

TO BE RESCINDED

5101:3-10-16 **Wheelchairs.**

(A) Definitions

(1) "Standard wheelchair"

A manually operated ten to eighteen inch wide wheelchair that would generally satisfy the needs of a pediatric or adult individual, including hemi (low seat wheelchairs), is constructed to withstand normal daily use, is equipped with seat and back, wheel locks, and armrests, and may be equipped with footrests.

(2) "Specially constructed wheelchair/specially sized wheelchair"

A manually operated wheelchair, equipped with seat and back, wheel locks, and armrests, and may be equipped with footrests, that is constructed to generally satisfy the needs of populations which require special features, e.g., extra-wide, amputee, reclining, lightweight, high strength light weight, ultra-lightweight, heavyduty, and extra heavy duty wheelchairs.

(3) "Power wheelchair"

A wheelchair, equipped with seat and back, wheel locks, and armrests, and may be equipped with footrests, that is powered by batteries in order to meet the needs of persons physically unable to operate a manual wheelchair.

(4) "Consumer"

A medicaid-eligible individual.

(5) "Custom-molded seating"

A medically necessary method of accommodating an individual with a severe spinal deformity (e.g., scoliosis, kyphosis, lordosis) or severe orthopedic or neuromuscular condition, whose seating needs cannot be met by contoured seating, which for medicaid reimbursement purposes is a rigid seating component that has been formed directly to the individual's body contours posteriorly and laterally and includes areas from the knees to the upper thorax and is comprised of a combined seat and back component.

(6) "Contoured seating"

Contoured seating is a method of accommodating the functional positioning

needs of an individual due to an orthopedic, neurological, or muscular involvement/condition. Accommodations are fabricated to meet individualized specifications, approximate the shape of the individual's body, are incorporated into a wheelchair seat and/or back, and can be created from prefabricated products or custom fabricated.

(7) "Adaptive seating system"

An adaptive seating system is a method of accommodating the moderately to severely impaired individual and consists of multiple components that are attached to a wheelchair or that are incorporated into a wheelchair seat and/or back, affecting at least three of the following body points of control: head, shoulder, trunk, hip, knees and feet. In order to be considered for coverage the adaptive seating system must accommodate at least: head, shoulder and trunk; or shoulder, trunk, hip; or trunk, hip, knees; or hip, knees, feet.

(8) "Adaptive positioning devices"

Positioning components (excluding solid seats and back) that are attached to a wheelchair to facilitate medically necessary individual-specific posture control and functioning.

(9) "Personal residence"

Consumer's place of residence if such residence is not a hospital or long-term care facility.

(10) "Long-term care facility (LTCF)"

A nursing facility (NF) or intermediate care facility for the mentally retarded (ICF-MR).

(11) "Moderate impairment"

A moderately impaired individual has moderate strength and tone which result in an inability to maintain functional or symmetrical postures, and/or flexible scoliosis, and/or flexible kyphosis, and/or dislocated hip with a leg length discrepancy of less than two inches, and/or fixed contractures of the hips/knees that cannot be accommodated by standard components (e.g., footrests, legrests).

(12) "Severe impairment"

A severely impaired individual has severely abnormal (hyper or hypo) tone that prevents him or her from obtaining or maintaining symmetrical postures, or abnormally fixed curvature of the spine, and who requires custom-molded seating and whose seating needs cannot be accommodated by contoured seating.

(B) Prior authorization

- (1) Medicaid reimbursement for any wheelchair eligible for direct payment to the provider, except short-term rental for a period up to three months for standard, standard hemi and lightweight wheelchairs, requires prior authorization pursuant to rule 5101:3-10-06 of the Administrative Code. All requests for authorization of purchase of a wheelchair must indicate the length of the warranty period and what is covered under the warranty.
- (2) Wheelchairs will not be authorized for individuals under the age of one year. Only those wheelchairs that are designed to expand to accommodate the growth of an individual will be considered for authorization for growing children who do not fit into an adult sized wheelchair, unless there is a more cost effective, medically necessary alternative appropriate to meet the individual's need. Additional parts required to grow a wheelchair, that are not included with the purchase of the wheelchair, are eligible for reimbursement by the department if the cost of the additional parts is less than the cost of a new wheelchair.
- (3) Wheelchairs, wheelchair parts and accessories, and wheelchair modifications that are beneficial primarily in allowing the consumer to perform leisure or recreational activities are not considered to be medically necessary and will not be authorized.

(C) Rental wheelchairs eligible for reimbursement without prior authorization:

(1) Physician prescription

The wheelchair must be prescribed by a physician as medically necessary to provide mobility to an individual who, without the wheelchair, would be confined to a stationary position (e.g., bed, chair) for all but very brief periods of ambulation; and

- (2) A completed "Letter of Medical Necessity For Manual Wheelchairs Without Custom, Contoured or Adaptive Seating System" form (see appendix A of this rule) must be maintained on file by the wheelchair provider.

