchairs to indicate that a beneficiary is capable of safely operating the controls for a motorized wheelchair and can adapt to or be trained to use it effectively. Such documentation shall include:
  - A **S**igned and dated statement from the beneficiary's physician **and/or physical/occupational** therapist that he/she has determined that the beneficiary has the cognitive, motor and perceptual abilities needed to safely operate the controls of a motorized wheelchair. This statement must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement; and
  - A **S**igned and dated statement from the beneficiary's physician or physical therapist that he or she has determined that the beneficiary can adapt to or be trained to use the motorized wheelchair effectively. This statement must be verified by the notes and recommendation of the physician, physical therapist or occupational therapist making such statement.

## **Wheelchair Repairs and Modifications**

Request for repairs to **manual or** motorized wheelchairs will be considered for basic repairs only. Basic repairs are those which are requested to repair an existing component of the beneficiary's current wheelchair.

Requests for modifications or reconstruction of the beneficiary's current ~~motorized~~ wheelchair shall not be considered basic repairs. Requests for modifications or reconstruction of the beneficiary's current motorized wheelchair must be submitted in accordance with PA criteria **and submitted on the Repair Form for Custom Wheelchairs.**

Modifications or reconstruction will be denied if it is more cost effective to provide a new motorized wheelchair.

All repairs and modifications of motorized wheelchairs must be completed within one month, unless there is a justifiable reason for a delay. Rental of a manual wheelchair may be prior authorized on a monthly basis as a temporary replacement, if necessary, when the beneficiary's ~~motorized~~ wheelchair is being repaired or modified.

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## **References**

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Louisiana Department of Health. 2010. Durable Medical Equipment Provider Manual. Wheelchairs. Chapter 18, Section 18.2.**19.3.** <https://www.lamedicaid.com/provweb1/providermanuals/manuals/dme/dme.pdf>.  
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## Policy updates

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Initial review date: 3/1/2021

3/2023: Policy references updated.

**1/2024: Policy references updated.**