(D) LTCF residents: Wheelchair coverage and limitations

- (1) For (LTCFs), standard and specially constructed or sized manual and power wheelchairs (excluding wheelchairs with custom-molded or contoured seating or an adaptive seating system), including arm rests, front riggings, foot plates, wheels, casters, solid seats and backs, adaptive positioning devices, all items that are standard on the wheelchair, and accessories, which are necessary for the appropriate care of the residents are the responsibility of the facility and are reimbursed through the cost-report mechanism and not reimbursed by the medicaid fee-for-service program.
- (2) Only those wheelchairs with custom-molded and contoured seating and adaptive seating systems which have been customized to meet the needs of the resident and configured or constructed in such a way that precludes use by any other individual and have been determined by the department to be medically necessary for the resident in accordance with paragraph (F) of this rule are eligible for direct payment to the provider. Wheelchairs and wheelchair parts and accessories prescribed for LTCF residents who do not meet all of the medical necessity criteria listed in paragraph (F) of this rule are the responsibility of the facility and are reimbursed through the cost report mechanism.
- (3) A power wheelchair may be authorized for reimbursement by the medicaid fee-for-service program for a resident of a LTCF if the resident meets the coverage requirements for custom-molded or contoured seating, or an adaptive seating system in accordance with paragraphs (D)(2) and (F) of this rule, and also meets the requirements for power wheelchairs in accordance with paragraph (G) of this rule.

(E) Personal residence: Documentation requirements

For a consumer who resides in a personal residence, the following criteria must be met for authorization of a "standard" or "specially constructed/specially sized" wheelchair, including those with adaptive positioning devices:

- (1) Standard or specially constructed/specially sized wheelchairs without adaptive positioning devices.
 - (a) The wheelchair must be prescribed by a physician as medically necessary to provide mobility to a consumer who, without the wheelchair, would be confined to a stationary position (e.g., in bed, chair) for all but very brief periods of ambulation; and

- (b) The "Letter of Medical Necessity for Manual Wheelchairs Without Custom Seating System" form (see appendix A of this rule). The equipment prescription must be prepared by the same professional that performs the assessment, in conjunction with the prescribing physician, and must be signed by all team members involved in the wheelchair prescription process, and the equipment supplier.
- (2) For standard wheelchairs and specially constructed/sized wheelchairs, including lightweight, lightweight high strength, and ultra lightweight wheelchairs with adaptive positioning devices:
 - (a) The wheelchair must be prescribed by a physician as medically necessary to provide mobility to a consumer who, without the wheelchair, would be confined to a stationary position (e.g., in bed, chair) for all but very brief periods of ambulation; and
 - (b) Submission of an evaluation of the consumer's needs by a board eligible physiatrist, a licensed physical therapist or occupational therapist using the "Seating/Wheeled Mobility Letter of Medical Necessity Power Wheelchairs and Any Wheelchair With a Seating System" form, parts A through D, signed by the prescribing physician (see appendix B of this rule).
- (F) Documentation requirements: Wheelchairs with custom-molded or contoured seating, or adaptive seating systems

The following criteria and documentation requirements must be met for authorization of a wheelchair with custom-molded or contoured seating, or an adaptive seating system:

- (1) A fully completed "Prior Authorization" form (ODHS 3142); and
- (2) Physician prescription
 - The wheelchair must be prescribed by a physician (as documented on appendix B of this rule) as medically necessary to provide mobility to a consumer who, without the wheelchair, would be confined to a stationary position (e.g., in bed, chair); and
- (3) Documentation of medical necessity:
 - (a) Most recent physical therapy and/or occupational therapy evaluation on

file in the consumer's record; and

- (b) Submission of an evaluation of the consumer's needs by a board eligible physiatrist, a licensed physical therapist or occupational therapist using the-"Seating/Wheeled Mobility Letter of Medical Necessity Power Wheelchairs and Any Wheelchair With a Seating System" form, parts A through D, signed by the prescribing physician (see appendix B of this rule); and
 - (c) For LTCF residents, a copy of the current plan of care signed by the attending physician; and
 - (d) For LTCF residents, the evaluation of the consumer's needs must include certification that the prescribed wheelchair will be customized to meet the needs of the consumer and configured or constructed in such a way that precludes use by any other individual; and
 - (e) Any other information deemed necessary by the department.
- (4) To support medical necessity for custom-molded, contoured seating, or an adaptive seating system, document the following:
- (a) Custom molded seating

For custom-molded seating: Consumer is severely impaired with severely abnormal tone that prevents him or her from obtaining or maintaining symmetrical postures, or fixed curvature of the spine for which custom-molded support is necessary. Include description of deformities or abnormalities and document why seating needs cannot be met by other methods of accommodating the deformity/abnormality (e.g., contoured seating, adaptive seating system); and
 - (b) Contoured seating

For contoured seating: Consumer has skeletal and/or physical deformities or abnormalities for which contoured seating is necessary. Include description of deformities or abnormalities and document why seating needs cannot be met by other methods of accommodating the deformity/abnormality (e.g., adaptive seating system); and
 - (c) Adaptive seating systems

For adaptive seating system: Consumer has skeletal and/or physical

deformities or abnormalities for which an adaptive seating system is necessary. Include description of deformities or abnormalities and document why seating needs cannot be met by other methods of accommodating the deformity/abnormality; and

(d) Additional medical necessity documentation

Consumer's need for prolonged sitting tolerance, postural support to permit functional activities, or pressure reduction cannot be met adequately by a planar type seat, lap tray and/or a spinal orthotic. Explain why a specialized seat, lap tray and/or a spinal orthotic is not adequate for the consumer; and include statement of the number of hours per day that the patient is expected to be in the wheelchair. If an individualized seating system (i.e., custom-molded seating, contoured seating or an adaptive seating system) is being prescribed for a consumer who also requires a spinal orthotic, document why both the seating system and the orthotic are medically necessary for the consumer.

(5) Equipment prescription

Equipment prescription (see part D of appendix B of this rule) specifying the wheelchair and custom-molded or contoured seating, or adaptive seating system that is medically necessary. The equipment prescription must be prepared by the same professional that performs the assessment, in conjunction with the prescribing physician, and must be signed by all team members involved in the wheelchair prescription process, and the equipment supplier.

(G) Documentation requirements: Power wheelchairs and three-wheeled power vehicles

All consumers must meet the requirements specified in this paragraph. Additionally, a power wheelchair may only be authorized for a medicaid eligible resident in a long-term care facility (LTCF) if the resident meets the requirements for coverage of custom-molded or contoured seating, or an adaptive seating system, as specified in paragraph (F) of this rule, and the requirements for power wheelchairs as described in this paragraph.

- (1) To document medical necessity, submission of pertinent medical records including, but not limited to, diagnosis, physical therapist's or occupational therapist's current progress notes from physical therapy or occupational therapy services received over the past year or current report on functional mobility and current plan of care signed by attending physician, which includes an estimate of expected hours of use per day, and physician

certification that consumer:

- (a) Is totally nonambulatory and has severe weakness of the upper and lower extremities due to an orthopedic, neurologic or muscular condition; and
- (b) Has no physical ability to operate a manual wheelchair (a power wheelchair may be considered for coverage if there is limited ability to operate a manual wheelchair, for example when endurance is severely compromised due to severe weakness of the extremities. In this case, document why the manual wheelchair will not meet the functional or practical needs of the consumer); and
- (c) Has both the physical and mental ability to safely operate a power wheelchair. Provide documentation addressing head control, upper extremity functioning, joy stick control steering, directionality-steering skill, visual/spatial perception, safety, mobility skills in power wheelchair operation; and
- (d) Is dependent upon a power wheelchair for functional activities or that there is a significant delay in the acquisition of independence in functional activities that can be positively impacted by a power wheelchair. Document functional status describing how the power wheelchair will allow the consumer to be independent in mobility and allow substantial improvement in achieving independence in one or more of the following functional activities (include description of how a power wheelchair will increase the consumer's ability to perform these functional activities):
 - (i) Bathing
 - (ii) Grooming
 - (iii) Toileting/toilet hygiene
 - (iv) Meal preparation
 - (v) Housekeeping
 - (vi) Laundry
 - (vii) Telephone use

(viii) Medication management

(ix) Finance management

(x) Transfers

(xi) Use and care of equipment, or

(xii) Activities for which the power wheelchair facilitates independent functioning while in school or work, and;

- (2) For consumers who reside or will be residing in a personal residence, a written report of a visit (see part E of appendix B of this rule) made to the home by a person qualified to assess caregiver's ability to properly maintain the power wheelchair, whether electricity is available to power batteries, and whether transportation of this chair is available. Document accessibility by the power wheelchair to the home, including the following: Home entrance, living room, kitchen/dining area, bedroom, bathroom and power wheelchair storage. Specify where the wheelchair will be stored and how it will be protected from the elements if not stored inside the home. A power wheelchair will not be authorized if the consumer place of residence is not accessible by the power wheelchair. Where applicable, school or work site should be contacted regarding transportation to/from site and accessibility to and within building(s). A copy of this report shall be provided to the prescribing physician, and included with the authorization request submitted to the department.

(H) Duplicate equipment

Medicaid reimbursement is not available for the purchase of more than one wheelchair for current use by a consumer (see paragraph (G) of rule 5101:3-10-05 of the Administrative Code). A wheelchair will not be authorized if the consumer is in possession of a wheelchair or any other equipment, regardless of payor source, which serves the same or similar purpose.

(I) Provider responsibility

- (1) The cost of any changes or modifications of a specially constructed/sized wheelchair, custom-molded/custom-contoured seating, or adaptive positioning devices purchased by the department, which are found to be necessary within the first ninety days following dispensing, must be borne in full by the provider.

- (2) Wheelchair authorizations are specific as to manufacturer/make and model, parts, accessories, adaptive positioning devices, modular components, and custom-molded seating. Providers may only bill the department for the specific wheelchair manufacturer/make and model, parts, accessories, adaptive positioning devices and custom-molded seating that are authorized and subsequently dispensed to the consumer.

(J) Repair and replacement

- (1) Medicaid reimbursement for repairs is limited to one wheelchair per consumer. Payment for loaner wheelchairs, in addition to reimbursement for repairs, is not covered. Repairs for multiple wheelchairs will not be authorized, regardless of the payor source of the wheelchairs. To be eligible for coverage for repairs, the wheelchair must have been determined by the department to be medically necessary, except as provided for in paragraph (J)(7) of this rule. (See rule 5101:3-10-08 of the Administrative Code regarding reimbursement for repairs.)
- (2) For residents of LTCFs, except for paragraph (J)(3) of this rule, the cost of wheelchair maintenance and minor repairs is included in the cost-report and reimbursed through the per diem payment, as specified in rule 5101:3-3-19 of the Administrative Code.
- (3) For residents of LTCFs, direct medicaid reimbursement for repairs is limited to the following "major repairs" as defined in rule 5101:3-10-08 of the Administrative Code.
 - (a) Major repair of a wheelchair which would be eligible for direct purchase in accordance with this rule and is owned by an eligible consumer; and
 - (b) Major repairs of custom-molded/custom-contoured seating and adaptive seating systems purchased by the department.
- (4) Direct reimbursement is limited to a maximum of one wheelchair in five years per-consumer. However, if the consumer's condition changes and warrants new or different equipment within the five year period, the department may authorize new or replacement equipment. Appropriate medical necessity documentation must be submitted when prior authorization is requested for new or different equipment within the five year period. See paragraph (B)(2) of this rule regarding growing wheelchairs.
- (5) Replacement of a specially constructed/sized wheelchair,

custom-molded/custom-contoured seating or adaptive positioning devices will only be prior-authorized when medically necessary, regardless of the age of the current equipment, and only when modification or repair of the current equipment is judged to be not cost-effective by the department. A request for authorization for replacement of a consumer-owned wheelchair must meet all the requirements of this rule for the type of chair being requested.

- (6) A description, model number, manufacturer serial number, date of purchase, and the condition of a consumer's current equipment must be specified on a request for authorization of additional or replacement equipment. (See paragraph (G) of rule 5101:3-10-05 of the Administrative Code regarding duplicate and conflicting equipment.)
- (7) A new and current prescription must be submitted with a request for authorization of a repair when the department did not authorize the purchase of the wheelchair. In this case, a current prescription and documentation of medical necessity must be submitted with the initial request for repair. If the wheelchair is determined to be medically necessary and the repair is authorized, subsequent repairs may be authorized without the submission of a current prescription and documentation of medical necessity.
- (8) For a consumer who resides in a personal residence, reimbursement may be authorized for the repair of a consumer-owned wheelchair that is not eligible for purchase in accordance with this rule, if it is determined that the wheelchair meets the seating/wheeled mobility needs of the consumer and it would be more cost effective for the department to authorize the repair rather than the replacement of the wheelchair. Authorization for the repair of a wheelchair does not necessarily indicate that the wheelchair would be authorized for purchase. Replacement of any consumer-owned wheelchair will be authorized in accordance with this rule.

(K) Required modifiers for authorization and billing

- (1) For all wheelchairs and wheelchair parts authorized for repair and/or replacement, one of the following modifiers must be added to the billing code when authorizing payment:
 - (a) RR - short term rental, or
 - (b) RP - purchase following rental, or
 - (c) PP - purchase/no prior rental, personal residence, or

- (d) LP - purchase/no prior rental, LTCF
 - (e) RE - repair and/or replacement parts.
- (2) The appropriate modifier, as listed in paragraph (K)(1) of this rule, must be added to the billing code when requesting authorization for payment.
- (3) All claims must use the same modifier that appears on the approved authorization request.

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